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**Health
Research BC**

Advancing the Use of Evidence in Seniors’ Home and Community Care

**Letter of Intent – Development Award
FREQUENTLY ASKED QUESTIONS**

LETTER OF INTENT DEADLINE: March 24, 2025 4:30 p.m. PT

Advancing the Use of Evidence in Seniors' Home and Community Care – Frequently Asked Questions

Team Questions

Who must be included on a team during the Letter of Intent (development award) stage?

All letter of intent (LOI) applications must include, at a minimum:

- **Primary Applicant Co-lead** – The individual who launches and submits the LOI must be based at a BC health authority, which will administer the award funds. The primary applicant co-lead will lead the implementation of the intervention studied and ensure that resources are available to support the implementation of the intervention, facilitate the collection of data for the evaluation of the outcomes, oversee any data-sharing agreements and be responsible for financial administration and overall performance of the full team. The primary applicant co-lead should have experience delivering integrated care and using evidence to inform clinical practice in seniors' home and community care. Applicants can only serve as the primary applicant co-lead on one application but can be designated as a team member in up to two applications.
- **Executive Sponsor** – A senior decision-maker (executive director or higher) within the BC health system with authority over implementing and evaluating evidence-informed interventions related to seniors' home and community care. The executive sponsor must be committed to the project's success, ensuring team readiness and capacity, and utilizing project learnings and outcomes. An individual may serve as both the executive sponsor and primary applicant co-lead roles.
- **Evaluation Co-lead** – An individual with a research appointment at a BC academic institution who will design and lead the evaluation of the intervention outcomes and its implementation in collaboration with the co-lead(s) and team.

Teams may also list other team member roles in their LOI application, even if the specific individual who will fill those roles have not been identified yet. For a full list of required and suggested team member roles, please see Section 4, Team Composition in the Letter of Intent Guidelines.

Throughout the development award term, the team must include a member with expertise in the use of established implementation and evaluation frameworks. This role can be fulfilled by a co-lead or another team member.

Note: Government of British Columbia employees (individuals directly employed by provincial ministries) are not eligible to apply as an executive sponsor, primary applicant co-lead, or evaluation 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, are eligible to serve as co-leads and executive sponsors. Health Research BC employees including Clinical Trials BC, Knowledge Translation, Research Ethics BC, and 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 us at prioritybasedfunding@healthresearchbc.ca to clarify their eligibility prior to completing the application form.

Can team members including co-leads change between the development and team award applications?

Yes, team members including the Evaluation Co-lead and Executive Sponsor can be changed via the application form at both the LOI and Full Application stages. If a team would like to change their Primary Applicant Co-lead, please reach out to helpdesk@healthresearchbc.ca for technical assistance.

Who is considered a research user?

For the purposes of this funding opportunity, research users are individuals 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, physicians, nurses, people with lived experience, caregivers, community leaders, decision makers, other researchers, etc.

What's the difference between the Primary Applicant Co-lead and the Executive Sponsor roles?

The Primary Applicant Co-lead is the individual on the team who is responsible for the application, project, and team as a whole. This person should have a role in the health system that allows them to lead the implementation of the intervention studied and ensure that resources are available to support the implementation of the intervention. They should also have experience delivering integrated care and using evidence to inform clinical practice in seniors' home and community care.

The Executive Sponsor role has a seniority requirement. This individual must be a senior decision-maker at the **executive-director level or higher** within the BC health system and have authority over implementing and evaluating evidence-informed interventions related to seniors' home and community care. They must also be able to ensure the team's readiness and be able to commit to utilizing the project's learnings and outcomes. Because there may be some overlap between these two roles, one individual may fill both, if they meet the requirements of each.

For a full description of all co-lead roles, please see Section 4, Team Composition, in the Letter of Intent Guidelines.

What is a host institution, and what host institution should my team apply through?

The host institution is the institution that administers funds for the duration of the award and where the majority of the resources to support the project are provided (e.g. infrastructure, human resources, administration, etc.). For this funding opportunity, the host institution must be the health authority where the primary applicant co-lead and executive sponsor are based, and your team should apply through the health authority that is sponsoring the project.

If the project is multi-regional or cross-cutting, please select the health authority that will administer the funds and provide resources for the project. If you are uncertain which health authority to apply through, we recommend initiating discussions with your Executive Sponsor and other team members **early in the LOI application process** to determine the best institution to host your team's application and award. If your team still has questions about which host institution to select, please contact prioritybasedfunding@healthresearchbc.ca to discuss your specific situation.

How does the host institution affect what funding pool my team will be assessed in?

There are five regional funding pools, (one for each health authority region (Fraser Health, Interior Health, Island Health, Northern Health, and Vancouver Coastal Health)), and a sixth funding pool for multi-regional and/or cross-cutting projects. There is space to indicate which funding pool you align with in the application form.

How many applications can I submit?

You can be the primary applicant co-lead on only one application; however you can be designated as a team member on up to two applications.

Project Questions

What is considered an “evidence-based” intervention?

For the purposes of this funding opportunity, evidence-based interventions are defined as policies, programs, services, and models of funding or care delivery that (a) are implemented with the primary goal of improving care, and (b) have been piloted or tested in a setting or population and show promise (i.e. through the existence of evaluation findings, grey literature and/or published evidence) for spread and scale through local adaptation in a different context, population, or jurisdiction.

Evidence does not necessarily need to be peer reviewed; applicants must demonstrate to the reviewers that the intervention they have selected has a sufficient evidence base for this program.

How is “seniors’ home and community care” defined? Are interventions related to long-term care or acute care eligible?

For the purposes of this funding opportunity, seniors’ home and community care is defined as services that help seniors (65+) to live as independently as possible in the community. Home and community care is delivered by regulated health care professionals (e.g. nurses), non-regulated workers, volunteers, friends and family caregivers. Home and community care services can be provided in numerous settings in the community including health centres, schools, village halls, places of worship and workplaces.

Long-term care and acute care do not fall within this definition of home and community care, so interventions that address gaps in these sectors are not eligible for this competition. If you have questions about the eligibility of your selected intervention, please contact prioritybasedfunding@healthresearchbc.ca.

We have an intervention related to seniors’ home and community care that has been proven to work well in one setting and we want to try it in another setting. Is this eligible?

Yes. The purpose of this program is to support the implementation of an evidence-based intervention in seniors’ home and community care and the evaluation of the outcomes of the implementation and outcomes of the intervention. For example, applicants may propose to adapt the implementation of an intervention that has been demonstrated to work in one context so that it can work in another context and to study the outcomes of that implementation and the outcomes of the intervention. Alternatively,

applicants could propose to scale up an existing intervention within the same context and to study the outcomes of the implementation and outcomes of the intervention.

My team’s research project includes work relevant to Indigenous health. What ethical and research policies are we expected to comply with?

Health Research BC expects applicants to approach their research and knowledge translation/knowledge exchange 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](#), and/or Indigenous partnering community / organizational ethical guidelines. Additional resources for researchers can be found on the [First Nations Health Authority](#) website and on Health Research BC’s [Indigenous Research Ethics Resources](#) webpage.

How will applications that have a focus on Indigenous health be reviewed?

Applicants are asked to indicate in the application form if their proposed project has a central focus on the health and wellness of Indigenous Peoples, which includes First Nations, Inuit, and Metis communities, whether recognized as Treaty, Status or Non-Status. This includes Indigenous people living on reserves, and those living in urban and rural environments. As part of the review process at the letter of intent stage, these applications will receive an independent assessment by an expert in Indigenous Health research.

Can we reference work that we are doing with Health Research BC departments (including Clinical Trials BC, Knowledge Translation, Research Ethics BC, and BC SUPPORT Unit) in our LOI form?

Work with or supported by one of Health Research BC’s departments may be described or referenced in your application (e.g. in sections where the activity plan is described). However, applicants must not include the name of employees of Health Research BC in their LOI form.

The budget for the development award is \$50,000, but it also says that requests up to \$75,000 may be approved in exceptional circumstances. What is considered an “exceptional circumstance”?

Teams should aim to submit a budget of up to \$50,000 for their development award activities. However, if there are cases where a team finds that their development award activities are not possible without additional funds, such a request may be accommodated with sufficient justification. For example, if a team determines that they need additional funds to hire and maintain key personnel to develop their team and application over the six-month period and otherwise could not apply for or participate in the program, they may request additional funds up to \$75,000 with clear justification.

Training and Governance Questions

What training and governance activities will our team be required to participate in during the development award period?

During the term of the development award, award recipients are expected to engage with Health Research BC staff to provide updates on progress around team development, full application development and project planning. This will also provide an opportunity for teams to share training and mentoring needs, which will inform Health Research BC about team support needed at the team award stage. This engagement is expected to consist of one to two virtual meetings with Health Research BC during the term of the development award.

What training activities will our team be required to participate in during the team award period?

During the term of the team award, Health Research BC will require successful teams to identify team members, including one co-lead and one trainee, to participate in collective learning and training across funded teams in the province throughout the duration of the award.

More information on the structure, timing, and content of the training activities at the team award stage will be provided to successful teams in the full application guidelines.

What are the “advisory committee meetings” during the team award period, and what will be expected of our team?

Throughout the term of the team award, award recipients (including the primary applicant co-lead, evaluation co-lead, executive sponsor, and others as identified by Health Research BC) will be required to meet with a Health Research BC-led advisory committee every six months. These meetings will allow teams the opportunity to provide regular updates on their progress and to seek any guidance as needed. The format of the meetings will be a mix of virtual and in-person. In addition, teams will participate in regular learning community meetings, which will convene all teams’ co-leads and the advisory committee to share knowledge and lessons learned.

More information on the structure, timing, and content of advisory committee meetings and learning community meetings at the team award stage will be provided to successful teams in the full application guidelines.

Does our team need to budget for these activities out of our award funds, or are there additional funds available to cover our participation?

Training offered during the development award term will be online (e.g. webinars) so no funds need to be allocated to cover these activities.

Award Administration Questions

Can we defer the start date of the development award?

No, the award is not deferrable. Because the development award is meant to culminate in the submission of the full application for a team award in October 2025, the development award period cannot be shifted or extended.

How much time do we have to respond to an offer of a development award?

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

What documents will we need to provide before we can start our development award?

Successful applicants will be asked to upload a PDF copy of the Award Acceptance Form signed by the co-leads, Executive Sponsor, and an authorized finance personnel from the host institution to Health Research BC ApplyNet.