

## Can-SOLVE CKD Network *Request for Proposals*

### Introduction to Opportunity

Can-SOLVE CKD is a pan-Canadian [Strategy for Patient-Oriented Research](#) (SPOR) Chronic Disease Network of kidney patients, researchers, health care providers, policy-makers, and caregivers. Our vision is that *every Canadian living with or at risk for chronic kidney disease will receive the best recommended care, experience optimal outcomes, and have the opportunity to participate in studies with new therapies.*

Patient-oriented research refers to a continuum of research that engages patients as partners, focuses on patient-identified priorities and improves patient outcomes. This research, conducted by multidisciplinary teams in partnership with relevant stakeholders, aims to overcome the challenges preventing the uptake of research evidence into practice.

We are seeking projects focused on knowledge mobilization and implementation of research generated from Phase 1 of Can-SOLVE CKD, including those associated with the Pediatrics Committee. The funding opportunity is for the period of April 1, 2022 – March 31, 2027. The anticipated budget is seed funding of up to \$200,000 per project for over four years with a requirement of at least 1:1 matched funding from sources other than federal government<sup>1</sup>. Applicants are therefore expected to partner with their local institutions, provinces/territories, industry, charities, and foundations to secure matching contributions.

**We will be hosting a Q&A session on August 30, 2021 to answer any questions regarding this funding opportunity. Please register [here](#).**

Our network governance and core infrastructures are centred around patients, including both the Patient Governance Circle and the Indigenous Peoples' Engagement and Research Council. As part of the research program, your team would have access to the expertise and lived experience of these groups to help achieve the greatest impact for your research. The support comes in the form of training and mentorship, knowledge mobilization and dissemination, peer support, networking, and most importantly, accountability to stay focused. Commitments as a researcher awarded funding for a Can-SOLVE CKD project include (as per our first phase of work):

- Annual progress reports and consultation with Knowledge Mobilization and Research Operations Expertise
- Patient engagement check-in calls to facilitate optimize team dynamics
- Maintain appropriate training for all team members
- Quarterly Project Lead meetings

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<sup>1</sup> Federal sources of funds will be accepted within the context of activities that engage Indigenous communities. The amount of matching funding from the federal source must be commensurate with the proportion of Indigenous-focused activities (for example, if 50% of the activities are focused on Indigenous health, then 50% of the matched funding can be from a federal source).

- Presentation and attendance at annual meetings
- Participation in the Knowledge Mobilization Community of Practice workshops
- Preparation of a Knowledge Mobilization Plan and Implementation package
- Ad hoc presentations to funding partners

Hear from [researchers and patient partners](#) what it means to do patient-oriented research.

## Objectives: What we are looking for?

This funding opportunity is focused on:

- Mobilizing research-generated knowledge from the first phase of Can-SOLVE CKD to improve health care systems and practices in order to enhance health outcomes and support a sustainable health care system; and/or
- Carrying out implementation science to examine the effective interventions, tools, and models of care from the network's first phase that can be adapted and/or made more accessible across multiple community and health contexts

The proposed work, activities and budget are required to align with these objectives. See appendix for definitions and resources to learn more about the difference between knowledge mobilization, implementation and implementation science.

### ***Who is eligible to apply***

The opportunity is limited to:

- Existing Can-SOLVE CKD projects with evidence-based practices, programs, principles, procedures, products, pills or policies generated in Phase 1 ready for mobilization or implementation (inclusive of Pediatric Committee projects)

### ***Patient Engagement***

Patient partners include patients, caregivers and family members who provide their voices to shape and enrich research projects that produce relevant and impactful results. Patient partners can participate in many ways along the research process from contributing to study design to co-presenting the research findings. We are looking for intentional and clear roles for patient partners within the project plan which is vital for a productive working relationship. The Can-SOLVE CKD [Patient Engagement Toolkit](#) is a great resource to be reminded of how to write up a patient engagement plan as you think about your project. We will work with your team and your local provincial [SPOR SUPPORT Unit](#) for any training needs once selected.

## ***Equity, Diversity and Inclusion***

Can-SOLVE CKD values equity, diversity and inclusion and strives to break down barriers based on race, ethnicity, age, gender, sex, culture, geography, and socioeconomic status in health care. Therefore, all teams are asked to consider how their research contributes to health care equity.

We ask applicants to integrate [sex and gender-based analysis](#) where appropriate, as sex (biological attributes) and gender (socio-cultural factors) have been shown to influence our health risks, responsiveness to treatments, and how often we seek care. Furthermore, we are looking for projects that address gaps in knowledge or service delivery in the following priority areas:

- Underserved: Pediatric, Indigenous, Black, Rural and Remote populations, ethnic minorities and/or other marginalized groups
- Access to care and/or coordination of care

## ***Indigenous Health***

Indigenous peoples are disproportionately affected by chronic kidney disease; and we want our program of research to lead to improvements in Indigenous health. Therefore we ask each research project to consider how it might directly or indirectly contribute to improving Indigenous health. Teams will be asked to reflect on questions such as:

- Have you given consideration to how your research might improve outcomes and/or experience for Indigenous people with or at risk for kidney disease?
- What steps will your team take to improve cultural competency?

Two of the [Truth and Reconciliation Commission of Canada Calls to Action](#) are highly applicable to the work of the Can-SOLVE CKD Network. We encourage all project teams to consider these in their applications.

*22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.*

*23. We call upon all levels of government to: i. Increase the number of Aboriginal professionals working in the health-care field. ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities. iii. Provide cultural competency training for all healthcare professionals. (TRC Reference)*

## Application and Evaluation Process

The overview of the process and timeline is outlined below:

Request for project applications issued	<b>August 23</b>
Q&A session for applicants ( <a href="#">REGISTRATION</a> )	<b>August 30</b>
Project application deadline	<b>September 17</b>
Proposals reviewed and scored against evaluation criteria	<b>September 17-24</b>
Can-SOLVE CKD Sustainability Planning Committee presentation review and prioritization exercise	<b>Week of September 27 – October 1</b>
Invitation of selected proposals to provide letters of support from matched funding partners	<b>October 1</b>
Full Can-SOLVE CKD application submission	<b>November 9</b>
Notice of decision by CIHR	<b>March 31, 2022</b>
Finalize protocol, budget justification and work-plan for institutional contract to start funding	<b>April 30, 2022</b>

### ***Application Form***

Interested project teams may fill out the application form sent along with this Request for Proposals. Please complete the application form and submit it to Cynthia MacDonald ([cmacdonald@cansolveckd.ca](mailto:cmacdonald@cansolveckd.ca)) by **5:00 pm PDT on Friday, September 17**.

### ***Evaluation Criteria***

Proposals will be scored according to 18 evaluation criteria across 4 domains developed by our Patient Governance Circle. The Sustainability Planning Committee will conduct a session to discuss prioritization during the last week of September. Any member with conflict of interest for a proposal will be recused from scoring or voting for that proposal.

### ***Patient-Oriented Research (30pts)***

- *The research program reflects patient priorities and is focused on improving patient outcomes/service delivery.*
- *The research program reflects priorities for Can-SOLVE CKD:*
  - *Access to and/or coordination of care*
  - *Underserved populations:*

- *Pediatric*
- *Indigenous*
- *Black*
- *Rural and remote*
- *Ethnic minority*
- *Other marginalized groups*
- *Race, ethnicity, age, gender, sex, culture, geography, and socioeconomic status have been considered and addressed within the research project.*
- *The patient engagement plan demonstrates patient partner roles in several or all research processes in the project.*

### **Transformative Impact (30pts)**

- *There is potential for transformational change (improving kidney health of patients or the way kidney care is provided) by aiming to:*
  - *Improve patient experience*
  - *Better patient outcomes*
  - *Lower costs*
  - *Improve clinician experience*
- *Strategies for dissemination and implementation of evidence have been identified. (influence healthy policy and therapeutic changes)*
- *The project leverages national synergies/collaborations and international linkages.*

### **Strength of Team (20pts)**

- *The team is multi-disciplinary multi-perspective, multi-cultural, gender-balanced, and pan-Canadian (i.e. the team has considered equity, diversity, and inclusion) appropriate for the aim.*
- *The team includes both experienced and new investigators.*
- *The team includes a minimum of 2 Patient Partners.*
- *The team includes policy-makers.*

### **Feasibility (20pts)**

- *The scope of work is reasonable within the budget and timeline*
- *The proposal leverages existing infrastructure. (Can-SOLVE CKD, local or national research infrastructure)*
- *The proposal brings existing and/or new funding/partnerships to the research initiative.*
- *The deliverables and key output/outcome metrics are clearly defined with critical milestones identified.*

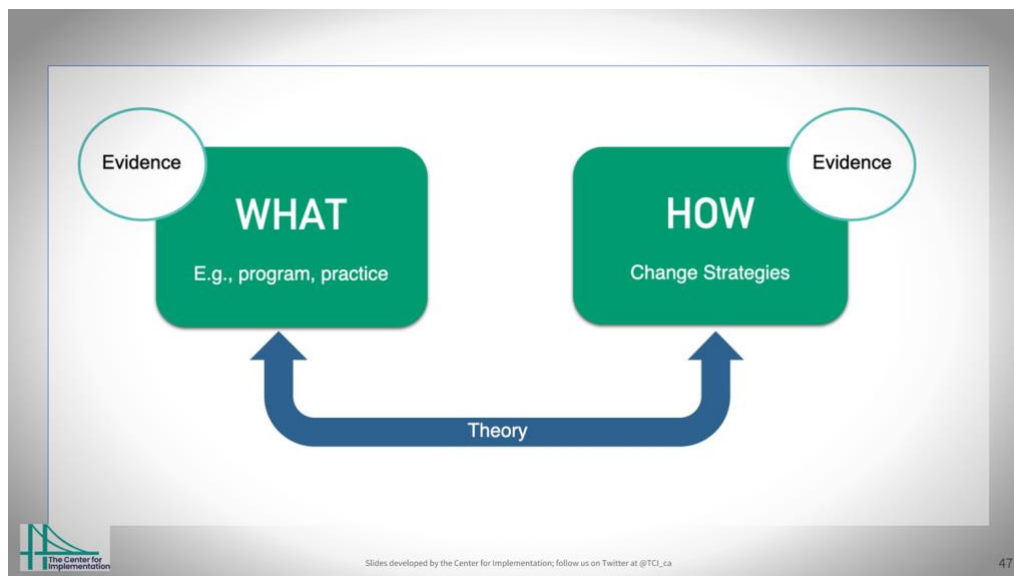
## Appendix

### Definitions

**Knowledge mobilization** is an umbrella term encompassing a wide range of activities relating to the production and use of research results, including knowledge synthesis, dissemination, transfer, exchange, and co-creation or co-production by researchers and knowledge users. The activities and outputs of a knowledge mobilization project includes building awareness and enabling use of research results.

**Implementation** refers to the use of methods and strategies to facilitate the adoption of evidence-based interventions and change practice patterns within specific settings. It is a deliberate, iterative process of integrating evidence into policy and practice through adapting evidence to different contexts and facilitating behavior change and decision-making based on evidence across individuals, communities, and health care systems.

**Implementation science** is the scientific study of the methods to promote the uptake of research findings in clinical, organizational or policy contexts. In the figure below, the science of testing out interventions, tools and models of care generates evidence-based healthcare practices – this is “What” you are trying to implement. Implementation science is the study of “How” to change health care practices and generates evidence on the effectiveness of those change strategies.



Ref: Presentation by Moore 2020 How implementation science can strengthen projects (<https://thecenterforimplementation.com/>)

A free 1.5hr mini-course is available to introduce you to key concepts of implementation science <https://thecenterforimplementation.teachable.com/p/inspiring-change>. More training will be provided to teams at strengthening workshops after project selection.