![Michael Smith Health Research BC logo]

2024 Reach Competition

GUIDELINES

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Help with your Application

For questions regarding the application and submission process, please contact:

Carolyn De Melo
Research Competitions Coordinator
reach@healthresearchbc.ca

For information about the Michael Smith Health Research BC ApplyNet system or help with login information, please contact:

Michael Smith Health Research BC Help Desk
helpdesk@healthresearchbc.ca
604.714.6609

1. Introduction

Michael Smith Health Research BC (Health Research BC) is British Columbia's health research agency. We are working towards a future where BC is recognized worldwide for its vibrant, coherent, inclusive, and globally competitive health research system, which improves the health of British Columbians, the health system, and the economy. Learn more at www.healthresearchbc.ca.

Delivering for BC in a changing context

As BC's health research agency, we are committed to helping develop, support, and retain the province's research talent base. We welcome applications from across BC and are committed to funding highly ranked applications that reflect the regional diversity of our province.

Recently, BC's health research community experienced rapid change and uncertainty due to the COVID-19 pandemic, and we recognize that the impacts the community faces are varied and continue to evolve as circumstances change.

Health Research BC continues to reach out to stakeholders in BC's health research system to better understand current needs. Using our program learning and improvement cycle, we continue to grow and evolve our health research funding programs to ensure they meet the needs of BC's health research and life sciences community.

New for 2024: Introducing Health Research BC's priority areas

Michael Smith Health Research BC has undertaken a priority-setting process to determine where our funding and support can provide increased research attention and impact. This approach aligns with provincial priorities and is empowered by our strategy to build talent, catalyze change for a stronger health research system, and mobilize communities for research impact. Moving towards priority-based funding, we will increase focus on research opportunities aimed at advancing research production and use in these key areas. More information about Health Research BC's approach to priority-based funding can be found on Health Research BC's website.

Priority areas have been incorporated into the 2024 Reach competition to help advance these priorities. Details about how this impacts the competition can be found below in the Priority areas in the Reach competition section.

Pathway to impact (Knowledge Translation)

Health Research BC requires applicants to undertake activities to improve the use of health research evidence in practice, policy, and further research. Knowledge translation activities are important enabling activities that form the "pathway to impact" for health research. Health Research BC uses the term "knowledge translation" (KT) to describe these activities which include synthesis of research evidence, exchange of knowledge between researchers and research users, targeted dissemination, and implementation of research evidence. KT activities should be chosen based on appropriateness for the type of research, expected findings, and intended audience(s), including the people most likely to use and/or benefit from the research.

Including Research User Engagement in your Knowledge Translation Activities

Engaging research users — including people with lived/living experience (PWLE)[1] — as partners throughout the research process and KT activities increases the relevance, usefulness, and usability of research evidence. Examples of approaches that engage research users throughout the research process include integrated knowledge translation (iKT) and patient-oriented research (POR). Where possible, applicants are encouraged to include PWLE from relevant communities as team members in their KT activities.

Both iKT and POR bring together researchers with research users such as health professionals, health system decision-makers, PWLE, and/or researchers from other disciplines. iKT aims to answer priority research questions of importance to any or all research users relevant to the specific research project, while POR aims to answer priority research questions of patients, public and/or communities by engaging with patient partners throughout the research process. With the growing recognition over the years of the importance of engaging PWLE in health research[2] to improve health care and health outcomes, PWLE partners have become an important additional dimension of iKT. Both iKT and POR also include KT activities such as synthesis, exchange, and dissemination of research evidence — all of which can occur at different stages throughout the research cycle — and implementation of research evidence and knowledge.

KT Resources

If you would like to assess your KT skills, learn more about KT competencies and find resources on incorporating a pathway to impact into your application, please visit the KT Pathways tool. For

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[1] People with lived/living experience (PWLE) include patient, public and community partners who have knowledge or experience with a problem or topic.

[2] When research is done in partnership with research users, their valuable experiences can improve care. For example, meaningful patient, public or community partner engagement promotes active collaboration in research governance and throughout the research process, from the planning and conduct of research through to the dissemination, implementation and evaluation of research evidence. Patient, public and community partner engagement brings the unique lived experiences, perspectives and voices to the research process to ensure the work is relevant and that it addresses priorities, questions and outcomes that matter to the people of British Columbia. Domecq, J.P. et al. Patient engagement in research: a systematic review. BMC Health Serv Res 14, 89 (2014). https://doi.org/10.1186/1472-6963-14-89 (accessed January 31, 2024).

additional resources on KT in health research, please visit the [Health Research BC KT page](#) or contact the Health Research BC KT team at KT@healthresearchbc.ca.

Purpose

The [Reach Program](#) brings together researchers[3] and research users[4] to support the dissemination of research outputs, within the context of an established body of knowledge, in ways that facilitate its effective uptake and potential to impact health and care.

Note: If the KT activity you are seeking funding for focuses on the co-development of a research question or process with research users (i.e. integrated KT activities occurring earlier in the research process), you should apply to Health Research BC's [Convening & Collaborating (C²) Program](#).

Objectives

The objectives of the Reach Program are to:

- Support researcher and research user partners to co-develop events, activities, and/or tools to share research findings.
- Disseminate research evidence beyond the normal researcher peer group to reach audiences who can directly use the knowledge.
- Build capacity in KT experience and skills for research or health professional trainees.

Projects might include, but are not limited to, a [social media initiative](#), an [educational symposium](#), or [a learning curriculum and tools](#).

Priority areas in the Reach competition

For the 2024 competition, Health Research BC has designated funds to support applications relevant to the priority areas below. These funds are **in addition** to the regular funding envelope for the competition. Health Research BC will continue to fund applications from across the full range of health research topics. More information on the available budget can be found in [Section 3, Award Amount and Duration](#).

In the application form, applicants will have the opportunity to identify and describe how their proposed work aligns with the priority areas. Reach applications submitted under a priority area must align with both the priority area as defined below and the purpose and objectives of the Reach Program.

The priority areas are:

- **Population aging**

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[3] A researcher is an individual who is eligible to hold research operating funds at the time of the award start date.

[4] Research users are the intended audience(s) of research evidence. Research users are experts on their needs, environment and local context. Including research users as equal members of the research team will ideally result in more relevant research evidence and an increased likelihood of its use for the purpose of making informed decisions about health policies, programs and/or practices. A research user may include, but is not limited to, other researchers, policy makers, health care practitioners, decision makers, health care administrators, educators, patient user group, or health charity, and the public. Adapted from Canadian Institutes of Health Research's 'Guide to Knowledge Translation Planning at CIHR: Integrated and End-of-Grant Approaches.' www.cihr-irsc.gc.ca/e/45321.html (accessed January 31, 2024).

- Understanding the causes of, preventing, treating, and palliating conditions associated with aging and older adults;
- Identifying and understanding the social determinants and support systems that promote healthy aging and quality of life of older adults in BC.

- **Climate change and health**
  - Understanding, mitigating or preventing:
    - the effects of climate change on the health of British Columbians;
    - the impacts of climate change on BC's health system;
    - the impacts of BC's health system on climate change and the environment.

- **The health human resources crisis**
  - Understanding, mitigating or addressing the health human resources challenges in BC's health system.

- **Public health emergencies**
  - BC's ability to effectively prevent, prepare for, mitigate, respond to, and recover from public health emergencies;
  - Health, social, economic, and environmental interventions that increase the resilience of people and communities in BC during public health emergencies.

2. Key Competition Dates

Action	Target Date
Competition launch	Week of April 1, 2024
Application deadline (applicant)	May 13, 2024, 4:30 p.m. PT
Application deadline (host institution)	May 21, 2024, 4:30 p.m. PT
Anticipated notice of funding decision	September 2024
Anticipated start of funding	October 1, 2024

3. Award Amount and Duration

NEW: The maximum amount for each Reach award has been increased to **$20,000** for the 2024 competition.

The award duration is up to **18 months** (see Section 4, Eligibility Requirements for additional details). A complete list and description of allowable expenses can be found in Appendix A, Eligible Expenses.

Awards will be distributed across the C^2 and Reach Programs approximately proportional to the number of applications received for each program. Over the past three years (2021 – 2023), we have awarded an average of 36 C^2 and Reach awards each year, for an average success rate of 59 percent. For 2024, Health Research BC has increased the budget for C^2 and Reach awards to enable funding of additional applications focused on priority areas. Funds contributed by partners may affect the number of awards that can be offered (see Section 8, Partnerships). The number of awards funded will depend on the availability of funds, application demand, and the results of peer review.

4. Eligibility Requirements

Team

The team may be new or pre-existing and must include the following members:

1. Researcher co-lead[5] who will act as the Primary Applicant. The researcher co-lead must be based in BC and affiliated with an [eligible BC host institution](#).

2. Research user co-lead[6] who will provide expertise on the needs, environment and local context of the intended audience.
    Note: Government of British Columbia employees (individuals directly employed by provincial ministries) are not eligible to apply as a researcher or research user co-lead but may be named as a team member. Employees of organizations funded directly by the Government of British Columbia, such as health authorities or school districts, are eligible to serve as co-leads. Health Research BC employees including Clinical Trials BC, Knowledge Translation, Research Ethics BC, BC SUPPORT Unit, are not eligible to apply and may not be listed as team members. Potential applicants and team members who may be impacted by this policy should contact Carolyn De Melo (reach@healthresearchbc.ca) to clarify their eligibility prior to completing the application form.

3. At least one research or health professional trainee. The trainee may be an undergraduate or graduate student, postdoctoral or clinical fellow, or equivalent engaged in a formal training or education program. The trainee may be based inside or outside of BC. If the trainee is based outside of BC, they must be studying at a BC university or employed by a BC-based organization.

All other personnel named in the application are designated as team members.

Applicants can only serve as the primary applicant on one application but can be included in up to a total of two applications per competition.

If appropriate, the individual in the role of Research/Health Professional Trainee may also fulfill the role of research user co-lead.

Activities and Activity Timelines

1. Activities starting or taking place before the funding start date are not eligible for funding through this opportunity.

2. **Activities must be planned to occur within 12 months of the funding start date (October 1, 2024).** To reduce administrative burden on award recipients, should delays occur, funds may be spent up to 18 months after the start date without the need to request a no-cost extension. Recipients must request a no-cost extension if delays require funds to be spent more than 18 months after the start date.

3. Activities or events that are part of an annual series (e.g. annual conference, seminar series, etc.) may only be funded once through the Reach Program, if eligible. Any dissemination events, or

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[5] See footnote 3.
[6] See footnote 4.

activities funded by a Reach award are not eligible for additional Health Research BC support (i.e. sponsorship).

Health Research BC reserves the right to declare applications ineligible.

Additional Contributions

Health Research BC encourages applicants, when appropriate, to engage other organizations and stakeholders to:

- contribute to knowledge exchange and translation or play a role in the design and implementation of dissemination events, tools or activities; and/or
- enhance the availability of funding for the co-development and implementation of the proposed knowledge dissemination event, tool or activity through additional cash or in-kind[7] support.

Any additional in-kind or cash support should be indicated in the budget section of the application, and appropriately captured in a signed letter of support outlining the nature and amount of the contribution.

5. Responsible Conduct of Research

Researchers funded by Health Research BC must comply with the ethical and research policies outlined by the host institution and the Tri-Agency Framework: Responsible Conduct of Research.

New for 2024: Use of generative artificial intelligence (AI) in applications: With the latest advancements and rapid uptake in generative AI (such as ChatGPT) to create content, Health Research BC discourages using generative AI tools in application development. Applications submitted to Health Research BC are expected to be the original concepts and ideas generated by the applicant. Applicants should be aware that the content created using generative AI tools may contain the intellectual property of others, false information, or biases. Applicants must ensure that their applications comply with the Tri-Agency Framework: Responsible Conduct of Research, especially pertaining to research integrity. Using AI tools could also result in your original content and ideas being harvested and used without your consent or without crediting you.

6. Indigenous Health Research

Health Research BC is on a learning journey towards enacting our organizational commitments to Indigenous cultural safety and Indigenous health research, grounded in respect for Indigenous self-determination and awareness of reconciliation as an active and ongoing process. Our organizational commitments to Indigenous cultural safety and Indigenous health research build on relationships nurtured and work undertaken by the former BC AHSN and former MSFHR. Key among these relationships are the BC Network Environment for Indigenous Health Research (BC NEIHR) and the First Nations Health Authority.

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[7] Cash-equivalent goods or services that represent an incremental expense that the partner would not normally incur, and which would have to be purchased by award funds if not donated. This can include research and technical staff, providing direction and direct participation in the project, or the provision of access to specialized and/or proprietary equipment, tools or technology.

We recognize that we are still learning how to respectfully support reconciliation efforts and develop meaningful relationships and partnerships with Indigenous people in British Columbia. Our work continues to be guided by our Indigenous partners.

We expect applicants to approach their research and knowledge translation activities with culturally safe practices that demonstrate humility, integrity, accountability and respect for Indigenous self-determination. Applicants must comply with the ethical and research policies outlined in [Chapter 9: Research Involving the First Nations, Inuit and Métis Peoples of Canada](#) of the [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans](#) (2022). When appropriate, applicants must also describe their data management plan in accordance with the First Nations principles of [OCAP®: ownership, control, access and possession](#).

Additional resources:

- [First Nations Health Authority](#)
- Health Research BC's [Indigenous Research Ethics Resources](#)

7. Integrating Equity, Diversity and Inclusion (EDI) Considerations in Research

Health Research BC has a [strategic commitment](#) to addressing systemic inequities in the health research system. Diversity in research is important to cultivating talent and promoting inclusive excellence, which in turn drives discovery and helps build a more equitable health research system.

Data from Canada and around the world show a lack of diversity in the research system, as well as systemic inequities in access to research jobs, funding and other resources. These inequities disproportionately and negatively affect groups who have been historically underrepresented among researchers and in academia, including those who are Indigenous, Black and people of colour, LGBTQ2S+ people and people with disabilities.

As BC's health research agency, we have an important role in leading and supporting efforts to address systemic racism and other forms of bias and discrimination that create and exacerbate inequities in the health research system. We are doing this in a few ways including continuing to seek ways to improve the design and implementation of our funding programs and peer review processes, acting as a strategic partner on an international consortium undertaking empirical research studies to advance evidence-informed research funding, and requiring all Health Research BC's peer reviewers to participate in unconscious bias training. We are in a continuous mode of listening and learning with our stakeholders and international and national partners.

Note: A section in the application form will be provided for applicants to describe how they meaningfully and appropriately account for EDI in their KT activities and the composition and governance of their teams.

Health Research BC recognizes that meaningful approaches to support EDI in research and KT will vary depending on the research topic, discipline, audience, etc. Where guidance is needed, applicants are encouraged to consult appropriate resources, access additional training and professional development, and seek input from more experienced mentors. Some resources include:

- [NSERC Guide on Integrating Equity, Diversity and Inclusion Considerations in Research](#)
- [SSHRC Guide to Addressing Equity, Diversity and Inclusion in Partnership Grant Applications](#)

8. Partnerships

Health Research BC partners with other funders to build capacity and fill strategic gaps in health research in BC. Partnering on competitions offers funders the opportunity to effectively fund health research in their areas of focus by leveraging Health Research BC's funding programs including robust peer review and award administration processes and enables Health Research BC and partners to increase the total number of awards funded. Partnered awards have the added benefit of offering researchers the opportunity to develop relationships with partners and their community of stakeholders. Details regarding potential partners will be available on our [website](#) and in [Health Research BC ApplyNet](#), Health Research BC's online application portal. **Note:** New partners may be added to the website while the competition is open. If you would like to be considered for a partnered award with a partner that is not listed in ApplyNet, please email us at partnerships@healthresearchbc.ca.

9. How to Apply

The application process for the Health Research BC Reach award is comprised of two steps:

1. Eligibility quiz for the Reach Program
2. Online application:
   - Deadline date: May 13, 2024
   - Reminder: As Health Research BC is now a signatory of the [Declaration on Research Assessment (DORA)](#), we no longer allow the use of journal-based metrics, such as Journal Impact Factor, as surrogate measures of research quality. In keeping with best practices for responsible research assessment[8], we will no longer allow the use of article citation counts or H-index. Please do not include Journal Impact Factors, article citation counts or H-index in your application.
   - Includes:
     - Research user co-lead form
     - Department head sign-off form
     - Team quality and engagement section
     - Quality of proposed work section (including an upload of your workplan and timeline)
     - Potential co-funding partners section
     - Letter(s) of support[9] (upload, if applicable)

Letters of support – Health Research BC cannot accept letters of support from any department within Health Research BC (including Clinical Trials BC, Knowledge Translation, Research Ethics BC, and BC SUPPORT Unit).

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[8] See: Hicks, D., Wouters, P., Waltman, L. et al. Bibliometrics: The Leiden Manifesto for research metrics. Nature 520, 429–431 (2015). https://doi.org/10.1038/520429a (accessed January 31, 2024).

[9] A signed letter of support is required for partners secured by the applicant who provide cash or in-kind contributions in support of the dissemination activities described in the application. Letters of support must include how the partner is involved in the proposed work, describe the potential benefits the partner may derive from participating in the proposed work and detail any cash or in-kind contributions.

To complete your application, sign-in or create a [Health Research BC ApplyNet](#) account and follow the instructions in the online application form. Ensure that your application is complete and submitted by the application deadline. Incomplete or late applications cannot be considered. Additional information on how to use the [Health Research BC ApplyNet](#) online platform can be found [on our website](#).

Note: The primary applicant, i.e. the one who initiates and submits the full application, is designated as a [researcher co-lead](#).

Submission Requirements

- All steps of the application must be submitted using [Health Research BC ApplyNet](#), our online application submission system.
- All documents uploaded onto [Health Research BC ApplyNet](#) must be in pdf format.
- Applicants will receive a pdf copy of their full application via email following submission.
- It is the primary applicant's responsibility to review the pdf copy of the application prior to submission to ensure that all data entered are complete and accurate. Once an application is submitted, **it cannot be modified in any way**.

Applicants applying to Health Research BC for the first time must register on [Health Research BC ApplyNet](#) and create a system account email and password.

10. Review Process

Reach award applications will be screened for eligibility to the competition by Health Research BC staff. Health Research BC staff will perform a relevance review on applications that indicate alignment with priority areas. Applications that are deemed not to be relevant to a priority area will remain in the competition but will not be eligible to receive funding earmarked for priority areas.

Eligible applications will be evaluated via an online, asynchronous process that incorporates six principles of peer review: **integrity, accountability, transparency, balance, confidentiality, and impartiality**. Applications will be reviewed by researchers and knowledge translation specialists. Each application will be assigned to two reviewers who will provide written evaluations and scores. Should there be discrepancies between the two assessments, the reviewers will be invited to discuss that application, and provided the option to revise their evaluations and scores after the discussion.

The information presented in the **Evaluation Criteria** and **Rating Scale** sections below will be used for the peer review process. All applications will be assessed against a defined set of criteria in the following categories: 1) quality of the proposed work, and 2) team quality and engagement. To be considered for funding, the application must receive a minimum score of **3.5**.

Health Research BC recognizes that each BC region brings strengths to the provincial health research system and that there is variation in the infrastructure, resources, and supports available to health researchers at different institutions. Our commitment to rigorous peer review includes ensuring applications from across BC are reviewed fairly and equitably.

Evaluation Criteria

All applications are assessed against the criteria and weightings below. A full description of the evaluation criteria can be found on our [website](#). **It is highly recommended that applicants refer to the evaluation criteria when completing their applications.**

Criterion	Weighting
Quality of proposed work	50%
Team quality and engagement	50%

Rating Scale

Descriptor	Range	Outcome
Outstanding	4.5 – 4.9	May be funded
Excellent	4.0 – 4.4	
Very good	3.5 – 3.9	
Fair	3.0 – 3.4	Not fundable
Less than adequate	0 – 2.9	

Funding Decisions

Funding decisions will be based on the results of peer review with consideration of the relevance of the application to Health Research BC's priority areas and strategic directions. Following peer review, the highest rated applications (across all topics) will be identified and funded. For 2024, Health Research BC has increased its budget for C^2 and Reach awards to enable funding of additional applications focused on the priority areas. Health Research BC intends to support applications from across BC. To be eligible for funding, applications must score higher than 3.5.

Applicants will be notified of the outcome of the peer review process after peer review and the subsequent approval of the results. Applicants also receive the reviewers' comments. There is no appeal process.

A list of successful applicants will be published on Health Research BC's website.

11. Award Start Date

Funding for Reach awards begin October 1, 2024. Successful applicants must confirm their acceptance of the award within the stipulated time indicated in the award notification package. Deferral of the award is not permitted.

12. Reporting Requirements

Award recipients are required to submit a final report 30 days after the award end date. Health Research BC will provide reporting information and/or materials for these purposes. The final report may include the following:

- details on the main activities that were supported by the award
- description of the involvement of trainees and research users with your team
- activity-specific outcomes such as a grant application or post-activity working paper, media release, workshop materials, etc.
- description of any expected or realized benefits to the BC health system and/or the health British Columbians as a result of activities funded by the award
- if applicable, details on the outcomes and expected or realized impacts of any activities funded by this award that relate to Health Research BC's priority areas.

A financial statement of expenditures, signed by the award co-leads and an authorized financial officer of the host institution, is required within **three months** following the award end date. Any unexpended funds must be returned to Health Research BC.

Health Research BC reserves the right to contact award recipients up to five years after the award end date to determine the outcomes and/or impacts of the Reach award.

Additionally, to inform evaluation and continued improvement of our funding programs, award recipients will be invited to provide feedback to Health Research BC staff to determine areas of improvement for this funding opportunity.

Note: Researchers may not submit an application for any Health Research funding program until all outstanding award information (e.g. final report, financial statement, etc.) requested by Health Research BC for previous grants and awards has been received.

Appendix A – Eligible Expenses

Applicants must provide justification for the amount of funds being requested, including a breakdown of estimated costs for eligible expenses, within the budget section of the online application. Eligible costs must be incurred within the funding period. Health Research BC will not support any expenses incurred prior to, or after completion of, the funding period. The majority of expenses must be incurred within BC.

This funding opportunity will support the following costs that are reasonably and properly incurred in the development and implementation of dissemination events, activities, and/or tools to share research findings.

Human Resources

Eligible Expenses

- Honoraria for guest speakers and/or key meeting participants, up to a maximum value of C$500 per individual.
- Fees associated with individuals involved in the planning, administration or facilitation of a knowledge dissemination event, tool or activity.
- Partial or full salary support for research users' participation as a team member or key meeting participant, including buy-out/release time from work.
- Cost of caregiving services (e.g. childcare) to allow research users or key meeting participants to participate in virtual meetings.
- The Tri-Council Policy Statement 2 (TCPS 2 - Chapter 9 Research Involving the First Nations, Inuit and Métis Peoples of Canada) recognizes the importance of respecting the cultures and traditions of Indigenous Peoples. To facilitate culturally safe KT activities, eligible expenses may include (but are not limited to):
    - costs related to Indigenous community mobilization and engagement, including culturally relevant promotional items such as, tobacco, cloth, feasting and gift giving for honouring ceremonies, and cash reimbursements (in a method acceptable to the individual or community being reimbursed) to compensate community participation; and
    - contracts and/or consultant fees for knowledge translation and communication activities for Indigenous Elders, community members, and Indigenous Knowledge Holders involved in activities related to the Indigenous community.
- Research/health professional trainees and staff may be paid to complete services directly related to and integral to the success of the proposed activities.

Non-Eligible Expenses

- Partial or full salary support for researchers including buy-out/release time from work, teaching, clinical or administrative duties.

Services and Supplies

Eligible Expenses

- Costs for the purchase or maintenance of equipment required to bring people together for the purposes of developing and implementing dissemination events, activities, and/or tools to share research findings (e.g. tablets, cell phones, etc.).
- Direct costs associated with bringing people together for the purposes of developing and implementing dissemination events, activities, and/or tools to share research findings (e.g. teleconference call, internet conferencing, etc.).
- Meeting rooms and associated meeting costs (e.g. audio-visual equipment fees, videoconference fees, registration services, etc.).
- Office costs including supplies, communications, stationery, photocopying, software and network or internet access directly related to the proposed work.
- Hospitality costs (non-alcoholic refreshments and/or meals).

Non-Eligible Expenses

- Costs associated with developing a new intervention or to pay the cost of interventions or their scale-up.
- Costs associated with pilot research studies or research operating funds (e.g. primary research or primary data collection including surveys).
- Other expenses already funded by another grant (Health Research BC-funded or otherwise), e.g. publication costs, open access fees, etc.
- Purchase of alcohol.

Travel

Eligible Expenses

- Travel and accommodation for invited guests, keynote/invited speaker(s) integral to the development and implementation of the dissemination activity, event and/or tool proposed in the Reach application.
- Travel for meetings and related activities integral to the development and implementation of a dissemination activity, event and/or tool proposed in the Reach application.

When travelling by air, individuals must obtain the most economical airfare which, in most cases, is economy class. First or business class air travel may **only** be authorized in specific circumstances where warranted (such as where the in-flight travel time exceeds five hours), and if allowed by the host institution's financial policies and approved by Health Research BC and the appropriate financial officer at the host institution.

Non-Eligible Expenses

- Travel for candidates under recruitment consideration, or for relocation purposes.
- Travel to attend conferences, workshops, symposia, congresses, etc. not directly related to the activity, program or meeting(s) proposed in the Reach application.
- Reimbursement for airfare purchased with personal frequent flyer points.
- Reimbursement for costs resulting from a stopover requested for reasons unrelated to the primary purpose of travel.

All items not specified should be deemed as non-eligible expenses unless prior approval from Health Research BC is received. If the applicant can demonstrate the added value and make a case for an item identified as an ineligible expense, then Health Research BC will evaluate the merit of the argument. **In such situations, a case must be made before the expense is incurred.**

Appendix B – Frequently Asked Questions

Questions about priority areas in the C^2 and Reach competitions

Why is Health Research BC focusing on these priority areas?

Recent events such as the COVID-19 pandemic have highlighted the varied challenges impacting our health, as well as the provincial health and health research systems. Recognizing these challenges, Health Research BC has undertaken a priority-setting process to determine where our funding and support can provide increased research attention and impact. Our assessment identified four broad themes, which will be the focus for priority-based funding: 1) population aging; 2) climate change and health; 3) the health human resources crisis; and 4) public health emergencies.

Moving towards priority-based funding will mean an increased focus on research opportunities aimed at advancing research production and use in these key areas. In support of this strategy, we have expanded the 2024 C^2 and Reach competitions by allocating additional funding to support more projects that advance the development and uptake of research evidence in these priority areas. More information about Health Research BC's approach to priority-based funding can be found on Health Research BC's website.

Am I eligible to apply for this competition if my project does not relate to one of Health Research BC's priority areas?

Yes, Health Research BC continues to welcome applications to the C^2 and Reach competitions from across the full range of health research topics. The funding that has been allocated to support applications that relate to priority areas is entirely in addition to the regular, full funding envelope for the C^2 and Reach competitions, so applications that do not relate to a priority area will still be considered for funding as usual.

If I apply under a priority area, will I have a better chance of success than if I don't apply under a priority area?

Yes. Applications that relate to the priority areas are eligible for specifically earmarked funds in addition to the regular competition funds.

To be considered for funding, all applications – regardless of whether they fall under a priority area – must meet the minimum quality threshold by scoring 3.5 or higher in peer review.

Can I apply under multiple priority areas?

The application form includes the option to select one primary priority area; if applicable, secondary priority areas may also be indicated.

How will the priority area relevance review be conducted? What happens to my application if it is deemed not relevant to the priority area(s) that I indicated?

The relevance review will be conducted by Health Research BC staff after applications are submitted but before peer review begins. For the relevance review, staff will consider your Statement of Relevance to Priority Areas, which must demonstrate that your proposed work is sufficiently related to the priority area(s) that you have indicated in your application. **Therefore, it is important that your**

Statement of Relevance to Priority Areas be clearly presented and justified. Other relevant components of your application may also be verified to support the relevance review, including your keywords, project title, and lay summary.

If your application is deemed not sufficiently relevant to the priority area(s) you selected, it will still be reviewed as usual and considered for the regular C^2 or Reach funding along with other applications that do not relate to priority areas. You will be notified by email if your application is removed from the priority area(s) that you had indicated.

General Questions about C^2, Reach, and Knowledge Translation

What is the difference between the Health Research BC Convening & Collaborating (C^2) and Reach awards?

Although the C^2 and Reach Programs both fund knowledge translation (KT) activities related to health research, each program supports distinct KT activities.

The C^2 Program brings researchers and research users together to co-develop research. For the purpose of this award, this is defined as KT activities that tend to occur earlier in or throughout the research process.

In contrast, the Reach Program supports the dissemination of research outputs within the context of an established body of knowledge. For the purpose of this award, this is defined as KT activities that tend to occur near the end of the research process, i.e. end-of-grant KT.

Applicants should take the time to consider which funding opportunity is most relevant to their proposed activity, event or tool. It is the responsibility of the applicant to ensure the content of their C^2 or Reach application aligns with the objectives of that program.

Why does Health Research BC refer to knowledge translation (KT) activities as "pathway to impact"?

Health Research BC defines knowledge translation (KT) as "the broad range of activities and initiatives meant to improve the use of health research evidence in health planning, practice, policy and further research." The set of KT activities undertaken for a research project or program, or the study of those KT activities themselves, is the "pathway to impact" for the use of health research evidence. That is, those KT activities, and/or the study of those KT activities, are unique research-study specific steps embedded in the design, conduct and use of research that aim to increase the impact of the evidence generated in that study. KT activities may include synthesis, dissemination, knowledge exchange, and/or implementation of research evidence, and/or the science of evidence synthesis, the science of knowledge exchange, dissemination science and/or implementation science.

What is research evidence?

Research evidence involves the explicit documentation of methods, peer review and external scrutiny that helps provide a means to judge the trustworthiness of findings and offers the potential to assess the validity of one claim compared to another. For example, this may include research articles, case studies, systematic reviews, meta-analysis, etc.

What does "uptake" of research evidence mean?

Research uptake refers to the processes through which a diverse set of audiences, including policymakers, practitioners and other researchers, use research evidence to inform practice or decision-making. Research uptake is most likely to occur when there is communication and dialogue between researchers and research users to ensure the research conducted produces evidence that is both relevant and useful to the research users.

Where can I find information on or examples of KT?

The [KT section](#) of Health Research BC's website can assist both researchers and research users in their exploration of KT methods, including methods of KT evaluation.

What is an integrated knowledge translation (iKT) plan?

iKT refers to collaboration between research users and researchers as equal partners, the purpose of which is to generate research findings that are more relevant, and thus more likely to be useful to research users. Each stage in the research process is an opportunity for significant collaboration with research users, including the development of research questions and methodology, interpretation of findings and dissemination and potentially implementation of findings. As such, it is not a separate stand alone plan from the research project but a series of embedded activities.

Is an integrated KT (iKT) plan an eligible topic for a C^2 or Reach award application?

An iKT plan can be applied to both the C^2 and Reach awards because they involve collaboration with research users. The C^2 award may be used to support iKT projects that take place earlier in or throughout the research process as researchers seek to engage with research users. The Reach award may be used at the conclusion of a project as researchers work with research users to plan for and create a dissemination event, tool or activity.

Team Composition and Eligibility Questions

Who must be included on a team?

All applications must include, at a minimum:

- a researcher co-lead, who initiates and submits the application in Health Research BC ApplyNet;
- a research user co-lead, who completes a research user co-lead form in Health Research BC ApplyNet;
- and a research or health professional trainee included in the project in a meaningful way.

Teams may include more members according to the needs of the KT activities. **Note:** Government of British Columbia employees (individuals directly employed by provincial ministries) are not eligible to apply as a researcher or research user co-lead but may be named as a team member. Employees of organizations funded directly by the Government of British Columbia, such as health authorities or school districts, are eligible to serve as co-leads. Health Research BC employees, including Clinical Trials BC, Knowledge Translation, Research Ethics BC, BC SUPPORT Unit, are not eligible to apply and may not be listed as team members. Potential applicants and team members who may be impacted by this policy should contact Carolyn De Melo (reach@healthresearchbc.ca) to clarify their eligibility prior to completing the application form.

Who is eligible to apply as a researcher co-lead?

The researcher co-lead is the primary applicant, i.e. the one who launches and submits the application. This must be an individual that holds an appointment at an eligible BC host institution. For the purposes of this award, the researcher co-lead must be an independent investigator eligible to hold research operating funds at the time of the award start date, according to their host institution's guidelines. **Note:** Government of British Columbia employees (individuals directly employed by provincial ministries) are not eligible to apply as a researcher or research user co-lead but may be named as a team member. Employees of organizations funded directly by the Government of British Columbia, such as health authorities or school districts, are eligible to serve as co-leads. Health Research BC employees, including Clinical Trials BC, Knowledge Translation, Research Ethics BC, BC SUPPORT Unit, are not eligible to apply and may not be listed as team members. Potential applicants and team members who may be impacted by this policy should contact Carolyn De Melo (reach@healthresearchbc.ca) to clarify their eligibility prior to completing the application form.

Who qualifies as a research user?

For the purposes of this award, a research user is a member of the intended audience of research evidence. A research user is any individual who might use, benefit, or be impacted by the results of research, but are not necessarily involved in their production. These include, but are not limited to, health professionals, patients, family members, community leaders, health charities, policymakers, decision makers, other researchers, etc. Each team must include at least one research user designated as the research user co-lead on the application. Applicants may include additional research users as team members. **Note:** Government of British Columbia employees (individuals directly employed by provincial ministries) are not eligible to apply as a researcher or research user co-lead but may be named as a team member. Employees of organizations funded directly by the Government of British Columbia, such as health authorities or school districts, are eligible to serve as co-leads. Health Research BC employees, including Clinical Trials BC, Knowledge Translation, Research Ethics BC, BC SUPPORT Unit, are not eligible to apply and may not be listed as team members. Potential applicants and team members who may be impacted by this policy should contact Carolyn De Melo (reach@healthresearchbc.ca) to clarify their eligibility prior to completing the application form.

Who qualifies as a research/health professional trainee?

For the purposes of this funding opportunity, a trainee is defined as any individual involved in formal research or clinical training that is under the supervision of an independent investigator. These typically include, but are not limited to, undergraduate and graduate students, post-doctoral fellows, and clinical fellows. At least one trainee must be included as a team member in the application. If the trainee is based outside of BC, they must be studying at a BC university or employed by a BC-based organization. Health Research BC is aware trainee appointments can differ in name and requirements depending on the institution.

What are Health Research BC's expectations of a trainee being included in a "meaningful" way?

The co-leads should actively engage the trainee in the proposed activities in a way that builds KT capacity. Depending on the program (C^2 or Reach), some examples of meaningful KT involvement for trainees may include:

- engaging them to develop innovative means of collaborating with research users throughout the research process or engaging with the audience of a dissemination event

- mentoring them to develop the stakeholder engagement plan, or to engage and develop relationships with champions/key opinion leaders
- providing the opportunity to craft the message and assemble the information for an event or initiative.

Can the trainee also qualify as the research user co-lead member of the team?

Yes, if appropriate, provided the individual meets the eligibility requirements for both.

Can a student, trainee, or research associate apply for the award?

Please check with your research services office. Primary applicants must be able to hold operating funds as an independent investigator. If you are unable to apply as a primary applicant, we encourage you to approach your supervisor (if they are eligible to apply) to co-develop an application.

Application Questions

Can I still reference work with Health Research BC departments (including Clinical Trials BC, Knowledge Translation, Research Ethics BC, BC SUPPORT Unit) in my application form?

Work with or supported by one of Health Research BC's departments may be described or referenced in your application (e.g. in the description of knowledge translation activities or in the description of the proposed work section, etc.). However, applicants must not list the name of employees of Health Research BC in their team list. Applicants may not submit letters of support from Health Research BC (see below).

My research project includes collaborative work with Health Research BC departments (including Clinical Trials BC, Knowledge Translation, Research Ethics BC, BC SUPPORT Unit). What can I do to verify to peer reviewers that I have developed a working relationship with Health Research BC?

Health Research BC has implemented a verification process for applicants who plan to collaborate with departments within Health Research BC. This process will replace a letter of support. Applicants will be asked for information related to any collaborations with Health Research BC as part of the application process. Health Research BC staff will verify the relationship between the applicant and the staff person and provide a statement verifying this relationship in the application form that is provided to peer reviewers. The verification process is not an endorsement of the application, only a verification of the collaboration between the applicant and Health Research BC.

Will Health Research BC tell me the score of my application?

After peer review, Health Research BC's standard practice is to provide applicants with a quartile ranking of their application for the competition, as well as the reviewers' comments. The final score is not shared.

How many applications can I submit?

Applicants who are eligible may submit one Reach and one C^2 application in one year, provided the proposed activities are sufficiently different. Applicants can be included in up to two applications in total per competition (i.e. as researcher co-lead on one application and a researcher team member on another application).

If I received a Reach or C² award in the past, can I apply for one again for the same activity?

Activities or events that are part of an annual series (e.g. annual conference, seminar series, etc.) may only be funded once through either program, if eligible.

I am applying to the Reach award to support my dissemination event. Can I also request sponsorship support from Health Research BC?

No. Events funded by the Reach award are not eligible for Health Research BC sponsorship.

When do the activities funded by the C² or Reach award need to occur? Do I have 12 months or 18 months?

Activities must be planned to occur within 12 months of the funding start date (October 1, 2024). To reduce administrative burden on award recipients, should delays occur, funds may be spent up to 18 months after the start date without the need to request a no-cost extension. Recipients must request a no-cost extension if delays require funds to be spent more than 18 months after the start date.

Can dissemination events or activities funded by the C² and Reach award be held outside of British Columbia?

Outputs supported by this funding opportunity must be based within British Columbia.

Can expenses for the activities take place outside of BC?

The majority of expenses must be incurred within BC.

Is providing salary support/buy-out time for the researcher co-lead an eligible expense?

No.

Can trainees or other research staff be hired to coordinate award-related activities?

Research/health professional trainees and staff may be paid to complete services directly related to and integral to the success of the proposed activities.

Award Administration Questions

Can I renew my award?

No. The award is not renewable.

Can I defer the start date of the C² or Reach award?

No. The award is not deferrable.

How much time do I have to respond to an offer of the C² or Reach award?

Successful award recipients will have to accept or decline the offer of funding within the date stipulated on the award notification letter.

What documents will I need to provide before I can start my award?

A copy of the *Award Acceptance Form* signed by you, your research user co-lead, and an authorized finance personnel from the host institution must be uploaded in .pdf format to Health Research BC ApplyNet.