



MICHAEL SMITH FOUNDATION
FOR HEALTH RESEARCH

BC's health research funding agency

2020 CONVENING & COLLABORATING (C²) COMPETITION



EVALUATION CRITERIA

DEADLINE: **APRIL 27, 2020, 4:30 P.M. PT**

Quality of Proposed Work	Weighting – 50%
<p>Assessment Criteria</p> <p>The following criteria are used when assessing the applicant’s proposed convening and collaborating activities:</p> <ul style="list-style-type: none"> • The problem or issue being addressed is identified and described and there is appropriate evidence-informed justification for the proposed work. • The purpose and objectives of the proposed work are described and align with the objectives of this funding opportunity. • The convening and collaborating activities described are relevant to and appropriate to the research area and/or participants involved. • The proposed work is reasonable, feasible within the proposed timeline, and makes appropriate use of team members. • The expected outcomes/outputs of the proposed convening and collaborating activities are clearly stated along with their potential impacts on health research, the health system and/or the health of British Columbians as it relates to the BC health system priorities (see Appendix 1). 	
Assessment Descriptor	Score
<p>Outstanding</p> <ul style="list-style-type: none"> • The problem or issue being addressed is of significant importance, is exceptionally well-described, and the evidence-informed justification for the research, which the proposed work is supporting, is based on a highly reputable and high-impact body of work. • The purpose and objectives of the proposed work are extremely well-described, and align perfectly with the objectives of this funding opportunity. • The convening and collaborating activities described are extremely relevant to the overarching research question and highly appropriate to the research area and/or participants involved. • The proposed work plan is exceptionally well crafted, with highly achievable milestones identified within the indicated timeline; all team members are exceptionally well utilized. • The expected outcomes and/or outputs are exceptionally well-written and will undoubtedly advance the uptake of relevant research evidence that will have a highly significant impact on health, health research and/or the health system as it relates to the BC health system priorities. 	<p>4.5 – 4.9</p> <p>may be funded</p>
<p>Excellent</p> <ul style="list-style-type: none"> • The problem or issue being addressed is of high significance, is very well-written, and the evidence-informed justification for the research, which the proposed work is supporting, is based on a strong and reputable body of work. • The purpose and objectives of the proposed work are clear and well-described, and align well with the objectives of this funding opportunity. • The convening and collaborating activities described are mostly relevant to the overarching research question and very appropriate to the research area and/or participants involved. 	<p>4.0 – 4.4</p> <p>may be funded</p>



BC's health research funding agency

<ul style="list-style-type: none"> • The proposed work plan is clearly articulated, highlighting all the necessary detail, and includes clearly stated milestones that are feasible within the indicated timeline; most team members are well utilized. • The expected outcomes and/or outputs are well-described and will likely advance the uptake of relevant research evidence that will have a significant impact on health, health research and/or the health system as it relates to the BC health system priorities. 	
<p>Very Good</p> <ul style="list-style-type: none"> • The problem or issue being addressed is of noted interest, is generally well-described, and the evidence-informed justification for the research, which the proposed work is supporting, is based on a small, but mostly reputable body of work. • The purpose and objectives of the proposed work are described in some detail, and mostly align with the objectives of this funding opportunity. • The convening and collaborating activities described are generally relevant to the overarching research question and are, for the most part, appropriate to the research area and/or participants involved. • The proposed work plan is described, but with some gaps in detail, and generally outlines milestones that are likely feasible within the timeline given; team members are generally utilized, but some detail is lacking. • The expected outcomes and/or outputs are outlined and may have potential to advance the uptake of relevant research evidence that will have a moderate impact on health, health research and/or the health system as it relates to the BC health system priorities. 	<p>3.5 – 3.9</p> <p>may be funded</p>
<p>Fair</p> <ul style="list-style-type: none"> • The problem or issue being addressed is of limited interest, is provided in limited detail, and the research, which the proposed work is supporting, is based on questionable and/or relatively low-impact evidence. • The purpose and objectives of the proposed work are described in some detail, and only partially align with the objectives of this funding opportunity. • The convening and collaborating activities are described in limited detail, are only partially relevant to the overarching research question and are of questionable appropriateness for the research area and/or participants involved. • The proposed work plan is provided, but in limited detail, and provides milestones of questionable feasibility within an ambiguous timeframe; the majority of team members appear underutilized within the work plan. • Few expected outcomes and/or outputs are identified, which will have limited potential to advance the uptake of the relevant research evidence and will have a modest impact on health, health research and/or the health system as it relates to the BC health system priorities. 	<p>3.0 – 3.4</p> <p>not fundable</p>



<p>Less than Adequate</p> <ul style="list-style-type: none"> • The problem or issue being addressed is not of relative importance, is poorly described, and the research for which the proposed work is supporting does not appear to be based on any reputable evidence. • The purpose and objectives of the proposed work are only vaguely described, and are misaligned with the objectives of this funding opportunity. • The proposed convening and collaborating activities are unclear and poorly described, are mostly irrelevant to the overarching research question and are generally inappropriate for the research area and/or participants involved. • The proposed work plan is poorly written, lacks specific milestones, and is of dubious feasibility within the timeframe of the award; it is unclear how any of the team members are utilized. • No expected outcomes and/or outputs are identified that will have any potential to advance the uptake of the relevant research evidence or have any impact on health, health research and/or the health system as it relates to the BC health system priorities. 	<p>0.0 – 2.9</p> <p>not fundable</p>
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Team Quality and Engagement	Weighting – 50%
<p>Assessment Criteria</p> <p>The following criteria are used when assessing the quality and degree of engagement of the team:</p> <ul style="list-style-type: none"> • The appropriateness of the composition and relevant experience of the team as a whole, and details are provided on the degree of participation for each team member. • The application explains how researchers and research users will engage in the collaborative development and implementation of the proposed work. • The research/health professional trainee has been included in a way that enhances their KT experience and skills, and demonstrates effective KT capacity-building. 	
Assessment Descriptor	Score
<p>Outstanding</p> <ul style="list-style-type: none"> • Team composition aligns perfectly with the needs of the proposed work, explicitly describing how team experience relates to meeting all of the goals of the proposed work, and the degree of participation for each team member is clearly indicated. • The proposed work seamlessly integrates and meaningfully utilizes both researchers and research users in all aspects of the co-development and implementation of convening and collaborating activities. • The trainee plays a vital role in the project, including critical decision-making that will unquestionably enhance their KT experience or skills, and help build KT research capacity. 	<p>4.5 – 4.9</p> <p>may be funded</p>



<p>Excellent</p> <ul style="list-style-type: none"> • Team composition is well-aligned with the needs of the proposed work, clearly stating how team experience relates to meeting most of the goals of the proposed work, and the degree of participation for most team members is clearly indicated. • The proposed work meaningfully incorporates both researchers and research users in most aspects of co-development and implementation of convening and collaborating activities. • The trainee plays a key role in the project, including important decision-making that will very likely enhance their KT experience or skills, and help build KT capacity. 	<p>4.0 – 4.4</p> <p>may be funded</p>
<p>Very Good</p> <ul style="list-style-type: none"> • Team composition is mostly relevant to the needs of the proposed work, stating in general terms how team experience relates to the goals of the convening and collaborating activities, and the degree of participation of team members is generally outlined. • The proposed work incorporates both researchers and research users for the co-development and implementation of convening and collaborating activities, although the meaningfulness of their participation may be questionable. • The trainee plays an active, but secondary role in the project with some decision-making ability that may enhance their KT experience or skills, and has the potential to help build KT capacity. 	<p>3.5 – 3.9</p> <p>may be funded</p>
<p>Fair</p> <ul style="list-style-type: none"> • Team composition is somewhat relevant to the needs of the proposed work, with the application stating in vague terms how team experience relates to the goals of the convening and collaborating activity; the degree of participation of most team members is generally outlined, but gaps in information are evident. • The proposed work incorporates both researchers and research users in the convening and collaborating activities, although it is obvious that there is a clear imbalance in involvement with respect to co-development and implementation of the work. • The trainee plays only a supporting role in the project with limited decision-making ability, and it is unclear as to whether it will be effective in enhancing their KT experience or skills, and/or be effective in helping to build KT capacity. 	<p>3.0 – 3.4</p> <p>not fundable</p>
<p>Less than Adequate</p> <ul style="list-style-type: none"> • Team composition does not appear to align with the needs of the proposed work, contains significant personnel gaps, and does not mention how it will meet the goals of the convening and collaborating activities; no information on the degree of participation of team members is provided. • The proposed work does not properly incorporate both researchers and research users in the co-development and implementation of convening and collaborating activities in a meaningful way. 	<p>0.0 – 2.9</p> <p>not fundable</p>



BC's health research funding agency

<ul style="list-style-type: none">• The trainee plays only a passive role in the project, with no decision-making, making it unlikely that their KT experience or skills will be enhanced or that broader KT capacity will be developed.	
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Appendix 1 – British Columbia Health System Priorities

Research and innovation are integral to the delivery of a patient-centred, high performing and sustainable health system in British Columbia (BC). To achieve system level change and continuous improvement of outcomes and health services, we must address both the ‘what’ and the ‘how’ of that change. Health research is a powerful means of generating knowledge about health system innovation and transformation, particularly as it increasingly seeks to bridge the gap between research and implementation. To inform health system planning and decision making, MSFHR has designed and delivered health research funding programs that support the achievement of five BC health system priorities¹:

1. **Enhance access to effective primary health care:** Primary health care is the BC health system's critical entry point for patients. Moving away from a focus on acute hospital care to a system of primary and community care will enable patients to get help sooner and more effectively. To get there, BC is setting up “primary care homes” as a cornerstone of the health-care system. This priority is intended to support research on practice and service delivery innovations and initiatives designed improve accessibility and quality of primary and community care.
2. **Services for patients with complex medical conditions and/or frail patients (including dementia):** BC has the fastest-growing population of seniors in Canada. As this population ages, the likelihood of chronic conditions goes up, and with it the need for health services. This priority focuses on research designed to enable the provision of high-quality care for seniors and other patients that improves their health outcomes and helps them stay active, slowing the onset or deterioration of chronic illness and lessening the need for early entry to residential care or hospital.
3. **Mental health/substance use care:** Typically one in five British Columbians experiences mental health and/or substance use issues. However, most children, youth and adults with mild to moderate mental health and/or substance use issues can be helped through community-based services. This priority focuses on research designed to support the provision of community-based care and services to children, youth and adults with mental health and/or substance use issues. This includes services and interventions such as primary care homes, medical psychiatric care, community outreach, assisted living and residential services, enhanced medication management and access to diagnostic and hospital services.
4. **Services for patients needing surgery:** Demand for surgery continues to grow in BC. The province's growing and aging population, and even improved surgical procedures that give patients access to previously unavailable options, are contributing to this demand, which can

¹ These BC Health System Priorities were adapted from the BC Ministry of Health's [2014 Setting Priorities for the B.C. Health System](#) document. MSFHR routinely confirms and updates these priorities as required with the Ministry of Health.



lead to longer wait times. This priority focuses on research to reduce wait times for scheduled surgeries and improving patients' and families' entire process of surgical care.

5. **Rural and remote health care services:** The rural and remote population in BC is small and dispersed, and has poorer health outcomes than their urban counterparts. There are many unique challenges to providing and accessing health care services in our rural and remote regions. This priority focuses on research aimed at improving access and quality of health services for rural patients.

Cross-cutting these system priorities is consideration of the health of Indigenous people in BC and their access to health care services.

