



# Community Intervention to Increase Physical Activity Levels in Adults Over 50 Years of Age in Ireland

## Guidance Notes

### Key Dates and Times

Expression of Interest Open	Tuesday 29 August, 2017
<b>Expression of Interest Close</b>	<b>Wednesday September 20, 2017 at 16:30</b>
Successful applicants invited to complete Full Application	Wednesday September 27, 2017
<b>Workshop with Steering Group</b>	<b>Monday October 02, 2017 (10:00:14:00)</b>
<b>Full Application Close</b>	<b>Friday November 10, 2017 at 16:30</b>
Independent peer review process	November 2017
Final decision by HSE HaPAI Steering Group	Tuesday December 05, 2017
Contract issue and Start Date	Mid-December 2017

Applications should complete the Application Form, all the relevant Appendices, all additional documents (e.g., Gantt Chart, Terms of References of any study governance committees and any relevant letters of support) and to obtain the required signatories before the submission date. Applications must be submitted in one email with the Application Form in Microsoft Word format and all other attachments as either Microsoft Excel or PDF formats. Applicants are strongly recommended to read the Guidance Notes prior to completing the Application Form. Please allow **24 hours** for acknowledgement of receipt of application.

*The Health Service Executive (HSE) Health and Wellbeing Division has responsibility for the delivery of this research call under the Healthy and Positive Ageing Initiative (HaPAI) which is a co-funded programme between The Atlantic Philanthropies, the Department of Health and the HSE. This research award is co-funded by the HSE Health and Wellbeing Division and The Atlantic Philanthropies.*



# Community Intervention to Increase Physical Activity Levels in Adults Over 50 Years of Age in Ireland

## Guidance Notes

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### 1. Introduction

The National Positive Ageing Strategy (2013)<sup>1</sup>, the Positive Ageing 2016 National Indicators Report<sup>2</sup>, the Healthy Ireland Framework (2013)<sup>3</sup> and Healthy and Positive Ageing for All Research Strategy 2015-2019<sup>4</sup> all state that we must strive to create an Ireland that promotes and supports physical and mental health and wellbeing for everyone, regardless of their age or background. The Positive Ageing Strategy states that “engagement through physical activity can help to maintain quality of life, promote social contact, combat loneliness and isolation and maintain people as active members of society. Participation in leisure activities is associated with a lower risk of poor mental and physical health outcomes and mortality”.

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<sup>1</sup> Department of Health (2014). Positive Ageing - Starts Now: The National Positive Ageing Strategy. Available at [http://health.gov.ie/wp-content/uploads/2014/03/National\\_Positive\\_Ageing\\_Strategy\\_English.pdf](http://health.gov.ie/wp-content/uploads/2014/03/National_Positive_Ageing_Strategy_English.pdf). Accessed on September 13, 2017

<sup>2</sup> The Healthy and Positive Ageing Initiative, Department of Health (2016). Positive Ageing 2016, National Indicators Report. Available at <http://health.gov.ie/wp-content/uploads/2016/11/Positive-Ageing-Report-Nov-2016.pdf>. Accessed on September 13, 2017

<sup>3</sup> Department of Health (2014). Healthy Ireland: A Framework for Improved Health and Wellbeing, 2013-2025. Hawkins House, Hawkins Street, Dublin 2. ISBN:978-0-9575799-0-3. Available at <http://health.gov.ie/wp-content/uploads/2014/03/HealthyIrelandBrochureWA2.pdf>. Accessed on September 22, 2017

<sup>4</sup> Health Service Executive Research Awards Team in collaboration with the Department of Health's HaPAI Research Team. Healthy and Positive Ageing for All: Research Strategy 2015-2019. Available at <https://www.hse.ie/eng/about/Who/healthwellbeing/Our-Priority-Programmes/Positive-Ageing/Healthy-and-Positive-Ageing-For-All.pdf>. Accessed on September 22, 2017



Overall, one third of the Irish population aged 50 years and over meet the criteria for high activity levels (equivalent to achieving the national guidelines for their age cohort), one third have moderate activity levels and one third have low activity levels. Men are more likely to report high activity levels than women (41% versus 26%) and less likely to report low activity levels (27% versus 40%). Irish adults are less likely to report high physical activity levels as they get older and this is especially evident in women where 31% of those aged 50-64 years report high physical activity compared to 11% of those aged 75 years and older. Approximately two in five (42%) men and three in five (59%) women aged 75 years and older report low activity levels.<sup>5</sup>

Get Ireland Active: National Physical Activity Plan for Ireland (2016)<sup>6</sup> aims to increase physical activity levels and reduce time spent sedentary across the whole population, thereby improving the health and wellbeing of all. The Plan defines physical activity as any bodily movement produced by skeletal muscles which causes energy expenditure greater than that at rest and which is health enhancing. Sedentary behaviour is defined as any waking activity characterised by an energy expenditure  $\leq 1.5$  metabolic equivalents and a sitting or reclining posture. Based on international and expert evidence, appropriate levels of physical activity for enhancing health and wellbeing for all population groups are outlined including those age 50+.

Adults (aged 18 - 64) should be active for at least 30 minutes a day of moderate activity on 5 days a week (or 150 minutes a week). Older people (aged 65+) should be active for at least 30 minutes a day of moderate intensity activity on 5 days a week, or 150 minutes a week with a focus on aerobic activity, muscle strengthening and balance.

The Plan sets an overarching national target of increasing the proportion of the population across each life stage undertaking regular physical activity with the following age specific targets relevant to the target population for this call:

- increase by 1% per annum the proportion of adults (18-64 years and 65+ years) undertaking at least 150 minutes of moderate-intensity aerobic physical activity throughout the week or 75 minutes vigorous-intensity activity throughout the week or an equivalent combination;
- decrease by 0.5% per annum in the proportion of adults (18-64 years and 65+ years) who do not take any weekly physical activity.

<sup>5</sup> Donoghue O, O'Connell M, Kenny RA. Walking to Wellbeing: Physical Activity, Social Participation and Psychological Health in Irish adults aged 50 years and Older. Dublin: The Irish Longitudinal Study on Ageing (TILDA), 2016.

<sup>6</sup> Department of Health, Department of Transport, Tourism and Sport (2016) Get Ireland Active: National Physical Activity Plan for Ireland <http://health.gov.ie/wp-content/uploads/2016/01/Get-Ireland-Active-the-National-Physical-Activity-Plan.pdf>. Accessed on September 13, 2017



The Plan aims to achieve these targets by:

- Creating increased opportunities for people to be active in ways which fit in to everyday lives and which suit individual needs, circumstances and interests;
- Removing the barriers which people face to being active and encouraging people to recognise how to overcome those barriers;
- Enhancing cross-sectoral cooperation at national, local and community level to encourage physical activity at every level;
- Encouraging a supportive environment where physical activity becomes normal;
- Promoting good practice and finding new models of participation which get more people active.

It is clear that many different agencies are involved in promoting physical activity; and multi-sectoral and multi-component approaches are needed to successfully promote increased levels of physical activity. We all need to work closer together and involve all of the relevant stakeholders across government, the wider public service, in education, the private sector and the community and voluntary sector.

A unique aspect of this research call is that it brings together key government departments, agencies, community organisations and philanthropy who are aligned with the objectives of Healthy Ireland, the National Positive Ageing Strategy and the National Physical Activity Plan. These partners seek to work closely with experienced academic partners to design and evaluate the feasibility of a community based intervention, its potential to be scaled up and its potential to have a real impact on physical activity levels and outcomes in Irish adults aged 50 years and older.

## **2. Aims and Objectives**

Many programmes and initiatives are running/have been run nationally and internationally to increase participation by certain groups in physical activity, and to improve health and wellbeing outcomes. However, there is currently no robust evidence base to support a clearly identifiable intervention which has been demonstrated to be effective and scalable in an Irish context for the over 50s population. Through this research initiative, the Health Service Executive (HSE) seeks to develop evidence to inform new ways of delivering and promoting physical activity to this age cohort, which will inform the practice within HSE and partner organisations in respect of physical activity promotion.

The overarching aim of this programme is to achieve tangible benefits in terms of health and wellbeing to Irish adults over 50 years of age (50+). Working with existing partner organisations at national and local level, and working with an experienced academic team, it is hoped that a high quality, evidence-based community intervention can be developed and evaluated in a feasibility study (and ultimately a definitive trial to see if it is suitable for real world situations and has potential to increase physical activity levels in adults 50+ in an Irish setting). The intervention should draw on the existing evidence base for the effective promotion of behaviour change and physical activity with this cohort nationally and internationally, and



should seek to exploit existing community infrastructure and assets to the greatest extent possible, in order to optimise reach and sustainability.

**The Objectives of the HSE HaPAI Community Physical Activity Intervention Targeting Adults 50+ in Ireland Call are to:**

**Primary Objectives:**

- Achieve and maintain physical activity levels of at least 30 minutes a day of moderate activity on at least 5 days of the week (or 150 minutes a week) amongst those aged 50+ in Ireland;
- Reduce levels of sedentary behaviour amongst those aged 50+ in Ireland;
- Focus on aerobic activity, muscle-strengthening and balance;
- The intervention should be accessible to all people in this age cohort who are currently inactive and those who are not meeting the recommended physical activity guidelines, including those who have physical and intellectual disabilities and those who are from marginalised groups.

**Secondary Objectives:**

- Address recognised perceived barriers to engaging with physical activity amongst this age cohort;
- Leverage existing national and local infrastructures to strengthen feasibility to scale;
- Demonstrate how the intervention will be implemented;
- Increase knowledge of how to effectively promote and support physical activity for this age cohort.

### **3. Scope**

This Health Service Executive (HSE) Healthy and Positive Ageing Initiative (HaPAI) call supports the development and feasibility study of a research intervention that addresses questions of direct relevance to helping members of the population aged 50+ to reach and maintain the recommended national physical activity levels. Following this study, it is hoped that the intervention would ultimately be evaluated in a definitive trial and at this stage its suitability for scale-up and national roll-out should be evident.

For the purpose of this research call, we adopt the concept of feasibility whereby 'feasibility' is an overarching concept, within which we distinguish between three distinct types of studies:<sup>7</sup>

- i. Randomised pilot studies
- ii. Non-randomised pilot studies
- iii. Feasibility studies that are not pilot studies

This call will fund a stand-alone feasibility study that is being conducted in preparation for a future definitive intervention. The sole intention behind the

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<sup>7</sup> Sandra M. Eldridge et al. Defining Feasibility and Pilot studies in preparation for Randomised Controlled Trials: Development of a conceptual Framework. *PLoS ONE* **11**(3): e0150205



funding of this type of study is to establish a pipeline for a definitive intervention. Clear progression criteria to a substantive study are required. It is not possible to apply for a feasibility study, including a pilot study, and the associated definitive intervention trial at the same time.

Objectives of the study should be feasibility orientated and should produce clarity and evidence concerning the following:

- The nature of the intervention;
- The primary and secondary outcome measures;
- Recruitment strategies;
- Recruitment and retention rates;
- Results at follow up;
- Acceptability testing;
- Information to inform future sample size estimates;
- Data collection processes.

#### **4. Steering Group**

The Health Service Executive (HSE) Health and Wellbeing Division has responsibility for the delivery of this research call under the Healthy and Positive Ageing Initiative (HaPAI) which is a co-funded programme between The Atlantic Philanthropies, the Department of Health and the HSE. This research award is co-funded by the HSE Health and Wellbeing Division and The Atlantic Philanthropies.

The HSE HaPAI Team has established a Steering Group who will oversee the research call specifications, governance and who will partner (where appropriate) with the successful applicant team to ensure that existing community infrastructures are utilised to their best potential and to ensure that relevant senior key stakeholders from the Department of Health, the HSE and wider partners are consulted and involved where appropriate. The Steering Group will report via the Chair to the National Director, HSE Health and Wellbeing Division.

The Steering Group has two principle objectives:

1. The Steering Group will implement strict timelines, reporting procedures and governance of both the call and study implementation. The Steering Group will agree a meeting schedule with the successful applicant team. This will ensure timelines are adhered to and that any potential delays can be identified early and plans put in place to address them as efficiently as possible.
2. The Steering Group will partner with the successful applicant team to ensure speedy access and cooperation of key stakeholders in this area. In practical terms, this may translate into access to existing community-based sports facilities, trained physical activity leaders and coordinators (including volunteers), access existing Local Sports Partnerships structures and information about existing general public information materials and booklets.



## HSE Health and Wellbeing Division

The work of the Health and Wellbeing Division is focused on helping people to stay healthy and well, reducing health inequalities and protecting people from threats to their health and wellbeing.<sup>8</sup> The Health and Wellbeing Division is comprised of the following services/functions:

- Public Health;
- Environmental Health;
- Health Promotion and Improvement;
- National Screening Service;
- National Clinical Advisor Health and Wellbeing;
- Research & Development;
- National Policy Priority Programmes.

The HSE Healthy Eating & Active Living Programme is focused on increasing the number of people who are regularly physically active, eating a healthy diet and achieving and maintaining a healthier weight.<sup>9</sup> The Programme strives to deliver on the health services contribution to achieving the government's commitments and recommendations in Healthy Weight for Ireland: Obesity Policy and Action Plan and the Get Ireland Active: National Physical Activity Plan.<sup>10,11</sup> Mary Clare O'Hara (Research Call Lead and Project Manager, HSE Research and Development) and Sarah O'Brien (National Lead, Healthy Eating & Active Living Programme) are members of the Steering Group and are committed to providing expert advice and support to the successful applicant team. They will act as a liaison point of contact between the successful applicant team and the Steering Group. They will assist the applicant team where possible and appropriate with identifying existing resources and infrastructure that may be used during the study.

## Department of Health

The Department of Health is leading the overall Healthy and Positive Ageing Initiative (HaPAI) collaborative between The Atlantic Philanthropies, HSE Health and Wellbeing Division and the Department.<sup>12, 13</sup> The Department will have representation from its

<sup>8</sup> HSE Health and Wellbeing Division. Available at <http://www.hse.ie/eng/about/Who/healthwellbeing/>. Accessed on August 15, 2017

<sup>9</sup> HSE Healthy Eating and Active Living Programme. Available at <https://www.hse.ie/eng/about/Who/healthwellbeing/Our-Priority-Programmes/HEAL/Healthy-Eating-Active-Living.html>. Accessed on August 15, 2017

<sup>10</sup> A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016 - 2025. The Stationery Office, Government Publications, St Stephen's Green, Dublin 2. Available via <http://health.gov.ie/wp-content/uploads/2016/09/A-Healthy-Weight-for-Ireland-Obesity-Policy-and-Action-Plan-2016-2025.pdf>. Accessed on August 15, 2017

<sup>11</sup> Get Ireland Active! National Physical Activity Plan for Ireland. Healthy Ireland, Department of Health, Hawkins House, Hawkins Street, Dublin 2. Available via <http://health.gov.ie/wp-content/uploads/2016/01/Get-Ireland-Active-the-National-Physical-Activity-Plan.pdf>. Accessed on August 15, 2017

<sup>12</sup> <http://health.gov.ie/healthy-ireland/national-positive-ageing-strategy/>. Accessed on September 13, 2017

<sup>13</sup> <http://www.atlanticphilanthropies.org/>. Accessed on August 16, 2017



Research Services Unit and the Healthy Ireland Programme on the Steering Group. The Department's HaPAI team can provide access to data gathered from surveys across 21 local authorities.

### **Sport Ireland**

Sport Ireland is the statutory agency responsible for the promotion and development of sport in Ireland.<sup>14</sup> It was established in October 2015 under the Sport Ireland Act, 2015. One of its main functions is to develop strategies to increase participation in sport (as defined). In carrying out this function Sport Ireland works with (and funds) a range of organisations including National Governing Bodies of Sport, Local Sports Partnerships, Age and Opportunity, the Health Service Executive and the CARA Centre for Adapted Physical Activity. A particular focus of its work is on addressing the gradients that exist in active and social participation in sport particularly those around socio-economic status, gender, age and disability. Sport Ireland is a key partner in the implementation of the National Physical Activity Plan and is the parent body for the network of Local Sports Partnerships nationally.

### **Age & Opportunity**

Age & Opportunity (A&O) is the national organisation that inspires everyone to live healthy and fulfilling lives as they age.<sup>15</sup> It runs Go for Life (please see Appendix A for more details) a national programme for sport and physical activity for older people. It also runs the Bealtaine national arts festival and a number of other active citizenship and lifelong learning initiatives. Its major partners include the HSE, Sport Ireland and the Arts Council. People are now living for longer and as such the primary goal of A&O is “to turn the period from age 50 onwards into one of the most satisfying times in people's lives, by facilitating opportunities in arts and culture; sport and physical activity; learning and active citizenship”.

### **National Age Friendly Ireland Programme**

Age Friendly Ireland leads the national Age Friendly Cities and Counties Programme, which brings together, supports and provides technical guidance to the 31 local authority-led, multi-agency Age Friendly City and County Programmes.<sup>16</sup> The Age Friendly Cities and Counties Programme is led by effective city- and county-based Alliances, involving senior decision-makers from public, commercial and not-for-profit organisations. Age Friendly Ireland provides the catalyst for cities and counties to include the voice of older people by addressing their expressed concerns under eight themes as set out in the WHO Global Framework: Outdoor Spaces & Buildings, Transportation, Housing, Respect & Social Inclusion, Social Participation, Communication & Information, Civic Participation & Employment, Community Support & Health Services, enabling Ireland to be ready and prepared for the demographic shift in our ageing population.

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<sup>14</sup> <http://www.sportireland.ie/> Accessed on August 16, 2017

<sup>15</sup> <http://ageandopportunity.ie/>. Accessed on August 16, 2017

<sup>16</sup> <http://agefriendlyireland.ie/>. Accessed on September 13, 2017





### **Clinical Practice & Community Based Interventions**

Dr. David Robinson is a consultant geriatrician at St James's Hospital Dublin with expertise in comprehensive geriatric assessment, rehabilitation, mapping community resources, dementia and ethics. He is a Fellow of the Royal College of Physicians and is a member of the HSE's National Safeguarding Committee. He is a member of the Social Prescribing Network of the UK and Ireland, using community-based interventions to supplement the biomedical model. He is a Senior Clinical Lecturer at Trinity College, Dublin and his research output includes Cochrane meta-analysis and the effects of vitamin B12 deficiency on cognition, mood and mortality in the elderly.

### **Collaboration between Steering Group and the Successful Applicant Team**

It is anticipated that the successful applicant team will work closely with members of the HSE HaPAI Steering Group. This is a unique feature of this research call. The HSE HaPAI Steering Group includes key stakeholders in the area of physical activity, healthy ageing, research and health services management. It is a prerequisite of the research call that the successful applicant team is willing to work collaboratively with the Steering Group in finalising the design and intervention protocol. The Steering Group will provide support and advice to the applicant team throughout the duration of the study. Applicant teams may wish to seek specific engagement(s)/ collaboration with one or more members of the Steering Group (over and above the guidance, support and potential access to community-based resources and facilities described above). In this instance, a Collaborator Agreement Form (CAF) must also be completed between the application team and the Steering Group member in question. Please note, such collaborations will be additional to the allocated six Collaborator slots.

## **5. Funding**

The HSE HaPAI Team in partnership with The Atlantic Philanthropies plans to commit up to **€480,000** towards this research call. On this occasion, only one award will be made, i.e., there will be only one successful applicant team. The duration of the successful study will typically be **18-20 months**, with planning with the Steering Group and delivery beginning as early as possible (successful applicant team will be notified in early December 2017). It must **not exceed 22 months**; this is a term and condition of the funders. *The HSE HaPAI Team are aware that this is an ambitious timeframe. Applicants who are not willing to work with the HSE HaPAI Team and its Steering Group to deliver within this timeframe should not apply.*

The budget requested and award duration of all proposals must reflect the scale and nature of the proposed research, reviewers will thoroughly assess this when reviewing the proposal. The maximum funding envelope available is not necessarily an invitation to apply for the maximum amount.



## 6. 2-Step Evaluation

The evaluation of applications will follow a 2-step process.

- 1) Step 1 will include a of the Expression of Interest (EoI) applications by members of the HSE HaPAI Steering Group. Applicants meeting the eligibility criteria will be informed (on September 27, 2017) and they will be invited to complete a Full Application Form (closing date is November 10, 2017). Eligible applicants will also be invited to attend the half day workshop facilitated by the members of the HSE HaPAI Steering Group (October 02, 2017). This will give applicants an opportunity to engage with members of the Steering Group, troubleshoot ideas and fine-tune their research approach. Attendance is mandatory, thus the HSE HaPAI Team ask that potential applicants, and in particular the Lead Applicant, keep this date free in their diaries.
- 2) Step 2 will include a comprehensive evaluation of all Full Applications submitted. This will be completed by a panel that will include members of the HSE HaPAI Steering Group and other independent peer reviewers. The evaluation process will include a review of the scientific, methodological and scalability merits of the proposed intervention. The successful applicant will be informed on Tuesday December 05, 2017.

## 7. Expression of Interest

The Expression of Interest (EoI) process will inform the Steering Group of the high level thinking around the potential full applications and types of proposed interventions, but it predominantly aims to assess the applicant teams and how it proposes to engage collaboratively with the Steering Group. The applicant team should demonstrate that their combined expertise and past performance makes them ideal candidates to submit a Full Application. Eligibility to be invited to Step 2 (to complete a Full Application) will primarily be assessed on past experience in the area, trial methodological expertise, relevant publications and on the complementary skill mix of the applicant team. It is also essential for applicant teams to demonstrate they are willing to employ a partnership-based approach to developing and evaluating the feasibility of the intervention by working closely with members of the Steering Group. The EoI process will also serve to inform the Steering Group of the types of enthusiastic and skilled teams interested in competing for this research call and will help the members design a quality and informative workshop (October 02, 2017) prior to the teams submitting their Full Application.

## 8. Eligibility Criteria for the Expression of Interest

All interested applicant teams must submit an Expression of Interest (EoI) form by September 20, 2017. EoI applications will be critiqued and assessed for eligibility by members of the Steering Group under the following themes:



- The applicant team demonstrates prior research experience in working in the field of physical activity and health behaviour change, ideally with experience of working with older adults and/ or in community settings;
- The applicant team demonstrates the necessary skills and experience in the design and evaluation of complex and/or multi-component interventions;
- The applicant team demonstrates knowledge and awareness of the national and international evidence base in the area of physical activity, behaviour change and older adults, potentially relevant to this call, and have clear plans for how to integrate this learning in their full application;
- The applicant team demonstrates a reasonable awareness of the key organisations and actors involved nationally and locally in the delivery of multi-component physical activity interventions;
- The applicant team demonstrates prior experience of working closely with decision makers in the design, implementation and knowledge transfer activities of research studies to inform policy and/or practice.

The HSE HaPAI Team expects that applicants will collaborate with its Steering Group and where appropriate partner organisations such as hospitals, health agencies, universities, local government, voluntary organisations and/or industry. The HSE HaPAI Team is open to applicants securing co-funding as appropriate. Applicants must also demonstrate the commitment of their partner organisations with evidence of existing partnerships and/or plans on how they will contribute to this award.

## 9. Full Application

All teams who are eligible at the EoI interest stage will be informed by September 27, 2017 and will be invited to complete a Full Application. Teams will also be asked to attend the half day workshop on October 02, 2017 hosted by the Steering Group. The closing date for Full Applications is November 10, 2017. Detailed instructions for completion of the Full Application form are provided in Appendix B.

## 10. Full Application Criteria for Evaluation

The HSE HaPAI Team is committed to an open and competitive process underpinned by an independent review process. Following an initial eligibility check applications to this research call will undergo a two stage assessment process.

**Stage 1:** Each application will be reviewed by an average of three international peer reviewers. The international peer review panel will be furnished with the following set of criteria:

### 1. Overall Quality of the Application (60%)

- This includes scientific quality, original and innovative ideas, feasibility of the application, is it likely to 'work' in real world settings and relevance and impact of the outcomes of the proposed research to achieve the national targets for physical activity for the population aged 50+ in Ireland.



- Relevance of the Proposed Research:
  - Has the proposed research clearly met the primary objectives of this research call?
  - Has the proposed research clearly met the secondary objectives of this research call?
  - How relevant and important is the proposed research to the priorities and needs of the HSE, and does it offer a health/healthcare solution with demonstrable physical activity benefit to adults aged over 50 years in Ireland?
  - Does the application demonstrate an awareness and understanding of previous relevant research or developments in this area?
  - To what extent does the proposed research add distinct value or advance what is already known from other work currently in progress or already completed in this area?
- Quality of the proposed work:
  - How appropriate is the research design in relation to the stated objectives?
  - To what extent is the proposed design and methodology for all elements of the research well defined, appropriate, valid and feasible within the timeframe and resources requested?
  - What are the strengths and weaknesses of the research design as proposed?
  - To what extent does the research show originality and innovation?
- Lay Summary:
  - The lay (plain English) summary is intended for an interested audience, who are not necessarily specialists.
  - Does the plain English summary give a clear explanation of the research?
  - Does it help you carry out your review? If not, why not?
  - Is the language used appropriate and clear? If not, where are the problems?
  - Are scientific terms, abbreviations and jargon explained? If not, which terms need explanation?
  - If this research is funded, the plain English summary will be published on a variety of websites, without the rest of this application form. Could this plain English summary be used on its own to describe the proposed research?

## **2. Expertise and Research Environment (20%)**

- This includes the infrastructure, expertise, experience and appropriateness of the team to conduct the piece of research. The strength of the applicant team, including the relevant expertise and track record of the Lead Applicant and Co-Applicants in conducting high-quality research in area of physical activity, healthy ageing and/ or designing and evaluating complex health behaviour change interventions. Trial methodology expertise is particularly



welcomed. The track record of the applicants as demonstrated by outputs and outcomes (where possible) arising from previous grants and knowledge transfer by working with policy makers and key actors. The appropriateness of the team will be assessed in terms of the research area, methodological expertise, complementarity of expertise and its synergistic potential.

- Strength of the research team:
  - How well are the roles of the team members described?
  - Is the overall team well co-ordinated?
  - On the basis of track record in relevant areas, how qualified are the applicants to undertake the work using the methodologies proposed?
  - To what extent does the research team have the necessary breadth and depth of expertise to deliver the proposed work (e.g. as judged by methodological expertise, publication output and previous research funding)?
  - How could the strength of the research team be improved?
  - If the Lead Applicant has limited experience, does he/she have appropriate support (e.g. from their organisation and/or more senior colleagues) to deliver the work plan?

### **3. Scalability (5%)**

- How the applicant team describe the way in which the intervention is scalable and suitable for national roll-out will be assessed.
- Reviewers will critique how applicants themselves describe the ‘Threshold Criteria for Rolling this Study out’ in the Application Form.
- Has the applicant outlined sensible criteria for assessing if national roll-out should/ shouldn’t be recommended?

### **4. Dissemination, Knowledge Exchange and Knowledge Management (5%)**

- This includes knowledge translation, transfer and dissemination and refers to the exchange, transfer and dissemination of “new” knowledge that arises from the research in the form of publications and policy papers relevant to policy makers and stakeholders in the area of ageing policy and practice in Ireland. It also includes disseminating this new knowledge to organisations that may be involved in implementing the intervention/ rolling it out nationally. Dissemination activities should include peer-reviewed publications, conference presentations, seminars and policy briefings.
- Has the applicant outlined an appropriate and adequate approach to disseminating the result of their research into the HSE (including engaging with healthcare planners and/ or policy makers)? Could this be developed further?
- Considering the plans for dissemination, what is the likelihood of significant benefit to the HSE and other national actors in the area of physical activity in adults over 50 years?



- Has a clear plan been outlined on how the applicant will disseminate and collaborate where appropriate with policy makers and stakeholders in the area of ageing policy and practice in Ireland?

**5. Stakeholder, inter/ multidisciplinary and cross-sectoral collaborations (10%)**

- This includes the involvement of older people, higher education institutions, service providers, public, non-profit voluntary, charity and community sectors, the inter/ multidisciplinary participation and the degree to which these engagements will bring new perspectives. The value of this collaboration should also be described.
- How the applicant team plans to interact and collaborate with the HSE HaPAI Team and Steering Group should also be outlined.
- Are the necessary clinical, academic or organisational links needed to support the research, in place?
- Assessment of the patient and public involvement (if any) in the development of the application including involvement in: identifying the research topic; prioritising the research questions; preparing the application (e.g. contributing to the research design)?
- What is your assessment of any proposed plans for patient and public involvement throughout the life of the research? Can you identify particular strengths, weaknesses and/or areas for improvement?

**Stage 2:** The HSE HaPAI team will establish an Evaluation and Grant Selection Panel (who are free from any conflicts of interest) that includes national and international experts and members of the Steering Group. The panel will assess all Full Applications, this will encompass:

- Analysis, comments and rankings of the international peer reviewers;
- Value for money;
- How the study fits in the overall national context;
- Consider any local/ national subtleties and nuances that the international reviewers may not be aware of or familiar with.

**11. Indicative Timeframe** *(The HSE HaPAI Team reserves the right to reject any application that does not meet the terms of this call)*

Expression of Interest Open	Tuesday August 29, 2017
Expression of Interest Close	Wednesday September 20, 2017 at 16:30
Successful applicants invite to Full Application	Wednesday September 27, 2017
<b>Workshop with Steering Group</b>	<b>Monday October 02, 2017 (10:00-14:00)</b>
<b>Full Application Close</b>	<b>Friday November 10, 2017 at 16:30</b>
Independent peer review process	November 2017
Final decision by HSE HaPAI Steering Group	Tuesday December 05, 2017
Contract issue and Start Date	Mid-December 2017



## 12.Contact Details

For any queries about completing this application and for any further information on the HSE HaPAI *Community Intervention to Increase Physical Activity Levels in Adults Over 50 Years of Age in Ireland* research call, please contact Mary Clare O'Hara by **October 26, 2017**:

Mary Clare O'Hara  
Research Call Lead  
HSE Health & Wellbeing Division,  
2<sup>nd</sup> Floor, Clinical & Admin Block A  
Merlin Park University Hospital, Galway, H91 N973  
Mobile: +353 (0)87 609 6012  
Email: [MaryClare.OHara@hse.ie](mailto:MaryClare.OHara@hse.ie)



## Appendices to the Guidance Notes

**Appendix A:** Examples of community-based programmes in Ireland to Promote Physical Activity in Ireland

**Appendix B:** Detailed Guidance of the Completion of the Full Application Form

### Appendix A: Examples of Community-based Programmes in Ireland to Promote Physical Activity.

1. **The Local Sports Partnerships (LSPs)** were developed to *“create a national structure to co-ordinate and promote the development of sport at local level”*. Sport Ireland has recognised that the partnerships are an excellent mechanism for delivering recreational sport to local people. Sports Partnerships have been established in each county and key tasks that the partnerships are involved in include: -
  - a. The creation and implementation of plans for long term local sports development.
  - b. The establishment of a sustainable structure to assist all those involved in local sports development to face the associated challenges -e.g. recruiting and managing volunteers, quality training, etc.
  - c. Delivery of projects and programmes particularly for target groups - establishing networks at local level and liaising with existing initiatives.
  
2. **Go for Life** is an Age & Opportunity (A&O) initiative funded by Sport Ireland and is its main programme for promoting sport and physical activity among older people. It is operating on a national basis. The *Go for Life* programme has the following elements:
  - The Physical Activity Leaders (PALs) Programme;
  - CarePALs;
  - Go For Life Games;
  - The National Grant Scheme;
  - Public Awareness raising;
  - *Go for Life* FitLine.

There are currently over 900 older volunteers (PALs) who have completed the *Go for Life* programme. A PAL is a volunteer Physical Activity Leader who is already part of a group or club and is willing to lead physical activities within that group or club. The volunteers receive training from A&O to provide them with the information and skills necessary to lead members of their own groups in short exercise routines, simple dances, fun games and recreational sports. The objective is to focus on enhancing the social, physical and cognitive health of older people who are currently members of organisations or clubs.





The training provided to the PAL is delivered through nine workshop sessions of five hours each covering all of the different *Go for Life* activities, providing a good mix of theory and practical work. *Go for Life* PALs' workshops are run in partnership with Local Sports Partnerships and the Health Service Executive.

The FitLine service is a telephone based service that supports older people to be more physically active. It was developed by Go for Life with initial support from Louth Sports Partnership in acknowledgement of the fact that 54% of people aged 50 and over are not a member of any social group or club. The FitLine service takes a 'motivational interviewing' approach and aims to help people who are not currently active but wish to be to identify goals and to work towards meeting them.

It is modelled on 'Active Choices', a telephone support project developed by Stanford University in the US. 'Active Choices' is based on twenty years of research evidence about telephone based physical activity support. FitLine is also modelled on elements of the National Smokers' Quitline and the Senior Helpline.

3. **The Men on the Move (MoM)** is a wellness programme with a primary focus on using physical activity to engage men. All men in both intervention and comparison counties received a copy of a health information booklet at registration or the baseline health check. Locally, the delivery of the 12-week MoM programme was the responsibility of the LSP; the LSP coordinator contracted local PA Coordinators in each county and worked closely with the PA Coordinators to oversee the day-to-day delivery of the 12-week MoM programme.

Participants received 40 minutes cardiovascular work and 20 minutes strength and conditioning. The PA Co-ordinator worked with the LSP Co-ordinator weekly to determine how these components were to be achieved based upon the needs and abilities of the men. Experiential workshops on diet and wellbeing were developed and 120 IHF pedometers were supplied to the participants. Weekly text messages were used by the LSP Coordinators as a method to support, encourage and motivate the men. In the run up to week 12, phone calls were used to encourage men to attend this follow-up test. At the end of the 12 weeks, a 5km fun walk/run celebration event was held in each intervention county.

To date, over 900 men have participated in the research project (487 – intervention group and 417 – comparison in waiting group). Unlike the general population, only 9.1% of this group were of normal weight and 54% were in the high risk category for cardiovascular risk according to their waist circumference.

MoM programmes were delivered in 12 communities across 4 counties from September to December 2015. Baseline, end of programme (12W), 26W and 52W post baseline data have been collected across a range of variables that



include weight, waist circumference, time to complete one mile, mental wellbeing and social wellbeing.

Significant improvements in weight, waist circumference, BMI and time to do one mile were demonstrated in the intervention group up to 52W post baseline that were not evident in the comparison group. This gender-sensitized programme was based on the Football Fans in Training (FFIT) which was an evidence-based, gender-sensitised, weight loss, physical activity and healthy living programme consisting of 12, weekly, 90-minute sessions of 'classroom-based' discussion and 'pitch-side' training carried out in Scottish football clubs.

**Table 1** Key components of Men on the Move and Go for Life programmes

<b>Men on the Move</b>	<b>Go for Life</b>
All men in both intervention and comparison counties received a copy of a health information booklet at registration or the baseline health check	<i>Go for Life</i> PALs participate in a series of 9 workshops and receive workbooks, general information and a video to support them in leading activities with their groups and communities.
Delivery of the programme was contracted to local PA Coordinators in each county and worked closely with the PA Coordinators to oversee the day-to-day delivery	<i>Go for Life</i> has a network of 900 trained volunteers who act as Physical Activity Leaders and Organisers in their groups and communities.
Participants received 40 minutes cardiovascular work and 20 minutes strength and conditioning training	The <i>Go for Life</i> training comprises of 9 five hour workshops which enable PALs to plan and lead health enhancing physical activity sessions with their groups.
In Men on the Move, the PA Co-ordinator worked with the LSP Co-ordinator weekly to determine how the components of the programme were to be achieved based upon the needs and abilities of the men.	PALs workshops and other elements of the <i>Go for Life</i> programme such as the Go for Life Games are delivered in partnership with a local agency such as the LSP or HSE.
Experiential workshops on diet and wellbeing were developed and 120 IHF pedometers supplied to participants.	<i>Go for Life</i> does not currently have any objective outcome measurement
Weekly text messages were used by the LSP Coordinators and phone calls were used towards the end of the 12 week intervention to encourage men to attend this follow-up test. At the end of the 12 weeks, a 5km fun walk/run celebration event was held in each intervention county.	PALs receive a regular newsletter and the <i>Go for Life</i> grant scheme supports the work of PALs annually.



## Appendix B: Detailed Guidance on the FULL Application Form

This section contains a step-by-step guide to completing the “Community Intervention to Increase Physical Activity Levels in Adults Over 50 Years of Age in Ireland” Application Form.

### Submission Requirements

- Use Calibri font, size 12, single line spacing. Ensure word/ page count are consistent with requirements specified
- Use language that is succinct and comprehensible to a non-expert or lay person
- Please make sure that any abbreviations used are fully explained
- Electronic signatures **ARE** permitted
- Ensure **ALL** relevant documentation/ signatures are provided as outlined in the submission checklist overleaf
- Applications should be submitted by email to: [MaryClare.OHara@hse.ie](mailto:MaryClare.OHara@hse.ie) no later than **Friday November 10, 2017 at 16:30pm**
- Applicants should note that there may be a time delay in acknowledging receipt of email applications
- We recommend that applicants allow a **MINIMUM** of **24** hours for the application to be received
- Applicants will receive an email message to confirm that the application/ supporting documentation has been received.

### Checklist for Submission

Please ensure the checklist on the Application Form is completed prior to submission:

- Budget of Proposed Expenses (Appendix A)
- CV Template for the Lead Applicant (Appendix B)
- CV Template for Co-Applicant(s) (Appendix C)
- Collaborator Agreement Form (Appendix D)
- Infrastructure Agreement Form (Appendix E)
- CV Template for Personnel funded through this study (Appendix F)
- Host Institution/ Organisation letter of support and stamp of approval
- Ethical Approval (IF ALREADY APPROVED)
- Gantt Chart is attached to submission email in both Microsoft Excel and PDF versions
- Terms of Reference for each study management and governance committee/ group proposed should be attached to the submission email as a PDF.
- Letter of Support from the Head of Department (or equivalent signatory), on headed paper from the Host Institution must be provided if a Lead Applicant is in a contract position.

*Incomplete submissions will be ineligible for review.*



## Applicant Form Summary

This summary should be completed by the applicant in full. It may be used to generate information for publication to the general public on the successful proposal and/ or be used to summarise proposal for potential international peer reviewers.

Lead Applicant, Co-Applicants, Host Institution, study duration, study type and abstract should all be listed here. These should be the same as they appear in the main body of the application.

## Reference

As application submissions are received by the HSE HaPAI Team, a unique reference number will be assigned to each proposal.

## Host Institution

The Host Institution (HI) for the HSE HaPAI award is a recognised third level institution in Ireland (Northern Ireland or the Republic of Ireland). This is normally that of the Lead Applicant, but it may be another organisation/ institution designated by the research team, where it is clearly justified. Please include the institution's full name (do not use acronyms such as UCD, TCD, NUIG). Co-Applicants and Collaborators may be from outside the Republic of Ireland but the applicant team must demonstrate that they have fieldworkers available in the Republic of Ireland to conduct the intervention.

## Overview of Application (Box 1-3)

### Study Title

This should be descriptive, concise and should reflect the aim of the study by identifying the study design, the subject population and interventions to be examined. **Word limit is 30 words.**

### Acronym

Acronym is optional. The applicant may create an optional acronym for your study title. It should be **no more than 30 characters.**

### Project Duration and Start date

Please indicate the expected length of the proposed study in months and the proposed start date. The HSE HaPAI Team expects that the duration of the successful study will be **18-20 months** (but must not exceed 22 months). The earliest start date will be mid-December 2017 but should commence by January 07, 2018 at the very latest.

### Research Study Budget Summary

The HSE HaPAI Team would like each applicant to declare a budget summary of the proposed study upfront. A more detailed description of the budget will be required in Appendix A of the Application Form.



## Research Team and Environment (Box 4-7)

### Lead Applicant

The Lead Applicant should fulfil the typical requirements of a Principal Investigator as they will serve as the primary point of contact for the HSE HaPAI Team during the review process, on the award and during the post award evaluation process. The Lead Applicant will be responsible for the scientific and technical direction of the research programme. She/ he will have primary fiduciary responsibility and accountability for carrying out the research within the funding limits awarded and in accordance with the terms and conditions of the HSE HaPAI Team detailed in the Guidance Notes.

The Lead Applicant must:

- Hold a post that will cover the duration of the research award in a recognised third level education institution or organisation in Ireland. *Please note that a letter of support from the Host Institution (HI) must be provided if a Lead Applicant is in a contract position. This letter should originate from the Head of Department (or equivalent signatory), on headed paper, confirm current employment status and duration of contract, provide assurance of candidates experience and eligibility for this award and the Host Institutions willingness to host the candidates research should they be successful in this funding call;*
- Demonstrate relevant employment history in the area of research within the last five years (2012-2017);
- Demonstrate their ability to lead and mentor a research team and manage relationships with Co-Applicants, Collaborators, the HSE HaPAI Team and its Steering Group and the HI;
- Provide their five “most impactful” publications in peer-reviewed journals in the last five years (2012-2017); and
- Provide evidence of all research income received in the past five years (2012 - 2017), outlining their specific role.

Details are requested about the Lead Applicant, including their position, employment status (contract or permanent), whether they are seeking salary-related costs, and their experience.

In Section 4, the Lead Applicant’s contact and CV details (name, contact information, institution, present position, employment history, profession and membership of professional bodies) are required. The Lead Applicant must also disclose the total amount of time to be dedicated to this study as a percentage or a proportion of a full time equivalent (FTE). They are asked to provide an outline of their role as Lead Applicant in this study on a day-to-day basis (**word limit is 250 words**).

In Appendix B of the Application Form, the Lead Applicant is required to complete a more detailed CV (**maximum of 4 pages**); this must detail their career profile, publications that are most relevant to this application and their success and role in other research grants.



### **Co-Applicant(s)**

The Lead Applicant can include up to five Co-Applicants. A Co-Applicant must demonstrate:

- A well-defined, critical and substantial role in the conduct and steering of the proposed research;
- They must clearly outline their specific roles and responsibility in the context of the proposed research;
- They must disclose the total amount of time to be dedicated to this study as a percentage or a proportion of a full time equivalent (FTE).

Co-Applicants from outside of the Republic of Ireland are welcome where the nature of the research renders this necessary and is appropriately justified. A Co-Applicant may receive funding for items such as running costs and personnel but will not receive support towards his/her own salary if they are in salaried positions. However, Co-Applicants can request their own salary if they are contract position. Please note that a letter of support from the Host Institution must be provided if a Co-Applicant is on contract position and requesting his/her own salary for this project. This letter should originate from the Head of Department (or equivalent signatory), on headed paper, confirm current employment status and duration of contract, provide assurance of candidates experience and eligibility for this award and the Host Institution's willingness to host the candidates research should they be successful in this funding call. Prior to submitting the application to the authorised signatory of the nominated Host Institution for the final approval stage, Co-Applicants must also approve the content of the application.

In Section 5, each Co-Applicant's contact and CV details (name, contact information, institution, present position, employment history, profession and membership of professional bodies) are required. Each Co-Applicant must also disclose the total amount of time to be dedicated to this study as a percentage or a proportion of a full time equivalent (FTE). They are asked to provide an outline of their role as Co-Applicant in this study on a day-to-day basis (**word limit is 250 words**).

In Appendix C of the Application Form, each Co-Applicant is required to complete a more detailed CV (**maximum of four pages**); this must detail their career profile, publications that are most relevant to this application and their success and role in other research grants.

### **Collaborator(s)**

Given that a Steering Group of key stakeholders and actors in the area of physical activity and healthy ageing has already been established by the HSE, a maximum of six additional research Collaborators can be included in the application. An official Collaborator is an individual or an organisation that provides an integral and discrete contribution (either direct or indirect) to the proposed research activities, Collaborators may provide the following:



- Material(s)
- Training
- Access to specific equipment
- Specialist staff time
- Study advice, support or advisory capacity
- Access to data
- Access to potential study participants
- Access to study instruments, questionnaires or protocols.

They can be based in an academic institution, a private enterprise, a healthcare organisation or agency, or come from the charity sector. Profile details must be provided for ALL official Collaborators. In addition, each official Collaborator must complete a Collaboration Agreement Form (CAF). Please complete the CAF in Appendix D for each Collaborator. Collaborators may be based outside Ireland where appropriate and justified.

In Section 6, each Collaborator's contact (name, contact information, institution and present position) are required. Each Collaborator must also disclose the total amount of time to be dedicated to this study as a percentage or a proportion of a full time equivalent (FTE). They are asked to provide an outline of their role in this study on a day-to-day basis (**word limit is 100 words**).

In Appendix D of the Application Form, each Collaborator is required to complete a CAF that included a more detailed CV (career profile, publications that are most relevant to this application and their success and role in other research grants) and what specific expertise they will bring to the proposed study. Where Collaborators are claiming costs, this must also be detailed and justified in the CAF and should also be reflected in the main budget section in Appendix A of the Application Form.

### **Infrastructure and Support**

Please describe the infrastructure, facilities and other resources available at the Host Institution/ Organisation which will directly support this specific study. Please ensure that the Infrastructure Agreement Form in Appendix E is completed and signed for each support service involved. **Word limit is 300 words**. Applications which do not detail such input, advice and/or support (and where this expertise is not clearly evident within the applicant team) should justify why they have chosen not to access such support. Examples of such infrastructural supports include; Centre for Support and Training in Analysis and Research (CSTAR), Clinical Research Facility/ Centre (CRF/ CRC), Centre for Applied Medical Imaging (CAMI), Health Research Board (HRB) Clinical Research Co-ordination Ireland (HRB CRCI), the HRB Trials Methodology Research Network (HRB-TMRN) and/or a thematic HRB Clinical Trials Network (HRB CTN).



## Project Application (Box 8-25)

### Relevance and Rationale for Proposed Research

Describe the background to the research proposal and detail the size and nature of the issue to be addressed. Summarise the need for research. Justify the necessity for the research especially in an Irish context. What is the rationale for the study? Will the results be generalizable beyond the research setting of the study in a way that will maximise the impact of the results? Will results be scalable? **Word limit is 1,500 words.** NB: This should be a comprehensive review of previous evidence in this area.

### Study Scientific Abstract

Please provide a short synopsis of the application. It should be structured (insofar as is possible) to include the background, aim and objectives, methods, conclusion and predicted potential policy and practice implications. **Word limit is 350 words.** This section should be copy and pasted into the appropriate section of the Application Summary.

### Study Lay Summary

This lay summary is similar to the study abstract in that you are asked to describe what you propose to do; say why you think it is important to complete this piece of work and how you are going to go about conducting, analysing and drawing conclusions from the research. The difference is that it needs to be written as a plain English summary such that it is clear, easy to understand, and is easily accessible to a lay audience. **Word limit is 300 words.**

### Study Type/ Design

The types of studies that will be considered for funding include:

- Stand-alone feasibility studies conducted in preparation for a future definitive intervention.<sup>17</sup> The sole intention behind the funding of these studies is to establish a pipeline for definitive interventions. Clear progression criteria to a substantive study are required. It is not possible to apply for a feasibility study, including a pilot study, and the associated definitive intervention trial at the same time.

### Keyword(s)

Please enter up to **5 keywords** that specifically describe your research study.

### Aim of the Study

Please state the overall aim of the research question phrased by Population, Intervention, Control/ Comparison and Outcome(s) or PICO where applicable to your study type.<sup>18</sup> **Word limit is 150 words.**

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<sup>17</sup> Sandra M. Eldridge et al. Defining Feasibility and Pilot studies in preparation for Randomised Controlled Trials: Development of a conceptual Framework. *PLoS ONE* **11**(3): e0150205

<sup>18</sup> Nobre MR, Bernardo WM, Jatene FB. Evidence based clinical practice. Part 1—well-structured clinical questions. *Rev Assoc Med Bras* 2003 October-December; **49**(4):445-9.



### Objectives and Deliverables

Please state the objectives of the research study (consider developing a minimum of three and no more than five objectives). Objectives should be SMART (specific, measurable, achievable, realistic and time-bound) and appropriate for the type/ design of the proposed study. **Word limit is 60 words for each objective and 150 words for each associated deliverable.**

Each applicant team must include a Gantt chart that lists the above Objectives and Deliverables against the estimated timelines for completion, together with any additional milestones/ key dates (please see Figure 1 of the Guidance Notes for an example of a Gantt chart). **A Gantt chart must be attached to the submission email as both Microsoft Excel and PDF versions.** Please ensure that care is taken to estimate/ summarise any personnel recruitment, ethical approval, site screening, training, recruitment, intervention delivery and follow-up time points that may be appropriate to the timeline of the proposed study.

	Pre-Award		Year 1 ((mm/yy - mm/yy))				Year 2 ((mm/yy - mm/yy))			
	Nov	Dec	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Study Management and Governance</b>										
1 Ethical approval										
2 Establishment of study governance committees and schedule meetings										
3 Recruitment of study-funded Personnel										
4 Meetings with HSE HaPAI Steering Group										
5 Preparation of Annual and Interim Reports for HSE										
5 HaPAI post award monitoring and evaluation team										
<b>Work Package 1 (Insert title)</b>										
1 Data Collection										
2 Data Analysis										
3 ...										
4 ...										
<b>Work Package 2 (Insert title)</b>										
1 ...										
2 ...										
3 ...										
<b>Work Package 3 (Insert title)</b>										
1 Dissemination...										
2 Assessment for continuation for national roll-out										
3 ...										

Fig 1: Example of a Gantt chart template

### Research Design and Methodological Approach

Please outline the proposed methodological approach for the study. Outline any relevant work packages, inclusion/ exclusion criteria, sample size calculations, details of the proposed intervention and details of the proposed control/ comparator. Describe the recruitment strategy, primary outcome, secondary outcome(s), process outcomes, statistical analyses, measurement tools and detail any sub-studies, i.e., parallel qualitative or health economic studies. **Word limit is 4,000 words.**



Justify the choice of your planned intervention. Please consider following the TIDieR checklist and guide for describing the intervention.<sup>19</sup> Describe and justify the design chosen, the methods you plan to use and the rationale of your choice. You are strongly advised to seek advice and input from an experienced research design and statistics expert at study design phase.

Please ensure you address the following where appropriate/ if relevant to the proposed study:

- Describe the population to be studied
- What is the planned intervention?
- As well as describing the intervention, please describe what the applicant team means by 'usual care', 'control' or 'comparator' (if appropriate)?
- What are the proposed practical arrangements for allocating participants to study groups?
- What are the proposed methods for protecting against sources of bias?
- How variable is the intervention – between sites, over time etc.?
- Are there aspects of context and/ or the environment which may impact on the evaluation being undertaken?
- What are the planned inclusion/ exclusion criteria?
- What is the proposed duration of intervention period?
- What is the proposed frequency and duration of follow up?
- Discuss the reliability and validity of all study instruments and scales
- What are the proposed primary and secondary outcome measures? For surrogate outcome measures, provide evidence of validity. State clinical relevance as well as relevance for the target population.
- How will the outcome measures be measured at follow up?
- Are you planning to include health economics and quality of life measures? If yes, provide full details regarding the type of analysis to be undertaken, the rationale of the design proposed, the personnel who will conduct, power calculations and inclusion/exclusion criteria. In cases where one or both of these measures will not be addressed in this study, please explain why.
- What is the proposed sample size and what is the justification for the assumptions underlying the power calculations? Include for both control and intervention groups, a brief description of the power calculations detailing the outcome measures on which these have been based, and give event rates, means and medians etc. as appropriate. We acknowledge that feasibility studies are conducted to help determine the sample size of the definitive trial but please provide an indicative sample size estimation for the definitive evaluation (recognising this may be revised based on feasibility findings).
- What is the planned recruitment rate? How will the recruitment be organised? Over what time period will recruitment take place? What evidence is there that the planned recruitment rate is achievable?

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<sup>19</sup> Hoffmann T et al. Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. *BMJ*. 2014;**348**:g1687



- Are there likely to be any problems with compliance and retention?
- What is the likely rate of loss to follow up? On what evidence is the loss to follow-up rate based?
- How many sites/ centres will be involved?
- What is the proposed type of analyses?
- What is the proposed frequency of analyses?
- Are there any planned subgroup analyses?

### **Public and Patient Involvement (PPI)**

The HSE HaPAI Team and its Steering Group encourage the involvement of individual members of the public or patients and of public advocate groups with the aim of better research and protocol design and greater usability of both the research study and its findings. **Word limit is 500 words.**

The HSE HaPAI Team and its Steering Group promote the active involvement of members of the public in the research. INVOLVE UK defines PPI, as research that is carried out 'with' or 'by' members of the public and patients rather than 'to', 'about' or 'for' them.<sup>20</sup> It is distinct from, and additional to, activities which raise awareness, share knowledge and create a dialogue with the public and it is also distinct from recruitment of patients/ members of the public as participants in research.

In the application, please describe any public involvement in your research throughout the various stages of research design, conduct, analysis and dissemination. The HSE HaPAI Team recognise that the nature and extent of PPI activity is likely to vary depending on the context of each study.

### **Threshold Criteria for Moving to a Definitive Intervention**

One of the key objectives of this research call is to develop a community based, multi-component feasibility study. The feasibility study should be of high quality and robust enough to inform a future definitive trial. Ultimately the intervention should have scalability or the potential to be rolled-out nationally across Ireland. Please detail here how your proposal should be eventually assessed in terms of outcomes and scalability. Please list threshold criteria for national rollout. **Word limit is 250 words.** There will be scope for the applicant team to consult/ collaborate with the HSE HaPAI Steering Group on finalising these criteria prior to the end of the study.

### **Discontinuation Criteria**

Please specify reasonable 'stopping rules' or 'discontinuation criteria' which may be applicable for recommending that your study is not rolled out nationally. **Word limit is 250 words.**

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<sup>20</sup> <http://www.invo.org.uk/find-out-more/what-is-public-involvement-in-research-2/>. Accessed on August 15, 2017.



### **Stakeholder, Inter/multidisciplinary and Cross-sectoral Collaboration**

Please indicate how you will develop productive stakeholder interactions and inter/multidisciplinary research that cuts across sectors. Include the benefits of the collaborations proposed. Detail how you plan on interacting with the HSE HaPAI Steering Group. **Word limit is 500 words.**

### **Risks and Challenges**

Please outline potential risks, challenges and obstacles in conducting the proposed research and how you intend to address/overcome these. **Word limit is 300 words.** Describe any risks to the safety of participants involved in the study. Please address any potential risk and/or harm to the safety of the participants in the study, if relevant, and highlight any potential ethical concerns during this study and/or at follow up stage, even if not part of this application, and how you propose to deal with them.

### **Relevance and Potential Impact**

Please outline the relevance and potential impact of the proposed research on policy, practice and/or service delivery. **Word limit is 600 words.** The statement should be as specific as possible and provide information that reviewers will find helpful in assessing the potential impact of the proposed research activity. An implementation plan that outlines the pathway to impact citing realistic timelines is requested. Please provide details on the likely impact from the proposed research on adults aged 50+ in achieving and maintaining physical activity levels as recommended by national guidelines.<sup>21</sup>

### **Dissemination, Knowledge Exchange and Translation**

Please outline the plan for knowledge management including: (1) dissemination (2) knowledge exchange and (3) translation. **Word limit is 300 words.** Include a clear dissemination, knowledge exchange and translation plan to indicate how information will be disseminated during and after the proposed study. Who are the various audiences and communities that need to be targeted if these results are to have any impact? What is your dissemination plan to address this? Describe academic publication plans and/or plans for technology transfer. Describe how the findings of this research will be publicised to the HSE or wider health community in a manner that will optimise impact on health policy and/or practice? Describe where appropriate the role of the HSE HaPAI Steering Group in dissemination and translation. Reference should be made to how the study (if proven to be effective) should be rolled out nationally across Ireland.

### **Ethical Approval**

Please complete the Ethical Approval box as is relevant to the proposal. Please submit PDF of any ethical approval granted to the submission email if available.

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<sup>21</sup> [http://health.gov.ie/wp-content/uploads/2014/03/active\\_guidelines.pdf](http://health.gov.ie/wp-content/uploads/2014/03/active_guidelines.pdf). Accessed on August 15, 2017.



### **Ethics**

Please outline your approach to addressing any ethical considerations for the application and how you plan to address them. **Word limit is 300 words.**

### **Data Protection**

Please demonstrate compliance with relevant data protection legislation in conducting the proposed research. **Word limit is 300 words.** Please provide comments on compliance with national and/or EU Data protection regulations, if relevant, especially if the study involves transfer of data outside EU, in order to ensure an adequate level of data protection.

## **Project Management and Governance Structures (Box 26-29)**

### **Study Management and Governance Structures**

Does the research team include people with experience of successfully running a multi-component community based intervention focused on physical activity, behaviour change and/or with the target population? Ensure that the research team has the necessary expertise to carry out the study. **Word limit is 600 words.** Please outline the study management and governance structures for this application. There should be evidence of expert advice and monitoring that is entirely independent of the Lead Applicant, research team members and the institutions involved. Applicant teams are asked to submit their proposed arrangements for overseeing the study and suggested membership for any and all study management and governance committees/ groups proposed. The individual roles of members should be described. Terms of Reference for each proposed committee/ group should be attached to the submission email as a PDF.

### **Study Management**

Please complete the Study Management Group box by name, affiliation and role and responsibility.

### **Study Statistician**

Please complete name, affiliation and role and responsibility of any statistician that will be involved in the study.

### **Study Supporting Facilities**

Please complete the summary table of all support services/ facilities that will be involved in the study. Please complete an Infrastructure Agreement Form, Appendix E, where appropriate.

### **Study Recruiting Sites/ Centres**

Where known at the time of writing, please complete the table for each recruiting site/ centre in the study. Please state the numbers of potential participants likely to be recruited from each site/ centre and the source of these estimate figures.



### **Other Participating Groups/ Bodies**

Please list any other participating groups or oversight bodies involved in the study by name, affiliation and roles/ responsibilities.

### **Personnel Funded Through the Study**

Where you have identified a candidate(s) to undertake this work, please include a CV for each candidate. Please complete Appendix F for each candidate funded through this award. Please indicate the percentage of time commitment for each personnel and define their role. Where you have not yet identified a candidate for the post, please supply a job description in the box below. **Word limit is 300 words.**

### **References**

Up to 30 references may be included. Please reference using the Harvard format.

### **Host Institution/ Organisation (Box 30)**

#### **Host Institution/ Organisation Authorising Participation in this Award**

It is the responsibility of the Lead Applicant to notify the authorised signatory (Dean of Research or equivalent person authorised to endorse research grant applications for the Host Institution) in that Host Institution of the Lead Applicant's intention to submit an application to the 2017 *"Community Intervention to Increase Physical Activity Levels in Adults Over 50 Years of Age in Ireland"* research call. We recommend that you notify the HI signatory of your intention to apply as soon as possible in the application process. We also recommend that the Lead Applicant takes responsibility of informing the relevant people within the HI's Research Office (or equivalent) and works with them on any internal deadline they may set for the applicant. It is the responsibility of the Lead Applicant to ensure all relevant signatories have ample time to review and sign the Application Form ahead of submission. Electronic signatures are permitted. Application Forms that do not have the relevant and required HI stamps and signatory and signatories of all Co-Applicants and Collaborators will not be considered for review and/ or funding.

### **Declaration and Signatories of Applicants (Box 31)**

#### **Declaration and Signatories**

As advised for the above section, please ensure the Lead Applicant and each Co-Applicant sign this section. Electronic signatures are permitted.

### **Appendices of Full Application Form**

#### **Appendix A: Detailed Budget Breakdown and Justifications**

The HSE HaPAI Team in collaboration with The Atlantic Philanthropies plans to commit **up to €480,000** over the lifetime of the intervention. Please complete the budget template and justifications. Please use only euro (€) figures throughout. Please indicate the month and the year each item relates to as indicated in the template. Please state sources of estimate costs in the justifications where appropriate.



**Staff:** Staff costs must be outlined for each salaried member of staff involved in the project and includes the gross annual salary. The salary scale and point on the salary scale to which the candidate will be appointed should be defined. The employer's PRSI contribution is calculated at 10.75% of the gross salary. The pension contribution will be a maximum of 20% of the gross salary, and should be in line with the Host Institution's pension policy for contract staff.

**Training:** Relevant training courses/ workshops for funded research personnel.

**Running:** For all costs required to carry out the research including materials and consumables, survey costs, travel for participants, transcription costs etc. Access to necessary special facilities or services which are not available in the HI, i.e., consultancy fees, methodological support, Clinical Research Facilities support etc. will be considered under running costs as long as they are detailed in an accompanying 'Infrastructure Agreement Form'. The following costs are ineligible and will not be funded: training courses/workshops for funded research personnel (to be included under Training Costs), inflationary increases, cost of electronic journals.

**Equipment Costs:** Funding for small items of equipment can be included in this section. Personal/ stand-alone computers will not be funded. All costs must be inclusive of VAT, where applicable.

**Dissemination, Knowledge Exchange & Translation Costs:** Costs associated with publication of results, seminar/conference attendance (provide details of name and location, where possible) and any other means of communicating/reporting research outcomes as detailed in the dissemination and knowledge exchange plan.

**Overhead contributions:** A contribution to overheads of 30% of total direct costs is allowed for each research project, or 25% for desk based research.

*Please note, that if funded, any changes to the budget as outlined in the Application Form should be submitted in writing for **pre-approval** by the HSE HaPAI Team.*

**Funding will NOT cover:**

- Stipends and fees for Masters or PhD degrees; and
- Salary costs of applicants on full time university contracts.

Payment of the award will be made to the Host Institution.

#### **Appendix B: Curriculum Vitae (CV) of Lead Applicant**

This is detailed on page 21 of the Guidance Notes.

#### **Appendix C: Curriculum Vitae (CV) of Co-Applicant**

This is detailed on page 22 of the Guidance Notes.

#### **Appendix D: Collaborator Agreement Form (CAF)**

This is detailed on pages 22/23 of the Guidance Notes.

#### **Appendix E: Infrastructure Agreement Form (IAF)**

This is detailed on page 23 of the Guidance Notes.

#### **Appendix F: Curriculum Vitae (CV) of Personnel Funded Through this Award**

This is detailed on page 31 of the Guidance Notes.