

## Why EDI matters in building a team

A diverse and inclusive team:

- brings a wider range of experience and ideas, leading to better decisions
- reduces the risk of one viewpoint dominating
- is more likely to spot assumptions, blind spots and unintended effects
- makes research more relevant and trustworthy for people living with CHS conditions
- supports fair access to research opportunities across career stages and backgrounds

We are not aiming for diversity as a box-ticking exercise. We expect thoughtful, proportionate decisions about team composition.

## Why Personal and Public Involvement (PPI) matters in building a team

Including people with lived experience in the research team—not just as participants or advisers:

- brings practical, real-world insight
- helps keep the research focused on what matters most
- improves clarity and usability of materials
- shows that involvement is genuine, not tokenistic

“Involvement” means research done with or by the public, not just to or for them. Meaningful involvement includes clear roles, appropriate support and fair recognition.

## PPI in the Research Process

We encourage PPI where it fits your study, as it can improve relevance, quality and impact. However, it is not required.



You can include any level of involvement—from none to full co-production—if it suits your study and you explain your reasoning.

### What we mean by PPI in research

PPI means involving people with lived experience of chest, heart or stroke conditions in shaping and improving research—not just taking part as participants. This might include:

- helping shape the research question
- reviewing study materials
- advising on recruitment, acceptability, or participant burden
- helping interpret findings
- helping plan how to share results
- PPI does not mean every study must be co-produced. What matters is that involvement is appropriate, meaningful and thought through.



PPI does not mean every study must be co-produced or led by people with lived experience / members of the public. What matters is that involvement is thought through, meaningful and right for the study.

## How reviewers look at PPI

Reviewers consider:

- whether PPI is appropriate for the study (and how much is needed)
- how it has influenced the research
- whether the approach fits the study aims and stage
- whether plans are clear and realistic

Different studies will use PPI in different ways. Early-stage, technical or service-focused work may include lighter-touch but still high-quality involvement.

## What good PPI usually looks like

Strong applications usually:

- explain clearly why PPI is or is not included
- describe what input was sought and how it was used
- show how lived experience improved the work
- include future plans where appropriate



PPI does not need to be complex to add value.

## When limited or no PPI may be appropriate

In some cases, limited or no PPI is reasonable, for example:

- very early-stage methods work
- secondary data studies
- highly technical or exploratory research

If this applies, explain briefly why. Do not include PPI where it does not fit.

### Important points to keep in mind



- Relevance matters more than scale – small, well-targeted input is better than lots of activity with little value
- Integration matters – show how PPI shaped the research
- Clarity matters – explain what you did and why in plain language
- Avoid forcing it – PPI should strengthen the study, not added because you think we are looking for it.
- Write plainly – applications should be clear and easy to follow

This is public donation funding. Ask yourself:

- Would the public see the value in this study?
- Does it address a real need?
- Will the results matter to people living with CHS conditions, their families, or the wider public?

## EDI in the research process

Our research strategy focuses on studies that:

- address important unmet needs
- reduce inequalities
- involve people affected in shaping the research (questions, design and outcomes)

### Addressing under-served or higher-risk groups

Where relevant to the research question, NICHHS encourages work with under-served, marginalised, or higher-risk groups—especially where this helps address known inequalities or gaps in evidence. For example:

- people living in areas of higher socio-economic deprivation
- women and groups under-represented in research
- ethnic minority communities
- groups at higher risk of poor outcomes or reduced access to services



Applicants should consider who is included in the research—and who may be missing—where this affects relevance, fairness or impact.

This does not mean every study must focus on inequalities or include a fully representative sample. Any focus on specific groups should be proportionate, clearly justified, and aligned to the study aims.

### Addressing unmet need

Unmet need is not limited to under-served groups. It can also include:

- gaps in services or care pathways
- delays or barriers in diagnosis
- conditions or outcomes with limited research attention
- long-standing problems where current approaches are not working well
- areas where practice has moved ahead of the evidence



Applicants should clearly explain:

- the specific unmet need
- why it matters
- why it has not yet been addressed

In many cases, this will reflect issues that researchers—and others in the field—have worked on over time, where important gaps remain.