NHMRC National Institute for Dementia Research
Strategic Roadmap
June 2016
1. Context

Dementia is a major health problem and will soon be one of the most prevalent and devastating diseases in Australia. A robust, national, evidence-based and long-term approach to the diagnosis and treatment of dementia is essential to the social and economic well-being of Australia. An appropriately constructed and targeted research and translation strategy will underpin, and drive the delivery of better treatments, more effective health service delivery and intervention design thus improving the lives of those with dementia, their carers and their families. Even more importantly, fundamental research can help us understand the cause of dementia-related illnesses thus leading to a slowing of the onset of the condition, prevention and, eventually, a cure.

Taking a strategic investment approach to dementia research and translation will deliver direct and indirect economic benefits to state and national economies through keeping individuals in employment for longer, minimising the need for carers to leave work, and maximising clinical outcomes at the best possible cost.

Australia is a world leader in many aspects of dementia research and treatment. Our researchers have made a number of key discoveries that have made important contributions to the body of knowledge locally and internationally.

Dementia research is now a truly international effort, with national dementia initiatives being established across the globe. The World Dementia Council Statement of Purpose (May, 2014) identified three key challenges:

- Improvements in health and care;
- Raising awareness and supporting dementia friendly communities; and
- Better research targeting a cure or modifying therapy to achieve a 5 year delay in the onset of dementia by 2025.

2. The role of the NNIDR

The NNIDR is one component of the Federal Government’s Boosting Dementia Research Initiative which provided $200 million over five years to Australian scientists and medical researchers working on ways to prevent, halt or...
cure dementia. Under the Boosting Dementia Research Initiative, the National Health and Medical Research Council (NHMRC) is delivering a series of initiatives to prioritise and fund vital new dementia research projects and translate research to improve prevention, diagnosis, treatment and care for people with dementia, their carers and communities. NHMRC National Institute for Dementia Research (NNIDR) was established to prioritise and boost dementia research in Australia and provide the focus to rapidly translate evidence into policy and practice.

NHMRC engaged Alzheimer’s Australia to provide the services of the NNIDR, including its establishment.

The Government’s support sought to ensure that the NNIDR:

1. Dramatically expand capacity in dementia research by supporting our best new researchers to commence work on the key challenges that need to be explored;
2. Prioritise additional funding for dementia research projects in the health and aged care sector;
3. Ensure we make the most of what we already know by translating our research into better care for people with dementia; and
4. Invest in vital dementia research infrastructure to allow our scientists to develop the solutions we need.

Extensive consultation has resulted in the development of an agreed “NHMRC National Dementia Research & Translation Priority Framework”[^3]. This Strategic Roadmap builds on the Priority Framework developed in consultation with the sector.

### Dementia Collaborative Research Centres

In 2006 the Federal Government, through the then Department of Health and Ageing, supported the establishment and operation of three Dementia Collaborative Research Centres (DCRCs). In 2011 responsibility for the DCRCs was transferred from the Department of Health and Ageing to NHMRC. The DCRCs have been brought together as a single program under the strategic direction of the NNIDR. This will ensure even stronger national collaboration and coordination of dementia research and translation through harnessing the capacities that the DCRCs have established a reputation for, namely:

- Dementia networks
- Knowledge translation relationships with service providers; and:
- Early researcher career development opportunities


Cognitive Decline Partnership Centre

NHMRC established the Cognitive Decline Partnership Centre with a $25 million commitment over 5 years commencing in 2013. The Partnership Centre undertakes research and knowledge translation to improve the quality of care for older people with cognitive decline and their carers, including in areas such as improving aged care service planning, reducing stigma around cognitive decline, improving the size and quality of the aged care workforce, promoting responsible medication management and implementing proven models of care.

The Centre is jointly governed and supported by NHMRC and its partners: HammondCare (NSW), Helping Hand Aged Care (SA), Brightwater Care Group (WA) and Alzheimer’s Australia.

The Opportunity

The opportunity offered by the establishment of the NNIDR and its ability to support a national approach to dementia research and translation is unique. It provides researchers, service providers, governments and consumers the opportunity to lay a firm foundation, one which we hope will make Australia, in the words coined somewhat poignantly at one of our planning workshops, “the best country in the world to live with dementia”.

A nationally coordinated dementia research and translation effort also has the advantage of aligning and (where appropriate) integrating with other national approaches to related and co-morbid diseases such as diabetes, obesity and cardiovascular disease.

3. Plan Purpose

As part of the NNIDR’s leadership role in relation to dementia research and translation in Australia, the NNIDR needs to identify essential dementia research priorities for Australia across the full spectrum from basic research, to research translation and implementation. Identifying these priorities should be informed by an inventory of existing national dementia research strengths and weaknesses. The NNIDR is charged with developing a high-quality strategic roadmap for dementia research and translation priorities, measurable milestones and targets for the NNIDR.

4. Vision

The NNIDR’s vision is to fund and support high quality, high impact research and translation initiatives which produce genuine, positive short and long term outcomes for people living with dementia, their families, carers and the broader community.

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5 The NNIDR intends for “consumers” to include people living with dementia and their carers and families.
5. The NNIDR Objectives

The objectives of the NNIDR are to:

(a) Identify essential dementia research priorities for Australia across the full spectrum from basic research to implementation;
(b) Bring together Australia’s dementia research, including existing NHMRC dementia related programs and other national initiatives, to ensure stronger coordination and collaboration;
(c) Synthesize information provided from current research and develop strong linkages with community groups, practitioners and other service providers to rapidly and flexibly translate research outcomes;
(d) Develop partnerships between researchers, industry and philanthropic organisations to help embed dementia research into the health system and stimulate the translation and implementation of research findings into policy and practice; and
(e) Ensure Australian participation in major international collaborations relevant to dementia research.

The NNIDR is working with Alzheimer’s Australia to involve consumers in every stage of dementia research to ensure consumer driven research and translation priorities and outcomes. The NNIDR is developing an innovative, research strategy by working with consumers and researchers to ensure that international best practice in consumer involvement in research is adopted and implemented in all of its activities.

6. NHMRC National Dementia Research & Translation Priority Framework

Extensive national consultation established five priorities and twelve desired outcomes. The agreed priorities, which are presented not as a hierarchy but as a logical sequence, include:

1. Prevention
   Outcomes
   - There is an increased understanding of the Australian population’s risk factors and how they change over a lifespan
   - There are effective interventions to reduce the risk of dementia and lower the incidence of dementia

2. Assessment and diagnosis
   Outcomes
   - Diagnosis is coordinated and supported
   - The accuracy and timeliness of assessment and diagnosis are continuously improving

3. Intervention and treatment
   Outcomes
   - New understanding informs approaches to treatment
There are effective interventions to sustain independence and improve quality of life and quality of care
There are new, innovative treatments to delay or prevent dementia progression

4. Living with dementia
   Outcomes
   - There is increased awareness and understanding of rights, needs and experience of people with dementia living in the community
   - The dignity, independence and self-determination of people with dementia are supported

5. Care
   Outcomes
   - High quality clinical care that improves quality of life is provided for people with dementia and their carers in all environments
   - A multidisciplinary approach to individualised care improves quality of care and quality of life
   - Consumer choice drives improvement to quality of care

7. Governance

The NHMRC National Institute for Dementia Research (NNIDR) was established to prioritise and boost dementia research in Australia and provide the focus to rapidly translate evidence into policy and practice. NHMRC has engaged Alzheimer’s Australia to provide the services to NHMRC for the NNIDR. NHMRC is the overarching funding body with responsibility for funding dementia research.

Governance and coordination of the NNIDR is summarised in the Principles, processes and diagram that follows.

Principles

Six principles guide governance for the NNIDR.

1. Aligned research priorities
   The NNIDR’s task is to coordinate and strategically align research priorities and performance in dementia across Australia across sectors, fields and geography.

2. Partnerships
   Powerful partnerships between all stakeholders provide leadership and a diversity of perspectives to design coordinated programs of research in complex multidisciplinary environments. The aim is to optimise cross-disciplinary and cross-sector innovation and to enable research in complex environments.

3. Continuity
   The NNIDR will work to ensure that infrastructure and processes are established to enable sustainable coordination and sharing of resources and data between dementia researchers in partnership with service providers and consumers. The Institute will support research programs that incorporate continuity and cycles of learning and engagement.
4. Translation
Translation is defined as the principle of turning discoveries and knowledge into improvements in human health and economic benefit with the aim of driving innovation, speeding up the transfer of the best ideas into new interventions and improving the returns on research investment.

5. Novelty
The Institute itself is a novel model of coordinating research and translation in Australia. The NNIDR seeks new, innovative models for research, novel research ideas, and accelerated translation.

6. Legacy
The Institute aims to support research that can be sustained beyond the life of the current “Boosting Dementia Research Initiative” and provide evidence to governments and other funders of the value in continuing to fund dementia research into the future.

Consumer Involvement
The NNIDR seeks to develop strong consumer involvement as an underpinning base of each of its governance principles. Consumer involvement in research is defined as an active partnership between consumers and researchers should include involvement in priority setting, knowledge generation and knowledge transfer, such that projects are done ‘with’ consumers rather than ‘to’, ‘about’ or ‘for’ consumers.

High level governance processes
Alzheimer’s Australia operates the NNIDR within the remit and broader governance arrangement of NHMRC, with NHMRC retaining final approval of key NNIDR deliverables. The NNIDR is led by the NNIDR Director, who is responsible for delivering the key objectives of the NNIDR. The Director in turn is advised by an Expert Advisory Panel made up of experts in all aspects of dementia including researchers, clinicians, policy makers, service providers and consumers.

The Expert Advisory Panel (EAP) provides advice to the NNIDR Director. The EAP comprises key multidisciplinary and multi sector stakeholders to guide the NNIDR’s priorities. The EAP has a critical role to provide dementia research expertise to the NNIDR to guide implementation of initiatives.

The role of the NNIDR Board is to assist Alzheimer’s Australia to oversee the delivery of services for the NNIDR and supervise the NNIDR Director’s performance.

The Strategic Roadmap
This strategic roadmap should be used to drive coordination and facilitate collaboration across dementia research and translation initiatives across Australia. The NNIDR will review the Strategic Roadmap annually, including consulting stakeholders, to track research outcomes and progress against milestones and targets and consider gaps and priorities for NHMRC for the year ahead. NHMRC CEO will consider relevant priorities from the Strategic Roadmap in developing NHMRC’s corporate plan.
8. Overview of key NNIDR programs

Major programs operating under the NNIDR umbrella are summarised below.

a) **NHMRC Dementia Research Team Grants (DRTG)**

Dementia Research Team Grants provide support for teams of researchers over five years to pursue collaborative research, promote effective translation of research, and develop capacity. Funding supports dementia research across a variety of areas including:

- Discovery Research;
- Clinical Research;
- Population Health Research; and
- Health Services Research

Six Dementia Team Grants have been funded with a commitment of $35.5M over 5 years.

b) **NHMRC-ARC Dementia Research Development Fellowships**

NHMRC-ARC Dementia Research Development Fellowship scheme provides support for postdoctoral researchers to undertake advanced research training in fields relevant to dementia such as health, medical, fundamental sciences, social, economic and cultural studies, either in Australia or overseas. For PhD researchers, the scheme has targeted those within four years of having gained their postgraduate degree, however, for clinician researchers there is no equivalent limit, thus achieving an important goal of boosting clinician researchers. It is a bold initiative to boost the dementia research workforce in order to support increased research activity. There were 76 Fellows funded in this program across Australia.

c) **Clem Jones Centre for Ageing Dementia Research (CJCADR)**

The Clem Jones Centre for Ageing Dementia Research is based at the Queensland Brain Institute of the University of Queensland. The Centre has received $9 million over four years for research into the prevention and treatment of dementia, in accordance with the Australian Government’s election commitment. The Centre comprises a number of laboratories with complementary expertise aimed at assisting in the development of therapies, tests and tools that will help to prevent and treat dementia in the Australian population and internationally.

The research objectives of the Centre are to:

- understand at an integrated level the cellular and biochemical changes that the brain undergoes in healthy and pathological ageing, and hence understand the mechanisms involved;
- develop new technologies and tools to better understand pathological processes;
- develop better diagnostic tools, methods and biomarkers; and
- develop new treatments and methods of prevention.

The Centre undertakes its activities in close liaison with the NNIDR.
d) The NNIDR Priority Round 1 (JPco-fuND)

NHMRC has allocated funding to support a small number of Australian-based researchers who are participating as external collaborators on international consortia under the European Union Joint Program – Neurodegenerative Disease (JPND) Call for Proposals for European research projects on neurodegenerative diseases: risk and protective factors, longitudinal cohort approaches and advanced experimental models (JPco-fuND).

NHMRC National Institute for Dementia Research provides merit-based funding for the Australian-based components of this research, with a key focus on “Alzheimer’s disease and other dementias”.

NHMRC will provide merit-based funding where the transnational consortium has been favourably reviewed by the JPND. Two grants have been supported under the JPco-fuND program in 2016.

e) Dementia Collaborative Research Centre Network (DCRCs)

The Mission of the DCRCs is: “Translating Dementia Research into Practice”

There are three DCRCs:

- **Assessment and Care**
  Located at University of New South Wales (UNSW) and focussed on issues of assessment of dementia and improving care

- **Carers and Consumers**
  Located at Queensland University of Technology (QUT) and focussed on quality of life and care for people with dementia and carers

- **Early Diagnosis and Prevention**
  Located at the Australian National University (ANU) and focussed on early detection and diagnosis of dementia as well as risk reduction and prevention of dementia

The three Dementia Collaborative Research Centres are transitioning to operate as a single, unitary program under the strategic direction of the NNIDR although they remain structurally independent within their host institutions.

The DCRCs conduct commissioned research and may be conceived as providing the internal research program of the NNIDR.

In addition, the DCRCs have worked closely with the former Consumer Dementia Research Network, the National Dementia Quality Care Network and other dementia programs, including DTSCs.

f) Cognitive Decline Partnership Centre (CDPC)

NHMRC Partnership Centre: Dealing with Cognitive and Related Functional Decline in Older People (Cognitive Decline Partnership Centre) situated at the University of Sydney, aims to improve the lives of people with dementia by developing, communicating, and implementing research that improves care. Its approach is guided by a commitment to working together, diversity, and translating rigorous research into practice. The Centre brings
together consumers, industry partners, researchers and clinicians to develop relevant research questions and ensure findings are applicable to the current care environment for people with dementia.

The Centre’s research foci includes:

- Development of the first Clinical Practice Guidelines for Dementia in Australia.
- Advance care planning: how it is different for people with dementia.
- Embedding the care of the Confused Hospitalised Older Person (CHOPs) program across hospitals in NSW and beyond.

**g) Additional NNIDR programs**

In addition to the programs listed above the NNIDR, through the Director, also recommends new programs of research to NHMRC based on business cases reviewed and endorsed by the Expert Advisory Panel. The purpose of these programs is develop a dynamic and focussed body of high quality, integrated portfolio of research that fills agreed gaps in knowledge and across the NNIDR’s objectives, priorities and outcomes.

The diagram below outlines the implementation framework for this aspect of the NNIDR’s work. Although the diagram emphasises a linear flow from top to bottom, actual interactions, driven by our guiding principles and the collegial nature of the research activities, will ensure dynamic and innovative exchanges.
NNIDR Objectives

Coordinated Narrative for Change

Research Priorities (5)
1. Prevention
2. Assessment and diagnosis
3. Intervention and treatment
4. Living with dementia
5. Care

Desired Outcomes (12)

High-Level Research Initiatives
Research initiatives are established via standardised Business Cases, developed collaboratively and endorsed by the Expert Advisory Panel and proposed by the Institute Director for approval by the Board. The Institute Director makes recommendations to NHMRC for funding of approved Research Initiatives.

Research Projects
Specific Research Projects are solicited, peer reviewed and funded as detailed in the Research Initiative Business Case using NHMRC guidelines and procedures.

Performance Oversight
Monitoring is undertaken by the NNIDR Expert Advisory Panel and recommendations are made to the NNIDR Director for consideration and recommendations to NHMRC if variations are required

Translation and Knowledge Sharing
Build on and leverage translation and knowledge sharing processes established by the Dementia Collaborative Research Centres
9. Other relevant non-NNIDR dementia research programs

Other dementia programs that are a critical part of the research landscape are included here for context. These are not part of the NNIDR, however they do include potential collaborators, stakeholders and members of the Institute.

h) Dementia Training Study Centres (DTSCs)

The Dementia Training Study Centres (DTSCs) were established in 2006 by the Australian Government in order to strengthen the capacity of health and aged care sectors to provide appropriate evidence based prevention and early intervention, assessment, treatment and care for people with dementia. DTSCs are advocates and educators in the field of dementia care. Their activities around Australia are based on a collective vision of high quality care for people with dementia. DTSCs are responsible for increasing the transfer of contemporary research knowledge, and enhancing dementia care skills in everyday practice of health professionals working with people living with dementia. There are five Dementia Training Study Centres in Australia:

- New South Wales & Australian Capital Territory DTSC: led by University of Wollongong
- Queensland DTSC: led by Queensland University of Technology
- South Australia & Northern Territory DTSC: led by Alzheimer’s Australia SA Inc
- Victoria & Tasmania DTSC: led by La Trobe University
- Western Australia DTSC: led by Curtin University

The Dementia Training Study Centres are driven by six key objectives:

1. To Identify and meet the dementia-specific education and training needs of the health and aged care sector
2. To develop, promote, implement, evaluate and work to ensure the ongoing sustainability of dementia-specific education and training programs in response to stakeholder and target group needs
3. To facilitate the skill and professional development of health professionals throughout the broader health and aged care sectors in relation to dementia
4. To facilitate the transfer of evidence based knowledge into the day-to-day practice of dementia care
5. To develop, promote and evaluate workforce development activities, particularly with regards to work place change, leadership, career and education pathways
6. To empower the target group and other key stakeholders to develop the capacity and skills of themselves and their staff, and to undertake and pursue improved dementia care.

The DTSCs have a strong role in knowledge translation and implementation of dementia research. Tenders for a new national dementia education program have recently been called by the Department of Health with funding of $28M provided over three years as part of the Dementia and Aged Care Services Fund.
i) **DBMAS**

The Dementia Behaviour Management Advisory Services (DBMAS) is a nationwide network of services funded by the Department of Health. DBMAS provides individualised support for the carers of people living with dementia whose behavioural and psychological needs are rapidly changing and impacting on the person's care and quality of life.

DBMAS services are free of charge and include:

- Assessment of the person with dementia;
- Clinical support, information and advice (face to face and via telephone or email);
- Care planning, case conferences and short term case management;
- Mentoring and clinical supervision;
- Education and training;
- Referral to the Severe Behaviour Response Teams; and
- Referral to other support services as needed.

j) **NHMRC funded dementia research**

NHMRC funds dementia research through its existing grant schemes and fellowships, separate from those schemes within the NNIDR. NHMRC funding schemes remain open to dementia researchers throughout the Boosting Dementia Research Initiative.


NNIDR Programs: Research Initiatives

Key initiatives and projects are listed and outlined in detail below under the five priority areas of the NNIDR. This section of the NNIDR Strategy will be updated as Research Initiatives are approved by NHMRC.

Note – Initiatives marked with an asterisk are yet to be submitted to NHMRC as advice for funding and will be revised in accord with the approved Initiative.

Research Initiative:

I. Dementia Research Team Grants
II. NHMRC-ARC Dementia Research Development Fellowships
III. The NNIDR priority round 1: JPcofuND

1. *Prevention*

   *Outcomes*
   
   - There is an increased understanding of the Australian population’s risk factors and how they change over a lifespan
   - There are effective interventions to reduce the risk of dementia and lower the incidence of dementia

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**Research Initiative I – Dementia Research Team Grants**

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▪ Annual Progress Reports: a. Collaboration: collaborative outputs will be identified in publication updates where authors named on (or employed under) DRTG are identified. |
2. promote effective translation of research, and 3. develop capacity.

- There are effective interventions to reduce the risk of dementia and lower the incidence of dementia

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c. Capacity: a list of research higher degree students with supervisors and co-supervisors, indicating in bold which of these are DRTG investigators. Also include a list of post-doctoral researchers hired under DRTG funding.

Research Initiative II - NHMRC-ARC Dementia Research Development Fellowships
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2. **Assessment and diagnosis**

**Outcomes**
- Diagnosis is coordinated and supported
- The accuracy and timeliness of assessment and diagnosis are continuously improving

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3. Intervention and treatment

Outcomes
- New understanding informs approaches to treatment
- There are effective interventions to sustain independence and improve quality of life and quality of care
- There are new, innovative treatments to delay or prevent dementia progression

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- There are new, innovative treatments to delay or prevent dementia progression

Research Initiative III – The NNIDR Priority Round 1: JPcofuND

**Support Australian participation in leading edge international dementia research collaborations and networks for 3 years through joint funding ventures and by encouraging international collaboration across sectors and research disciplines, to answer key questions in dementia research.**

- New understanding informs approaches to treatment

| 2 NNIDR Priority Round 1: JPcofuND grants approved for funding by NHMRC after favourable review by JPND. |
| The 2 NNIDR Priority Round 1: JPcofuND grants are located at the same administering institution. |
| Applicants were required to describe patient and public involvement in the planning, design and applications of their proposal. |

- Award cofounded JPND grants
- Annual Progress Report:
  a. Collaboration: collaborative outputs will be identified in publication updates.
  Authors who are collaborators on JPcofuND award should be highlighted.

in confidence material) of patent applications, grant applications submitted or awarded, and any options, licenses or R&D contracts entered into; clinical trials; practice or policy changes; etc. The NNIDR accepts that there is not a single route for translation of research outputs, and all strategies to translate research into outcomes should be detailed.
4. Living with dementia

Outcomes

- There is increased awareness and understanding of rights, needs and experience of people with dementia living in the community
- The dignity, independence and self-determination of people with dementia are supported

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<td>Dementia Research Team Grants will provide support for teams of researchers over five years to:</td>
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<tr>
<td>1. pursue collaborative research,</td>
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<td>2. promote effective translation of research, and</td>
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<td>3. develop capacity.</td>
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research into changes in policy and practice may be more applicable.

c. Capacity: a list of research higher degree students with supervisors and co-supervisors, indicating in bold which of these are DRTG investigators. Also include a list of post-doctoral researchers hired under DRTG funding.

| Research Initiative II - NHMRC-ARC Dementia Research Development Fellowships |
|-------------------------------|-------------------------------|-----------------|-----------------|-----------------|
| **Strategic Goals** | **Outcomes** | **Research Projects** | **Participants** | **Consumer Involvement** |
| NHMRC-ARC Dementia Research Development Fellowships are 4 year fellowships that aim to boost dementia research capacity and prioritise vital new dementia research projects and translate research to improve prevention, diagnosis, treatment and care for dementia patients. | ▪ There is increased awareness and understanding of rights, needs and experience of people with dementia living in the community  
▪ The dignity, independence and self-determination of people with dementia are supported | 76 NHMRC-ARC Dementia Research Development Fellowships approved for funding by NHMRC, of which 9 address this priority. | The 9 Fellows are located at 6 different Australian administering institutions. | Varies from Fellowship to Fellowship |
| **Milestones** | **Award Fellowships** | **Annual Progress Report:**  
▪ Collaboration: collaborative outputs will be identified in publication updates. Authors who are NNIDR supported researchers should be highlighted.  
▪ Translation: detailed translation plans should be provided, including specific details (but not commercial in confidence material) of patent applications, grant applications submitted or awarded, and any options, licenses or R&D contracts |
entered into; clinical trials; practice or policy changes; etc. The NNIDR accepts that there is not a single route for translation of research outputs, and all strategies to translate research into outcomes should be detailed.
5. Care

Outcomes

- High quality clinical care that improves quality of life is provided for people with dementia and their carers in all environments
- A multidisciplinary approach to individualised care improves quality of care and quality of life
- Consumer choice drives improvement to quality of care

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<th>Milestones</th>
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</table>
| Dementia Research Team Grants will provide support for teams of researchers over five years to: | • High quality clinical care that improves quality of life is provided for people with dementia and their carers in all environments | 6 Dementia Research Team Grants approved for funding by NHMRC, of which 1 are applicable to this priority. | Co-investigators named in the successful grant include 10 researchers from 4 different Australian administering institutions. Additional associate investigators are also involved in this Research Initiative. | Projects were required to meet consumer engagement and translation standards with a weighting of 20% in the score for ranking on this criterion: ‘the quality of the plan for research translation; plans for promoting the team’s activities to the wider community, including where appropriate, for commercial gain; and the involvement of end-users and the wider community in the planning, implementation and uptake of the research program’ | • Award DRTGs
• Annual Progress Report: a. Collaboration: collaborative outputs will be identified in publication updates where authors named on (or employed under) DRTG are identified. b. Translation: detailed translation plans should be provided for each DRTG, including specific details (but not commercial in confidence material) of patent applications, grant applications submitted or awarded, and any options, licenses or R&D contracts entered into. The NNIDR |
accepts that there is not a single route for translation of research outputs, and strategies to translate research into changes in policy and practice may be more applicable.

c. Capacity: a list of research higher degree students with supervisors and co-supervisors, indicating in bold which of these are DRTG investigators. Also include a list of post-doctoral researchers hired under DRTG funding.

Research Initiative II - NHMRC-ARC Dementia Research Development Fellowships

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- Consumer choice drives improvement to quality of care

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