



Michael Smith

**Health  
Research BC**

## **Advancing the Use of Evidence in Seniors' Home and Community Care**

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**Full Application – Team Award GUIDELINES**

**FULL APPLICATION DEADLINE: October 8, 2025 4:30 p.m. PT**

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## Help with your application

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

**Carolyn De Melo**

Research Competitions Coordinator

[prioritybasedfunding@healthresearchbc.ca](mailto:prioritybasedfunding@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](mailto:helpdesk@healthresearchbc.ca)

604.714.6609 | 866.673.4722 (toll-free) | Press 3 to reach the Help Desk line

## 1. Introduction

Funded by the provincial government, Michael Smith Health Research BC (Health Research BC) activities support the health research system to improve health and health care and strengthen the economy. We fund people and research, and we partner on shared opportunities. Our programs build research careers, our investments advance priority research, and our expertise accelerates the use of research evidence. Learn more at [www.healthresearchbc.ca](http://www.healthresearchbc.ca).

### Delivering for BC in a changing context

Health Research BC has launched a new funding program, **Advancing the Use of Evidence in Seniors' Home and Community Care**. It addresses population aging, one of [four broad themes](#) identified through Health Research BC's priority-setting process.

Past research has generated considerable evidence on how to improve seniors' care. There have however been challenges in adopting research findings into practice and policy within BC's healthcare system. Better implementation of existing, evidence-based interventions in home and community care could have significant impacts on seniors' well-being by supporting healthy aging and independent living<sup>1</sup>.

### Advancing the Use of Evidence in Seniors' Home and Community Care

The Advancing the Use of Evidence in Seniors' Home and Community Care program will support multidisciplinary, cross-sector teams to implement and evaluate an evidence-based intervention in seniors' home and community care. Funded teams will include healthcare decision-makers, healthcare providers, researchers, trainees, people with lived experience and community members.<sup>2</sup> This program will provide evidence to help decision-makers across BC support programs that help seniors live longer, healthier lives more independently in their communities.

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<sup>1</sup> [Health Research BC-commissioned report](#) from the University of Victoria Institute on Aging and Lifelong Health

<sup>2</sup> People with lived experience (PWLE) and community members include patients (individuals with personal experience of a health issue, and informal caregivers, including family and friends), public and community partners who have knowledge or experience with a problem or topic.

These guidelines refer to the full application/team award.

This competition is open only to applicants who were successful at the development award stage. These awards will support award recipients to:

- develop an implementation plan for their intervention that specifies the desired outcomes for both the intervention and its implementation; and
- implement the intervention and evaluate the outcomes.

Applicants must justify their implementation approach using relevant evidence from implementation science literature. Additionally, they may wish to employ an appropriate [process model for implementation planning](#) as they complete their full application form.

Health Research BC also encourages applicants to this program to consult implementation research frameworks, such as the [Consolidated Framework for Implementation Research \(CFIR\)](#), to assess and guide implementation. Implementation frameworks help guide the systematic assessment of potential barriers and facilitators in implementation, which helps to tailor implementation strategies and needed adaptations and/or to explain outcomes.

## Intervention requirements

For the purposes of this program, 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. **Please note that this funding program does not support the development of new or pilot interventions.**

The intervention must address a gap in seniors' home and community care with the aim of supporting healthy aging and independent living. **For the purposes of this program, seniors' home and community care is defined as services that help seniors (65+) live as independently as possible in the community.**

## Purpose

This program aims to improve home and community care for seniors through a novel blend of supporting both implementation of evidence-based interventions in seniors' home and community care, and collective, iterative learning across health authorities, communities and academic institutions.

## Program objectives

- Support teams of researchers and research users<sup>3</sup> within the BC healthcare system and academia to implement evidence-based interventions and evaluate their outcomes.
- Develop and support a culture of learning and evidence use within the BC health system that addresses the needs of seniors, communities and decision-makers.

## 2. Key competition dates

Action	Target Date
Development award term	May 1, 2025 – October 31, 2025
Full application deadline (applicants)	October 8, 2025, 4:30 p.m. PT
Full application deadline (host institution)	October 16, 2025, 4:30 p.m. PT
Anticipated notice of full application funding decision	December 2025
Team award term	January 1, 2026 – December 31, 2028

## 3. Award amount and duration

Teams may request up to \$1.3M over three years. Health Research BC has committed up to a total of \$7.8M to fund up to one team award in each regional health authority over a period of three years, with the possibility of one additional multi-regional or cross-cutting project.

Applications will be placed into one of six application pools, one for each health authority region: Fraser Health, Interior Health, Island Health, Northern Health, and Vancouver Coastal Health, along with a pool for multi-regional or cross-cutting projects if needed. The final distribution of awards will depend on the specific applications received and the results of the review process.

Health Research BC's financial contributions beyond year one of the award are subject to future funding of Health Research BC by the provincial government and the annual budgetary approval by Health Research BC's Board of Directors. The program is made possible through Health Research BC research funding programs and the [BC SUPPORT Unit](#).

## 4. Team composition

In the full application, teams should aim to identify individuals to fulfill each of the roles described in the Required Team Members section, as well as any additional team members who will be necessary for the proposed work. Teams should describe how they will meet the skills and expertise listed in the Additional Considerations for Team Composition section, as appropriate for the context of their proposed work. Where specific individuals with the required expertise have not yet been identified, teams should describe how they plan to obtain this expertise in the course of the proposed work.

<sup>3</sup> 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.

Individuals can play more than one role on the team; however, the utility and feasibility of this must be justified.

**Important note:**

Teams should describe in the full application how input from people with lived experience and community member partners will inform the design and delivery of the project.

Teams are strongly encouraged to develop advisory group(s) to advise the team as they implement the intervention (e.g. patient advisory committee, Indigenous circle, etc.). It is recommended that teams engage with the advisory group(s) ahead of each quarterly learning community meeting (see [Section 12. Learning community and training opportunities](#)).

## Required team members

Individuals to fulfill the following roles must be identified in the full application:

1. **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 serve as the primary applicant co-lead on only one application but can be designated as a team member on up to two applications.
2. **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.
3. **Evaluation co-lead** – An individual with a research appointment at a BC academic institution who will design and lead the evaluation of the outcomes of the intervention and evaluation of the outcomes of the implementation, in collaboration with the co-lead(s) and team. The evaluation co-lead (or another team member with the appropriate expertise) will also ensure that the implementation approach describes how the evaluation findings are integrated and inform the implementation approach (i.e. that a learning process has been integrated into the implementation approach).
4. An individual who supports the primary applicant/executive sponsor and rest of the team (e.g. project manager).
5. A clinician/health professional who is embedded at the site of the intervention.

6. Two people with lived experience (PWLE<sup>4</sup>)
  - At least one PWLE who is meaningfully engaged in the design and delivery of the project/program that is being implemented
  - At least one PWLE who is meaningfully engaged in the design and interpretation of the evaluation of the implementation and/or intervention outcomes
7. Two trainees:
  - At least one trainee who has a meaningful role as part of the implementation team
  - At least one trainee who has a meaningful role as part of the evaluation team

**Note:** Trainees may be undergraduate or graduate students, postdoctoral or clinical fellows, or equivalent, engaged in a formal training or education program. Trainees may also be individuals employed in the health system who wish to develop their skills related to implementation of an intervention or evaluation. Roles for at least two trainees must be identified in the full application, however the individuals who will fill these roles may be identified after the notice of funding decision.

### **Additional considerations for team composition:**

Individuals with the following expertise and skills should be identified among team members in the full application, as appropriate for the context of the proposed work:

- An individual who has experience and expertise in implementing interventions in healthcare, and will lead the implementation of the intervention (e.g. Implementation Project Manager/Support Specialist).
- An individual with demonstrated experience and proficiency in the use of established implementation and evaluation frameworks to inform and guide the work.
- An individual with expertise in evidence-based implementation and knowledge of implementation science literature, including its theories, models and frameworks.
- An individual with expertise in sound EDI practices and principles, and experience in meaningful and culturally safe sex- and gender-based analysis (SGBA) or gender diversity.<sup>5</sup>
- Other team members needed to complete the proposed work, for example:
  - An individual who will help the team access and/or analyze data
  - An individual with expertise in health economics
  - An individual to support the team's ethical and/or legal needs, as appropriate
  - A specialist in outreach to marginalized communities
  - A quality improvement specialist
  - Representatives from community organizations
  - For multi-regional or cross-cutting projects, additional co-leads from other regions/projects

<sup>4</sup> People with lived experience (PWLE) and community members include patients (individuals with personal experience of a health issue, and informal caregivers, including family and friends), public and community partners who have knowledge or experience with a problem or topic.

<sup>5</sup> Additional information can be found on the ResearchNet website for [wise practices on including an EDI champion](#) and defining their potential roles in the network, and for details on [SGBA+](#).

If it is not possible to identify individuals with the above expertise, teams should describe how they plan to obtain this expertise, as appropriate to the context of their work, during the course of the proposed work.

### Important notes:

- This funding program includes unique training and governance requirements for funded teams. Please see [Section 12. Learning community and training opportunities](#) and [Section 13. Governance and reporting requirements](#) for details.
- 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 and staff, including 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](mailto:prioritybasedfunding@healthresearchbc.ca) to clarify their eligibility before being listed as a team member for the project.
- Health Research BC reserves the right to declare applications ineligible.

## 5. Responsible conduct of research

Individuals 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](#). This includes, but is not limited, to:

- [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans \(2022\)](#)
- [Canadian Council on Animal Care Policies and Guidelines](#)
- [Canadian Biosafety Standards and Guidelines](#)

Teams that are funded in the Advancing the Use of Evidence in Seniors' Home and Community Care Program should integrate appropriate ethics frameworks across their implementation and evaluation activities. Resources in this area include:

- World Health Organization [Ethics in implementation research - Participant's guide](#).

See [Section 7. Integrating equity, diversity and inclusion \(EDI\) considerations in research](#) for additional resources related to equity.

### Responsible conduct of Indigenous health research

Health Research BC expects 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](#), and/or Indigenous partnering community/organizational ethical guidelines.

Additional resources:

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

## 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 Health Research BC and Indigenous partners. Key among these relationships are the BC Network Environment for Indigenous Health Research (BC NEIHR) and the First Nations Health Authority.

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.

Applications to this competition that propose a project with a central focus on the health and wellness of Indigenous Peoples, as indicated in the application form, will receive an independent assessment by an expert in Indigenous health research as part of the peer review process ([see Section 10. Review process](#)).

## 7. Integrating equity, diversity and inclusion (EDI) considerations in research

Health Research BC has an [organizational 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 interested parties and international and national partners. [Learn more.](#)

Health Research BC recognizes that meaningful approaches to support EDI in research and knowledge translation (KT) will vary depending on the research topic, discipline, methods, 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](#)
- [CIHR Resources on Integrating Sex and Gender Considerations into Research](#)

Teams funded through the Advancing the Use of Evidence in Seniors' Home and Community Care Program should integrate appropriate equity frameworks across their implementation and evaluation activities. Resources in this area include:

- [Canadian Association for Global Health Equity-Centered Principles for Global Health Research](#)
- Gustafson, P., Abdul Aziz, Y., Lambert, M. *et al.* [A scoping review of equity-focused implementation theories, models and frameworks in healthcare and their application in addressing ethnicity-related health inequities.](#) *Implementation Sci* **18**, 51 (2023).

## 8. Pathway to impact (knowledge translation)

This funding program has been designed to support the use of research evidence in practice and is informed by knowledge translation (KT) research and KT practice approaches. KT activities which include synthesis of research evidence, exchange of knowledge between researchers and research users<sup>6</sup>, and targeted dissemination and implementation of research evidence, form the “pathway to impact” for health research. Health Research BC uses the term ‘knowledge translation (KT)’ to describe these activities. Research users as team members may include, for example, people with lived experience, community members, health professionals, health system decision-makers and/or

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<sup>6</sup> 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.

researchers from other disciplines. We acknowledge that applicants may use other terms to refer to pathway to impact and knowledge translation, including knowledge exchange (KE) and knowledge mobilization (KM).

## **Pathway to impact resources**

Additional resources, including examples of implementation and evaluation outcomes frameworks, are provided below to support the development of a team's project and pathway to impact activities:

[Resources: Knowledge translation and engaging with people with lived experience](#)

### **Knowledge translation**

- [Health Research BC Knowledge Translation](#)
- [REACH BC](#)
- [A Guide to Researcher and Knowledge-User Collaboration in Health Research](#)
- [Moving into action: We know what practices we want to change, now what? An implementation guide for health care practitioners](#)

### **Engaging with people with lived experience and community member partners**

- [BC SUPPORT Unit Information for Researchers](#)
- [Patient Engagement for Beginners](#)
- [CIHR Patient Engagement Training course](#)
- [A Journey Through Public & Patient Engagement in Health Research: A Road Map](#)
- [BC SUPPORT Unit: How patient oriented is your research?](#)
- [Workbook to guide the development of a patient engagement in research \(PEIR\) plan](#)

## 9. How to apply

The following information pertains to the full application stage. Note: Only successful teams at the Letter of Intent (LOI) stage were invited to submit a full application.

Applicants are encouraged to refer to the evaluation criteria when completing their applications.

Full Application (team award)

- Deadline: October 8, 4:30 p.m. PT
- Complete the full application form in [Health Research BC ApplyNet](#), which includes:
  - Updated description of team and collaboration plan
  - Project plan
    - Description of the gap and intervention
    - Approach for carrying out the implementation including a description of how the evaluation of the outcomes will inform the implementation (i.e. learning process).
  - A logic model/conceptual map that includes outcomes and impacts
  - An evaluation plan based on the logic model/conceptual map
  - Budget
  - Letter(s) of support<sup>7</sup> (upload, if applicable)

To complete an application, sign in to or create a [Health Research BC ApplyNet](#) account, and follow the instructions in the online application form. Please note that the primary applicant co-lead, executive sponsor and evaluation co-lead must each have their own ApplyNet account. Ensure that the 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 co-lead ([see Section 4. Team composition](#)) must initiate and submit the application. The evaluation co-lead and executive sponsor may also access and edit the application form after they are nominated by the primary applicant co-lead.

## Submission requirements

- All steps of the application must be submitted using the [Health Research BC ApplyNet](#) online application submission system.
- All documents uploaded into Health Research BC ApplyNet must be in PDF format.
- Applicants can access a PDF version of their application form on the ApplyNet system at any time during the application process. We recommend reviewing a PDF version of the application before submitting it.

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<sup>7</sup> A signed letter of support is required for partners secured by the applicant who provide cash or in-kind contributions in support of the 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.

- It is the applicant's responsibility to review the PDF copy of the application prior to submission to ensure that all data entered is complete and accurate. Once an application is submitted, **it cannot be modified in any way.**

Health Research BC reserves the right to declare applications ineligible based on the established criteria.

**Note:** Applicants using Health Research BC ApplyNet for the first time will need to register and create a system account. Co-leads and executive sponsors will also need a system account in order to access the application forms.

## 10. Review process

Applications are evaluated through a process that incorporates six principles of peer review: **integrity, accountability, transparency, balance, confidentiality and impartiality.** For more details, please see the [overview of Health Research BC's peer review process](#).

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 authorities and researchers at different institutions. Health Research BC's commitment to rigorous peer review includes ensuring applications from across BC are reviewed fairly and equitably.

The information presented in the **Evaluation criteria** and **Rating scale** sections below will be used for the review process. All applications will be assessed against a defined set of evaluation criteria (see [Appendix B – Evaluation criteria](#)). To be considered for funding, the application must receive a minimum score of **3.5**.

Applications will be screened for eligibility and relevance to the competition by Health Research BC staff. Eligible applications that are not deemed to be relevant to the program purpose and objectives will be removed from the competition. Eligible and relevant applications will be placed into the applicable regional or multiregional/cross-cutting funding pool (see [Section 3. Award amount and duration](#)). A panel of external reviewers comprised of evaluation researchers and research users with experience in and/or knowledge of the BC and/or Canadian health systems will review applications and provide funding recommendations.

Applications to this competition that propose a project with a central focus on the health and wellness of Indigenous Peoples, as indicated in the application form, will receive an independent assessment by an expert in Indigenous health research as part of the review process.

### Evaluation criteria

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

### Full application – team award

Criterion	Weighting
Team structure and function	33.3%
Implementation plan	33.3%
Evaluation of outcomes and impacts	33.3%

### Rating scale

Descriptor	Range	Outcome
Outstanding	4.5 – 4.9	May be funded (min. score of 3.5)
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

Following application review, the highest rated applications in each funding pool are identified. Health Research BC intends to support applications from across BC and fund one team award in each funding pool.<sup>8</sup> Applicants are notified of the outcome of the review process after the review period and the subsequent approval of the results. There is no appeal process.

Applicants receive notification of the funding decisions and the reviewers' comments, including any independent or external reader feedback. A list of successful applicants is published on Health Research BC's website.

## 11. Award start date

Funding for team awards begins January 1, 2026. 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.

<sup>8</sup> The final distribution of awards will depend on the applications received and the results of the review process.

## **12. Learning community and training opportunities**

### **Learning community meetings**

Teams will be required to attend quarterly learning community meetings with other funded teams to share knowledge and lessons learned. The meetings will be organized by Health Research BC. Most meetings will be virtual, but one meeting per year may be held in person. Within the full application budget, teams must reserve \$4000 per year for two team members to travel to attend one two-day in-person learning community meeting per year.

### **Additional training opportunities**

Health Research BC will provide occasional training opportunities for teams during the term of the team award. The topics, structure and timing of the training will be informed by input from teams and learning community meetings and from the external oversight and guidance committee. Teams are highly encouraged to participate in each training opportunity by selecting one or more members who would find it beneficial to attend. These training opportunities do not need to be budgeted for using team award funds.

## **13. Governance and reporting requirements**

### **External oversight and guidance committee meetings**

Health Research BC will create and manage an external oversight and guidance committee. This group of experts will serve in two main functions. The first is to assess the progress of the projects against the goals of the funding program and the plans laid out by each respective project. In this oversight function, the committee will report to Health Research BC their assessment of project progress, including identification of key achievements and challenges. The second function will be to provide guidance to the teams both at the annual oversight meeting and in response to challenges identified by project teams or by the committee itself.

Each team will be required to meet periodically with the external oversight and guidance committee to share their project's status, learnings, and challenges, and to seek advice. The external oversight and guidance committee meetings will be organized by Health Research BC and may be virtual or in-person. The first virtual external oversight and guidance committee meeting will be held within 6 months of the award start date. Subsequent meetings will be held annually from the award start date. Teams must be represented by at least one co-lead, and additional team members may be asked to participate.

### **Reporting requirements**

#### **Periodic and end of award reports**

Teams are required to submit periodic progress reports. To streamline award monitoring activities, the external oversight and guidance committee meetings, described above, will be coordinated in alignment with the reporting schedule. Additionally, Health Research BC may periodically require teams to submit financial statements as part of the reporting process.

Teams must submit a final report 30 days after the team award end date. The reporting process may involve multiple team members contributing to the overall final report submissions. 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 co-leads and other team members
- Activity-specific outputs 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 of British Columbians as a result of activities funded by the award

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

### **Additional information and reports**

Additional information and/or reports (e.g. use of award funds, funded activities, outcomes, etc.) may be required during the award period. Award recipients will receive advance notice detailing the required information and ample time for submission. Failure to submit the requested information to Health Research BC within the specified time frame will lead to the withholding of award payments until the required information is submitted.

### **Other requirements**

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 Advancing the Use of Evidence in Seniors' Home and Community Care 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:** Applicants may not submit an application for any Health Research BC funding program until all outstanding award information (e.g. final report, financial statement, etc.) requested by Health Research BC for previous awards has been received.



## Appendix A – Eligible expenses

This funding opportunity will support the following costs that are reasonably and properly incurred to carry out the implementation of an evidence-based practice or policy intervention in seniors' home and community care and evaluate the outcomes for both the intervention and its implementation.

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 specified for each stage. Health Research BC will not support any expenses incurred prior to, or after completion of, the funding period. Expenses must be incurred within BC with any exceptions considered on a case-by-case basis with clear justification within the budget.

The primary purpose of the funding opportunity is to conduct research that supports implementation and evaluation of the proposed intervention. This may include research that can be used formatively and/or summatively to strengthen implementation planning, delivery, sustainability, scale and spread. Examples include conducting barriers and facilitators assessments, conducting readiness assessments, and monitoring implementation. The funding opportunity is not intended to support research where the primary objective is to advance the field of implementation science by answering research questions that contribute to the understanding of implementation strategies and processes more broadly. For example, funds should not support research that is centrally focused on developing new methodology in implementation science.

Teams may modify their full application budget during the term of the award as the need arises throughout the course of the proposed activities. If the changes are greater than 20 percent of the team's total team award budget, teams must submit a revised budget and receive approval from Health Research BC before the costs are incurred.

**Note:** Within the full application budget, teams must reserve \$4000 per year for two team members to travel to attend one two-day in-person learning community meeting per year. Please see [Section 12. Learning community and training opportunities](#) for more information.

### Additional contributions

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

- Contribute to the implementation and/or evaluation of an evidence-based intervention in seniors' home and community care; and/or
- Enhance the availability of funding for the proposed implementation and/or evaluation activities through additional cash or in-kind<sup>9</sup> support.

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<sup>9</sup> 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.

- 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.

## Human resources

### Eligible expenses

- Partial or full salary support to hire dedicated staff to work directly on the proposed activities, and/or buy-out/release time from work to support health authority staff members and/or other research users on the project team for time spent directly on the proposed activities, if their participation in such activities is not part of their expected job responsibilities. These activities may include (but are not limited to):
  - participation in team building, project coordination, collaboration, analysis activities and knowledge translation/knowledge exchange activities
  - implementation of the selected intervention
  - evaluation of outcomes of the implementation and the outcomes of the intervention
  - participation in team training and governance processes

The budget may include buy-out/release time from teaching, clinical or administrative duties, etc., to allow team members to participate in the proposed activities, where this can be justified.

**Note:** Health Research BC recommends that applicants check with their institutions regarding internal policies that govern compensation to PWLE and ensure that the budgeted expenses can be facilitated. If teams experience difficulties related to compensating PWLE partners, and/or would like additional guidance regarding compensation amounts for PWLE and/or other community members, please contact [prioritybasedfunding@healthresearchbc.ca](mailto:prioritybasedfunding@healthresearchbc.ca).

- Research/health professional trainees and staff may be paid to complete services directly related to and integral to the success of the proposed activities.
- The [Tri-Council Policy Statement 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 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.
- Fees for consultants, knowledge brokers, translators, or similar.
- Cost of caregiving services (e.g. childcare or eldercare) to allow key participants to participate in essential project activities, where their participation is voluntary or otherwise not an expected part of their professional responsibilities.

## Non-eligible expenses

- Partial or full salary support for team members who receive compensation for their activities as part of the team through their existing employment, excluding buy-out/release time from teaching, clinical or administrative duties.
- Costs relating to staff hiring or training.

## Services and supplies

### Eligible expenses

- Costs directly related to the implementation of the selected intervention, including:
  - equipment, technology, and/or other materials that are necessary to implement the intervention at the selected site(s); and/or
  - costs to purchase the intervention being implemented, provided there is clear justification for the expense, and the expense is a one-time purchase or otherwise will facilitate the ongoing sustainability of the intervention.

**Note:** Although there is no cap on the amount that can be spent on costs related to implementation of the intervention, Health Research BC expects the bulk of the funding to be allocated for research and evaluation purposes. The peer review panel will provide feedback on the budgets. Health Research BC may require budget adjustments based on their recommendations.

- Costs directly related to the evaluation of implementation and intervention outcomes, including data collection (e.g. surveys, honoraria for involved/interested parties, etc.).
- Direct costs associated with coordinating data-sharing agreements.
- Costs for the purchase or maintenance of equipment directly related to, and used primarily for, the proposed activities.
- Direct costs associated with bringing people together for the purposes of collaborating, networking and knowledge exchange, including planning, co-ordination, translation, and/or outreach activities (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, and used primarily for, the proposed activities.
- Hospitality costs (non-alcoholic refreshments and/or meals).

## Non-eligible expenses

- General overhead and capital costs typically funded by the host institution and/or other collaborating organizations (e.g. facility operating costs, capital costs, rent/lease costs, utility costs, insurance costs, etc.).

- Other expenses already funded by another funding source (Health Research BC-funded or otherwise).
- Purchase of alcohol.

## Travel

### Eligible expenses

- Travel directly related to the activities for which funds were awarded.
- Travel and accommodation for invited guests if integral to the proposed activities.

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 or to meet the accessibility needs of travellers), 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 proposed activities.
- Passport and immigration fees.
- 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. **Such a case must be made before the expense is incurred.**

## Appendix B – Evaluation criteria

This funding program has been designed to support the use of research evidence in practice. The funding program including the evaluation criteria is informed by knowledge translation (KT) research and KT practice approaches.

### 1. Team structure and function

**Important note:** Reviewers will assess the following additional criteria in this box **only** in instances where the primary applicant co-lead, executive sponsor or evaluation co-lead changed between the LOI and full application stages of the competition.

(If the **primary** applicant co-lead, executive sponsor and evaluation co-lead remained the same, the following additional criteria will not be assessed.):

- Proven leadership, administrative expertise, and time commitment of the primary applicant co-lead for the overall coordination and administration of the proposed work and demonstrated experience implementing interventions in a healthcare system setting. Where the primary applicant co-lead is also the executive sponsor: the primary applicant co-lead has an adequate level of decision-making authority, will provide adequate support to ensure team readiness and capacity, utilization of project learnings and outcomes, and the necessary environment and institutional support for the term of the award.
  - For applications that include an executive sponsor who is different from the primary applicant co-lead: Adequate level of decision-making authority and time commitment by the executive sponsor and adequate support to ensure team readiness and capacity, and utilization of project learnings and outcomes. Availability of the necessary environment and institutional support for the term of the award.
  - Demonstrated expertise and experience of the evaluation co-lead to design and lead an evaluation of the implementation outcomes and intervention outcomes.
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- Appropriate complement of expertise among the identified co-leads and team members to complete the activities described in the application, including a team member(s) with expertise in relevant established implementation and outcomes evaluation frameworks, and expertise in evidence-based implementation, knowledge of implementation science literature, including its theories, models and frameworks (or a plan to recruit team member(s) with this expertise). Availability and appropriateness of expertise to facilitate data sharing and analysis and, where applicable, expertise to support ethical and legal needs.
  - Appropriateness and potential effectiveness of the team structure and function including leadership, management and administration of the project, and how the project will be coordinated. The individual team members' roles are clearly described, and it is clear how they fit within the team structure.
  - Appropriateness and potential effectiveness of the communication strategy, including internal and external communications.
  - Appropriateness and potential effectiveness of the conflict management strategy.

- Appropriateness and potential effectiveness of the continuity strategy to support the project during the transition of team members.
- The extent to which the proposed collaborations between the co-leads, team members, and partners are meaningful and support a culture of learning and evidence use within the BC health system.
- The extent to which the collaborations and linkages between the co-leads and team members, including PWLE, are meaningful and support effective team functioning.
- The extent to which the collaborations and linkages between the team and the communities impacted by the work support a dialogue that informs the direction of the project. Any future plans to engage communities/interested parties/partners are feasible and support meaningful engagement. The roles of partners are clearly identified (if applicable).
- Contribution of sufficient time to the proposed work by each individual team member to ensure the achievement of the project's objectives.
- Appropriateness of the roles of trainees as part of the project team and the plan to mentor trainees.

## 2. Project plan

### *Gap and intervention*

**Important note:** Reviewers will assess the following additional criteria in the box **only** in instances where there are significant changes related to the health care issue/gap and/or the proposed intervention between the LOI and full application stages between the LOI and full application stages of the competition.

(If there are no significant changes, the following additional criteria will not be assessed.):

- Clear description of the health care issue/gap that the intervention will address, including how it was identified, why it is a priority, and evidence that the perspectives of people with lived experience and community members were included in the assessment of the gap and its importance.
- The extent to which the scope and vision of the intervention aligns with the purpose and objectives of this funding opportunity.
- The extent to which the proposed intervention addresses the identified gap and is suitable for the internal and external context(s) in which it will be implemented. Consideration that the proposed intervention is adoptable, implementable, scalable and sustainable beyond the term of the development and team awards, as appropriate for the context of the intervention.
- The completeness and validity of the body of evidence that supports the selection of the proposed intervention, including a description of how PWLE informed the selection of the intervention.
- Potential of the intervention to make an impact on the health of seniors in home and community care.

### *Implementation approach*

- The overall implementation approach and specific implementation strategies are appropriate and feasible. The body of evidence supporting the implementation strategies is complete and valid.
- The description of the broader context in which the intervention is implemented, including how and why the intervention and implementation strategies have been adapted for the broader context, is clear and complete.
- All of the important contextual barriers and facilitators that may affect the outcomes are identified, and feasible strategies to manage factors that may hinder progress are provided or there is a clear and feasible plan to identify contextual barriers and facilitators that may impact outcomes. Both internal and external barriers and facilitators are included.
- The extent to which the needs of seniors, relevant communities, and interested parties (including caregivers, service providers, etc.) have been incorporated into and informed any adaptations to the intervention. The extent to which the needs of seniors, relevant communities, and interested parties (including caregivers, service providers, etc.) have been incorporated into the implementation approach and considered in any adaptations to the implementation. (If these considerations are still pending, there is a clear, feasible and appropriate plan to identify and incorporate the needs of relevant communities).
- The availability of the necessary environment and institutional support for the implementation approach, including sufficient resources and infrastructure to support data sharing and analysis, as well as adequate support from partners, where appropriate.
- The implementation approach includes a feasible timeline with clear milestones.
- The implementation approach uses (or plans to use) appropriate methodologies, frameworks, models and/or theories. Anticipated outcomes are described (including outcomes related to sustainability, adoptability and implementability, as appropriate to the intervention and its context(s)).
- The implementation approach includes appropriate evaluation questions and methods and describes how evaluation of the outcomes will inform the adaptation of the intervention and/or implementation over time.
- The appropriateness and completeness of the budget allocated to the implementation approach, including adequate level of detail and adequate justification of expenses.

### **3. Evaluation of outcomes and impacts**

- The logic model(s)/conceptual map(s) illustrate the rationale for selecting the intervention and implementation outcomes of interest.
- The logic model(s)/conceptual map(s) illustrate how the intervention and its implementation will support seniors to live longer, healthier lives more independently in their communities.
- Plan to evaluate the outcomes and impacts is based on (an) appropriate evaluation framework(s), model(s) and/or theory(ies) and the research questions and methods are feasible and appropriate.



- The extent to which the needs of seniors, relevant communities and interested parties (including caregivers, service providers, etc.) have been incorporated into the evaluation plan, and the suitability of any adaptations to meet these needs. (If these considerations are still pending, there is a clear, feasible and appropriate plan to identify and incorporate the needs of relevant communities.)
- Availability of the necessary environment and institutional support for evaluation of the outcomes and impacts, including support to facilitate data sharing and analysis.
- The appropriateness and completeness of the budget for activities related to the evaluation of the outcomes and impacts, including adequate level of detail and adequate justification of expenses.