

Connecting Healthcare in Communities Initiative (CHIC) & Chronic Disease

Expressions of interest for funding

Projects will need to address relevant health priorities set by Queensland Health

Chronic Disease Funding

Chronic Disease funding is available to deliver chronic disease management and/or health system enhancement projects. Health system enhancement may focus on self-management, health system organisation, delivery system design, decision support and clinical information systems. The long term goals of the Chronic Disease Strategy are to reduce the age-standardised incidence and prevalence rates of the chronic diseases in scope and their immediate underlying lifestyle and behavioural risk factors to improve the quality of life for people with the chronic diseases.

Priority diseases:

- cardiovascular disease
- type II diabetes
- renal disease
- chronic respiratory disease
- depression as a co-morbidity of these diseases

Priority Risk Factors:

- poor nutrition
- physical inactivity
- alcohol misuse
- tobacco smoking

Priority target groups:

- Socioeconomic disadvantage
- Aboriginal and Torres Strait Islander peoples
- Culturally and linguistically diverse populations
- People from rural and remote areas
- Children and young people
- Older Queenslanders

CHIC Initiative - Service Delivery and Innovation Funding

The focus of service delivery and innovation under the CHIC initiative in the primary and community health care setting is on:

- integrated health promotion and illness prevention
- early childhood health (including ante and post natal care)
- community mental health
- prevention and treatment of alcohol, tobacco and other drugs use and misuse
- chronic disease management and provision of complex care.

Project selection criteria on which decisions will be made include:

- extent to which the project focuses on CHIC focus area
- extent to which project demonstrates partnership involvement/commitment (including at least two partners fully involved and committed to the project with agreement from other stakeholders as required)
- number of partners contributing to the overall project budget
- extent to which partners contribute to the cost of the project
- extent to which the project increases capacity
- extent to which project is evidence based

CHIC Service Delivery and Innovation funding cannot be used for capital purposes or for secretariat functions.

Funding criteria also place priority on project sustainability. Projects funded under CHIC would reasonably be expected to be self sustaining without ongoing funding beyond the end of the project. Requests for funding under the Chronic Disease Program to support ongoing positions are considered to be outside the scope for funding. If in doubt please contact [SPC coordinator](#).

Project Lead Agent and Partnering Organizations

The Project Lead Agent will be the organisation that leads the project implementation, enters and manages the project in accordance with a funding agreement with Queensland Health and coordinates and submits any required performance and financial reporting.

Partnering organisations are those organisations that are involved to some degree or other in the implementation of the project. Where partnering organisations have indicated a commitment to a project in the development of the proposal and are listed as a partner organisation (see Section) the details of a senior executive able to authorise the articulated commitments in this proposal must be listed in Section.

Project Impacts in scope

Medium term

- Individual and community health related behaviours, risk or protective factors
- Improved client quality of life, health status
- The way people use health services

Short to medium term

- Improved partnerships between primary health care providers in your District
- Improved integration and service coordination
- Enhanced capacity of the system
- Improved service provider satisfaction in relation to their work;
- Improved appropriateness of services for your target group
- Improved responsiveness of services especially for your target group
- Improved accessibility of services for your target group
- Sustainability of the service system
- Improved consumer satisfaction/ experience of the system

Southside Partnership Council (SPC)
1st Floor, 39 Old Cleveland Rd, Capalaba Qld 4157
PO BOX 235, Capalaba QLD 4157
Ph: (07) 3390 2466 Fax: (07) 3823 1408
Email: spccoordinator@seagp.org.au

**Southside Partnership Council
Expression of Interest Template**

Instructions:

Please complete the sections below using dot point where possible. Please note word limits.

Note: *Please be as clear, concise and specific as possible.*

Please delete the previous 2 pages, this box & the italicised prompts below before submitting final version, and return completed electronic version in Word format to spccoordinator@seagp.org.au

What is the Proposed Project Name?

What is the Project's Purpose? (Please provide a clear concise statement of purpose and limit to 50-100 words)

Who will be the Lead / Auspice organisation?

Who is the Primary Contact Officer? (Please include appropriate contact details). *This person should have an appropriate level of decision making authority and content knowledge of the project in the event that the SPC requires some clarification*

Who are your Partner Organizations? (List those organizations actively involved in development of submission and include appropriate contacts). *For a project proposal to be successful there must be at least two organisations involved in the project.*

Which specific Qld Health Priorities are being addressed by the Project? (please use dot points)

What is the Target (Geographic) Area and/or Target Population?

What concrete outputs will the project produce? (please use dot points) *Outputs include resource documents, training, upskilled health care providers, process(es)/pathway(s), new service delivery model, formal partnership.*

What change(s) to local service delivery and /or Service Gap(s) will the project address (please use dot points)

How did you identify the need for these changes and /or service gaps (please limit to 50-100 words)

What is the expected starting date?

What is the expected completion date?

What are the key inputs and estimated costs of the project? (Please tick financial years funding is required for).

2010-11 2011-12 2012-13

The budget **should not** include items of significant capital costs (e.g. building, equipment, or vehicle purchase costs over \$5,000).

Item	Funding Sought ^{1,2}		
	2010-2011	2011-2012	2012-13
Labour <ul style="list-style-type: none"> Project staff (Type of staff, Level if applicable, Full Time Equivalent and time period of employment) Salary on-costs (e.g. allowances, workers compensation, super) 			
Non-Labour Requirements to Support Delivery or Project Outcomes (modify list as required) <ul style="list-style-type: none"> Transport Cost (not vehicle purchases) Consumables Communication Equipment Other (list key items) 			
(A) Total Project Budget			
(B) If Successful Total to be received under Funding Agreement If project lead agent is: <ul style="list-style-type: none"> > GST Registered – (A) + 10% GST > Not GST Registered – (A) only 			

- Excludes in kind support, partner contributions and funds sourced external to the CHIC Initiative.
- Please use whole dollar amounts.