# CIHR: Transforming Health with Integrated Care Implementation Science Team Grant

## Sponsor

Administered by The Canadian Institutes for Health Research (CIHR), in collaboration with: The Institute of Health Services and Policy Research (IHSPR), in partnership with the Institute of Aging (IA), Institute of Circulatory and Respiratory Health (ICRH), Institute of Gender and Health (IGH), Institute of Genetics (IG), Institute of Human Development, Child and Youth Health (IHDCYH), Institute of Musculoskeletal Health and Arthritis (IMHA), the Strategy for Patient-Oriented Research (SPOR), as well as the Fonds de recherche du Québec – Santé (FRQS), New Brunswick Health Research Foundation (NBHRF), the Ontario Ministry of Health (MOH), the Saskatchewan Health Research Foundation (SHRF), and the Social Sciences and Humanities Research Council (SSHRC)

## Program

Transforming Health with Integrated Care (THINC) Implementation Science Team Grants

## For More Information

Transforming Health with Integrated Care Implementation Science Team Grant Program Website [1]

CIHR will be hosting a program webinar October 4, 2022, 2-3:30 pm EST: Join live [2]

## Description

**Overview of the Transforming Health with Integrated Care (THINC) Research Initiative**
Transforming Health with Integrated Care (THINC) Implementation Science Team (IST) Grants focus on improving our understanding of how to implement, evaluate, and spread/scale (share) transformative evidence-informed integrated care policies and interventions towards advancing the Quadruple Aim [3] and health equity (sometimes known as the Quintuple Aim). Incorporating health equity as a fifth aim recognizes the critical importance of ensuring that health system transformation is pursued and realized equitably. The IST Grants are a major component of the THINC research initiative, which is led by CIHR's Institute of Health Services and Policy Research (IHSPR) in collaboration with multiple institutes, initiatives, and partners.
THINC is a multi-component strategic research initiative that focuses on the implementation, evaluation, adaptation, and/or spread/scale (share) of evidence-informed policies and interventions designed to improve the integration, continuity, and coordination of care across

the life course; encompass intersectoral collaborations within and/or beyond the health care delivery system; reflect the complexities of people's health needs; and maximize population health and equity.

The THINC research initiative is grounded in implementation science [3], embedded research, and knowledge mobilization (KM) approaches as enablers of transformative integrated care. Its component parts include Implementation Science Team Grants, Early Career Embedded Scientist Awards (anticipated, pending internal approvals), Health System Impact Fellowships [4], Policy Research for Health System Transformation Grants [5] and a Knowledge Mobilization and Impact Hub (hereinafter referred to as 'Impact Hub' — anticipated, pending internal approvals) that will aim to develop and support an initiative-wide learning community, amplify KM activities, foster collaboration, build capacity, and advance collective impact across the THINC initiative components. This funding opportunity focuses on the THINC IST Grants. To learn more about the initiative components, visit the THINC research initiative webpage [6].

**THINC Implementation Science Team Grants**

THINC Implementation Science Team (IST) Grants will inform the implementation, evaluation, adaptation and/or spread/scale (share) of evidence-informed integrated care policies and interventions that encompass intersectoral collaborations within and/or beyond the formal health care delivery system in order to advance the Quadruple Aim and health equity for Canadians. For the purpose of this funding opportunity, evidence-informed integrated care policies and interventions are defined as policies, programs, services, and models of funding or care delivery that (a) are implemented with the primary goal of integrating care and (b) have been piloted or tested in a setting or population and show promise (i.e., published evidence) for spread and scale through local adaptation in a different context, population, or jurisdiction (Note: This funding opportunity does not support the development of new or pilot interventions).

**This funding opportunity will support projects relevant to the following research areas:**

- Health Services and Policy: Improving the implementation, evaluation, adaptation and/or spread/scale (share) of evidence-informed integrated care policies and interventions that substantively involve *primary health care* and that advance any/all of the Quadruple Aims and health equity for one or more priority population;
- Rural, Remote and Northern Communities: Integration of primary health care and other sectors within and/or beyond health care that addresses the unique needs and contexts of rural, remote and/or northern communities;
- Indigenous Integrated Care: Indigenous-led models of meaningful and culturally safe [7] integrated care that reflect traditional and/or community models of Indigenous health and health care, strengthen individual and collective trust and relationships (e.g., patient, provider, community), and emphasize wellness, strength, and resilience of Indigenous Peoples;
- Aging in the Right Place: Integration of health care, social services and policies to support older adults to remain and live independently in their residence of choice as long as is desired, and seamlessly transition to needed levels of care (including long-term care), as dependence and care needs evolve;
- Gender-Affirming Health: Integration of safe, inclusive, respectful, and culturally competent gender-affirming health care for lesbian, gay, bisexual, transgender, queer,

questioning, intersex, asexual, and Two-Spirit (LGBTQIA/2S) communities across all healthcare settings to ensure LGBTQIA/2S populations achieve the highest possible level of health;

- Transforming Health and Well-Being for Children and Youth: Integrated health, education, and/or social services and policies to create a healthier, stronger and more equitable future for children and youth in all their diversity;
- Genomics in Routine Care: Integrated care that transforms the diagnostic, treatment and management paradigm for rare/inherited disease patients by incorporating genetic testing (including genomics, such as whole-genome sequencing [WGS], whole-exome sequencing [WES], panels) earlier in the care pathway and optimizing post-diagnostic treatment and support care pathways;
- Care of Patients Covered within the IMHA mandate: Integrated care models that improve outcomes of people who have diagnoses related to any elements of the broad IMHA mandate: the musculoskeletal system (including myalgic encephalomyelitis), arthritis, skin and dental conditions;
- Multimorbidity: Integrated care that improves the experience, prevention, treatment, management and outcomes for people with multimorbidity (where multimorbidity must include at least one of the following six disease/disorder areas relevant to the ICRH mandate [circulatory, respiratory, critical care, stroke, blood and blood vessels and sleep], along with at least one other chronic condition within or related to the mandate of ICRH or beyond (e.g., diabetes, dementia, obesity). Applications that include an EDI and/or Indigenous health and wellness focus [7] are encouraged; and
- Interdisciplinary Approaches to Equitable, Diverse and Inclusive Integrated Care: Incorporating social science and humanities methodologies to improve our understanding of the living environment/conditions and socio-economic and psycho-social context of underrepresented or historically excluded groups and/or Indigenous Peoples, and how to implement equitable, diverse and inclusive integrated care systems/models of care that address their unique health needs and improves outcomes. Applications must include social science and humanities researchers on the team.

All projects must explicitly incorporate implementation science [3], patient-oriented research [3], and learning health system [3] approaches.

# Eligibility

**Role and Contributions of Applicant Partners:** CIHR recognizes that a broad range of partners may be relevant to this opportunity and it is expected that applicant(s) describe the role of all applicant partners [8] and how/if they will contribute to the research and research related activities. Any consideration of risk, including conflict of interest, should also be explained, as appropriate.

**Eligibility to Apply**

For an application to be eligible, all the requirements stated below must be met:

1. The Nominated Principal Applicant (NPA) must be:
    1. An independent researcher [9] affiliated with a Canadian postsecondary

institution and/or its affiliated institutions (including hospitals, research institutes and other non-profit organizations with a mandate for health research and/or knowledge translation);
OR

2. An individual affiliated with an Indigenous non-governmental organization in Canada with a research and/or knowledge translation mandate;
OR

3. An Indigenous non-governmental organization in Canada with a research and/or knowledge translation mandate;

2. The NPA (individual) must have their substantive role in Canada for the duration of the requested grant term.

3. The Institution Paid must be [authorized to administer CIHR funds](#) [10] at the time of funding (see [Administration of Funds](#) [11]).

4. The core leadership team must include each of the following among its NPA, PKU(s), Principal Applicant(s) (PA), and Knowledge User(s) (KU), who together will comprise the team's quadripartite leadership responsible for co-leading the team and funded activities.
Note: An individual can represent no more than one (1) role:

    1. Researcher: A scientific lead with expertise in integrated care and/or implementation science (must be an [independent researcher](#) [9]). The NPA is the scientific lead when they are an independent researcher (1a.);
        - Teams with a [senior researcher](#) [12] as the scientific lead must also include an [early or mid career researcher](#) [13] within its core leadership team.

    2. Decision-maker: A health system [decision maker](#) [14] or policy maker holding an active leadership position at a health system organization that will be involved in the implementation of the intervention and have the authority to make decisions about implementing, evaluating and/or scaling the intervention. If this individual is not the NPA, they must be listed as a PKU;
        - The decision maker must have expertise in the relevant research area and knowledge of the intervention being investigated.

    3. Provider: A currently practicing health care provider with experience in integrated care and using research to inform practice; or

    4. PWLE: A patient/family/caregiver/person/community representative with lived or living experience of integrated and/or fragmented care.

5. The team must have a [Sex and Gender Champion](#) [15] and an [Equity, Diversity and Inclusion (EDI) Champion](#) [3]:

    1. Combined, the champions must have experience in (i) sex- and gender-based analysis (SGBA) or with gender diversity in the community; (ii) fostering EDI in research and/or applied settings (e.g., promoting equitable access to research participation or inclusion of typically underrepresented population groups in decision making), and (iii) creating Sex and Gender and EDI plans for diversity of team composition;

    2. These individuals may hold other roles within the team in addition to standing as the team's Sex and Gender and EDI champions;

    3. The Sex and Gender and EDI champion roles may be served by the same individual or different individuals.

6. The NPA* and the quadripartite leaders and the Sex and Gender and EDI champions must have each successfully completed at least one of the [sex and gender-based](#)

analysis training modules [16] available online through the CIHR Institute of Gender and Health and have submitted a Certificate of Completion. See How to Apply [17] for more details. For additional information on sex, gender and health research, applicants are encouraged to review the How to integrate sex and gender in research [18] section on the CIHR website.

*Organizations as NPAs: For organizations applying as the NPA, a representative of the organization must complete the training module on the organization's behalf.*

7. At least one participant must be identified as the Knowledge Mobilization (KM) and Impact Champion acting as the key liaison with the members of the Impact Hub [4] [19]. As an intermediary between the IST and Impact Hub, the KM and Impact Champion will participate in relevant meetings and activities on behalf of the IST to advance KM and liaise with the Impact Hub:
    1. The KM and Impact Champion must have experience in KM, collaboration, and evaluation (e.g., impact assessment, outcome measurement);
    2. This individual may hold other roles within the team in addition to standing as the team's KM and Impact Champion.
8. At a minimum, the organization affiliated with the decision maker or policy maker from the core leadership team must be identified as an application partner.
9. For applications involving research with Indigenous Peoples the research team must include:
    1. The NPA, a PA or a PKU who self-identifies as Indigenous (First Nations, Inuit or Métis) or provide evidence of having meaningful and culturally safe [7] involvement with Indigenous Peoples (see How to Apply [17] for more details);
    2. A PWLE with lived or living experience who self-identifies as Indigenous; and
    3. For applications focused on Indigenous Health Research [7], one team member who is an Indigenous Elder or Knowledge Keeper [3].
10. For applications to the Interdisciplinary Approaches to Equitable, Diverse and Inclusive Integrated Care funding pool:
    1. The team must include social science and humanities researchers.

**Allowable Costs**

Applicants are advised to consult the Use of Grant Funds [20] section of the Tri-Agency (CIHR, NSERC and SSHRC) Guide on Financial Administration (TAGFA) to determine if an expenditure is an appropriate use of grant funds.

The following expenses are not eligible for support through this funding opportunity, as per TAGFA requirements:

- The cost associated with the intervention(s); and
- The cost associated with implementation of intervention(s) except if they form part of the partner's in-kind contribution.

For this funding opportunity only, the following statement(s) will apply:

- Release Time Allowance [21] is eligible to be paid from grant funds, up to a maximum of

$50,000 per?[knowledge user](#) [22], per grant.

# Funding Availability

- SSHRC will support, in collaboration with CIHR, an interdisciplinary project that will incorporate social science and humanities methodologies to improve our understanding of the socioeconomic and psychosocial context of underrepresented or historically excluded groups and/or Indigenous Peoples, in order to implement equitable, diverse and inclusive integrated systems/models of care that address their needs
  - The total CIHR, SSHRC and SPOR amount available for this funding opportunity is $24,000,000, enough to fund approximately twelve (12) grants. Of this $ 24,000,000:
    - $2,000,000 is available to fund one (1) application relevant to the Health Services and Policy pool from IHSPR, IMHA, and SPOR;
    - $2,000,000 is available to fund one (1) application relevant to the Rural, Remote and Northern Communities pool from IHSPR and SPOR;
    - $2,000,000 is available to fund one (1) application relevant to the Indigenous Integrated Care pool from IHSPR and SPOR;
    - $2,000,000 is available to fund one (1) application relevant to the Aging in the Right Place pool from IHSPR, SPOR and IA;
    - $2,000,000 is available to fund one (1) application relevant to the Gender-Affirming Health pool from IHSPR, SPOR, and IGH;
    - $2,000,000 is available to fund one (1) application relevant the Transforming Health and Well-Being for Children and Youth pool from IHSPR, SPOR, and IHDCYH;
    - $2,000,000 is available to fund one (1) application relevant to the Genomics in Routine Care pool from IHSPR, SPOR, and IG;
    - $6,000,000 is available to fund three (3) applications relevant to the Care of Patients Covered within the IMHA mandate pool from IMHA and SPOR;
    - $2,000,000 is available to fund one (1) application relevant to the Multimorbidity pool from IHSPR, SPOR, and ICRH; and
    - $2,000,000 is available to fund one (1) application relevant to the Interdisciplinary Approaches to Equitable, Diverse and Inclusive Integrated Carepool from SSHRC and SPOR.
- Additionally, $1,750,000 is available from provincial partner organizations to fund or co-fund applications with substantive involvement in the respective province, defined as having, at minimum (i) a researcher in the Nominated Principal Applicant (NPA) or a Principal Applicant (PA) role from a research institution in the respective partner organization's province, and (ii) at least one decision-maker in the Principal Knowledge User (PKU) or Knowledge User (KU) role from a health system organization in the respective partner organization's province. Funding from the provincial health funding organization must remain in the province to support the pursuit of the objectives of the funding opportunity.
  - Of this $1,750,000:
    - $500,000 is available from FRQS to co-fund relevant applications within the Health Services and Policy; Rural, Remote and Northern Communities; Multimorbidity; and/or Gender-Affirming Health pools (see [Additional Information](#) [11] for more information on relevance

criteria);

- $450,000 is available from the NBHRF to co-fund relevant applications in any pool (see Additional Information [11] for more information on relevance criteria);
- $1,000,000 is available from the Ontario MOH to co-fund relevant applications in any pool (see Additional Information [11] for more information on relevance criteria); and
- $100,000 is available from SHRF to co-fund relevant applications in any pool (see Additional Information [11] for more information on relevance criteria).

For more information on the appropriate use of funds, refer to Allowable Costs [23].

## Maximum Project Value

The maximum amount per grant is $400,000 per year for up to five (5) years, for a total of $2,000,000 per grant.

## Indirect Costs

0%

## Special Notes

Please note that research activities carried out in the context of COVID-19 need to adhere to the University of Guelph COVID-19 research principles, policies, guidelines and processes as they may be updated from time to time and communicated on the Office of Research web-page [24].

## Deadlines

**If College-level review is required, your College will communicate its earlier internal deadlines.**

| Type | Date | Notes |
|---|---|---|
| **Internal Deadline** | Tuesday, November 15, 2022 - 4:30pm | Nominated Prinicipal Applicant to submit full application package, including budget and a signed OR-5 to resserv@uoguelph.ca. [25] |
| **External Deadline** | Tuesday, November 29, 2022 - 8:00pm | Full application must be submitted |

| Type | Date | Notes |
|---|---|---|
| | | through CIHR ResearchNet. |
| | | Notice of Decision is expected April 2023. |

## How to Apply

The application process for this funding opportunity is comprised of one step: Full Application.

- To complete your Full Application, follow the instructions in the Team Grants / Emerging Team Grants – ResearchNet "Application" Phase Instructions [26] along with any additional instructions found below under "Specific Instructions".
- All application participants listed, with the exception of Collaborators, will:
    - Require a CIHR PIN [27];
    - To complete the Equity, Diversity and Inclusion Self-identification Questionnaire [28].
- Organizations applying as Nominated Principal Applicants for the first time must contact CIHR's Contact Centre [29] for guidance in creating a ResearchNet account and registering for a CIHR PIN.

## Information For Co-applicants

If you need to meet a deadline set by the lead institution for this opportunity, please ensure that you provide the Office of Research with at least five days in advance of the lead institution's deadline to review the application, or your proposed component of the project. Please be in touch with the Office of Research (contact information below) ahead of the deadline if it looks like it will be difficult for you to submit all the required documentation on time (i.e. budget, proposal, OR-5 Form).
For Questions, please contact
CIHR Contact Centre

Telephone: 613-954-1968
Toll Free: 1-888-603-4178
Email: support-soutien@cihr-irsc.gc.ca [30]

SSHRC: partnerships@sshrc-crsh.gc.ca [31].

**Office of Research**

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Carolyn Dowling-Osborn, Director, Research Support Services
Research Services Office
cosborn@uoguelph.ca [32]
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URL:https://www.uoguelph.ca/research/alerts/content/cihr-transforming-health-integrated-care-implementation-science-team-grant

**Links**
[1] https://www.researchnet-recherchenet.ca/rnr16/vwOpprtntyDtls.do?next=1&amp;prog=3734&amp;resultCount=25&amp;terms=THINC&amp;type=EXACT&amp;view=search&amp;language=E
[2] https://can01.safelinks.protection.outlook.com/ap/t-59584e83/?url=https%3A%2F%2Fteams.microsoft.com%2Fl%2Fmeetup-join%2F19%253ameeting_MGExZDRhNjctZjY1YS00MGIxLWI0NTYtZjQwNjdlMmUwMDVi%2540thread.v2%2F0%3Fcontext%3D%257b%2522Tid%2522%253a%25221ebfccd6-7d44-4806-8ffc-bb521f3acc24%2522%252c%2522Oid%2522%253a%25221c833142-afe7-44b3-97cc-8f504782f52c%2522%252c%2522IsBroadcastMeeting%2522%253atrue%257d%26btype%3Da%26role%3Da&amp;data=05%7C01%7CLEADERS%40SSHRC-CRSH.GC.CA%7C69aff64494784238ca5b08da85373dad%7Cfbef079820e34be7bdc8372032610f65%7C1%7C0%7C637968769541473202%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&amp;sdata=cdVyq4OQR%2F64SkB6mbm6miw1P9%2B6YPgLE8ZU0bIa7pY%3D&amp;reserved=0
[3] https://www.researchnet-recherchenet.ca/rnr16/vwOpprtntyDtls.do?next=1&amp;prog=3734&amp;resultCount=25&amp;terms=THINC&amp;type=EXACT&amp;view=search&amp;language=E#definitions
[4] https://cihr-irsc.gc.ca/e/51211.html
[5] https://www.researchnet-recherchenet.ca/rnr16/vwOpprtntyDtls.do?all=1&amp;masterList=true&amp;next=1&amp;org=CIHR&amp;prog=3708&amp;resultCount=25&amp;sort=program&amp;type=EXACT&amp;view=currentOpps&amp;language=E
[6] https://cihr-irsc.gc.ca/e/52996.html
[7] https://cihr-irsc.gc.ca/e/50340.html
[8] https://cihr-irsc.gc.ca/e/34190.html#p
[9] https://cihr-irsc.gc.ca/e/34190.html#r6
[10] https://cihr-irsc.gc.ca/e/50805.html#g-4
[11] https://www.researchnet-recherchenet.ca/rnr16/vwOpprtntyDtls.do?next=1&amp;prog=3734&amp;resultCount=25&amp;terms=THINC&amp;type=EXACT&amp;view=search&amp;language=E#moreinformation
[12] https://cihr-irsc.gc.ca/e/34190.html#r12
[13] https://cihr-irsc.gc.ca/e/34190.html#r14
[14] https://cihr-irsc.gc.ca/e/34190.html#d4
[15] http://www.cihr-irsc.gc.ca/e/50652.html
[16] https://www.cihr-irsc-igh-isfh.ca/?lang=en
[17] https://www.researchnet-recherchenet.ca/rnr16/vwOpprtntyDtls.do?next=1&amp;prog=3734&amp;resultCount=25&amp;terms=THINC&amp;type=EXACT&amp;view=search&amp;languag

e=E#howtoapply

[18] https://cihr-irsc.gc.ca/e/50836.html

[19] https://www.researchnet-recherchenet.ca/rnr16/vwOpprtntyDtls.do?next=1&amp;prog=3734
&amp;resultCount=25&amp;terms=THINC&amp;type=EXACT&amp;view=search&amp;languag
e=E#references

[20] https://www.nserc-crsng.gc.ca/InterAgency-Interorganismes/TAFA-AFTO/guide-
guide_eng.asp#8

[21] https://cihr-irsc.gc.ca/e/34190.html#releasetimeallowance

[22] https://cihr-irsc.gc.ca/e/34190.html#k4

[23] https://www.researchnet-recherchenet.ca/rnr16/vwOpprtntyDtls.do?next=1&amp;prog=3734
&amp;resultCount=25&amp;terms=THINC&amp;type=EXACT&amp;view=search&amp;languag
e=E#allowablecosts

[24] https://www.uoguelph.ca/research/

[25] mailto:resserv@uoguelph.ca.

[26] http://www.cihr.gc.ca/e/40273.html

[27] http://www.cihr-irsc.gc.ca/e/38201.html

[28] http://www.cihr-irsc.gc.ca/e/50959.html

[29] https://www.researchnet-recherchenet.ca/rnr16/vwOpprtntyDtls.do?next=1&amp;prog=3734
&amp;resultCount=25&amp;terms=THINC&amp;type=EXACT&amp;view=search&amp;languag
e=E#contact

[30] mailto:support-soutien@cihr-irsc.gc.ca

[31] mailto:partnerships@sshrc-crsh.gc.ca

[32] mailto:cosborn@uoguelph.ca