

# Fraser Centre Yá:ýəstəl Award for Indigenous Health Research

2020-2021 Award Cycle

## Purpose

The Yá:ýəstəl\* Award (pronounced YA-YA STELL) will support teams in partnering with Indigenous communities in the Fraser region\* to plan research projects and carry out pilot and feasibility-testing activities in order to inform future applications for more comprehensive patient-oriented research (POR\*) grants [\*see Definitions section]. The following activities can be supported by this award:

- Development of partnerships amongst Indigenous communities\*, researchers, health care professionals and health system decision-makers or policy-makers;
- Planning a patient-oriented research project;
- Generation of proof of concept and/or preliminary data by conducting pilot or feasibility projects;
- Development and/or validation of new tools, methodologies, protocols, theoretical models or frameworks; and
- Development of future applications for more comprehensive patient-oriented research grants

Note: research activities beyond the pilot or feasibility stage are not fundable through this award.

The award is funded and managed by the [BC SUPPORT Unit Fraser Centre](#), a part of the [CIHR Strategy for Patient-Oriented Research](#) (SPOR). The Centre is a partnership between Fraser Health and Simon Fraser University.

## \*Definitions

**Yá:ýəstəl** means “working together” in the Hunkwini dialect. We would like to thank Len Pierre of the Katzie Nation for his input on this award, including suggesting this name.

**Fraser region:** area in the BC Lower Mainland encompassed by the [Fraser Health Authority](#).

*Note:* Applicants from universities that have their main campuses in the Fraser region but that work out of campuses elsewhere in the lower mainland, such as Simon Fraser University Vancouver (downtown) campus, are still eligible.

**Patients:** individuals with personal experience of a health issue or the health system, or their informal caregivers, including family and friends. *Note:* while “patient” is used in SPOR as an overarching term for simplicity and consistency, some people prefer terms such as “people with lived experience”, “client”, “consumer”, “citizen” or “community member”, which are all in-keeping with the scope of SPOR.

**Patient-oriented research:** research that is done in partnership with patients (see definition above), answers research questions that matter to patients, and aims to improve health care. To fit this definition (see link below), projects must include Indigenous community members as team members or

as members of a community advisory panel tasked with significant input on the project; their role should be tangible and substantial. (See [Patient Engagement](#)).

**Indigenous communities:** for the purpose of this funding opportunity, Indigenous communities are considered to fill the role of “patient partners” as defined by the CIHR SPOR. They are also referred to as community partners. This is distinct from staff from a community organization, who are referred to as community organization partners and cannot normally take the place of community members.

**Community engagement:** involves working with communities along an engagement spectrum ranging from consultation, to involvement, to collaboration, and empowerment. This engagement is represented by the International Association for Public Participation (IAP2) in the following ways:

**Table 1: IAP2 spectrum of engagement**

Inform*	Consult	Involve	Collaborate	Empower
To provide information	To obtain feedback	To work with to develop alternatives	To partner in each aspect of decision-making	To decide
Disseminate research results in plain language to communities	Get feedback on the look, feel etc. of a brochure from community representatives	Deliberative dialogue event with communities to identify their concerns	Community partners on research team are involved in all aspects of the research	Community partner organization decides what research question to pursue

\*For the purpose of this award, Indigenous community members must be engaged at the minimum level of “Consult” and ideally at “Collaborate”. The level of “Inform” is not sufficient.

## Indigenous Community Engagement

Proposals must demonstrate the following SPOR Patient Engagement Principles ([Patient Engagement Framework](#))[*Note: although this list of principles uses the term “patient” rather than Indigenous community member, the spirit of the principles may still be applied to this funding opportunity*]:

- **Inclusiveness:** Patient engagement in research integrates a diversity of patient perspectives and research is reflective of their contribution – i.e., patients are bringing their lived experience into the planning and conduct of research.
- **Support:** Adequate support and flexibility are provided to patient partners to ensure that they can contribute fully to discussions and decisions. This includes creating safe environments that promote honest interactions, cultural competence, training, and education. Support also implies financial compensation for their involvement (see “Considerations when paying patient partners in research” in [Patient Engagement Framework](#)).
- **Mutual Respect:** Patients, researchers, practitioners, and decision-makers acknowledge and value each other's expertise and experiential knowledge.
- **Co-Build:** Patients, researchers, practitioners, and decision-makers work together from the beginning to identify problems and gaps, set priorities for research and work together to produce and implement solutions.

In addition, please consider how culturally safe approaches may be applied to this project, such as Two-Eyed Seeing and other similar methodologies, OCAP® principles, etc. The latter may apply if undertaking pilot or feasibility activities that include collecting or using human data. See <https://fnigc.ca/ocap> for more information.

## Applicant Teams

An academic researcher, health care practitioner, or health care decision-maker can be the administrative lead for the award (Nominated Principal Applicant). Co-Principal Applicants are allowed, including Indigenous community partners and staff from community organizations.

Teams must include **at least one of each** of the first three stakeholder types in the following list, with the fourth stakeholder (health care decision-maker or policy-maker) to be included as appropriate (or the application must make clear how such individuals will be recruited during the course of the award):

1. **Indigenous community partner(s) from the Fraser region** - The inclusion of community members as partners on research teams helps ensure that research is meaningful and relevant to communities and focuses on community-identified priorities. *Note:* a staff member from a community organization cannot normally replace the requirement for Indigenous community partners. Please contact us if further discussion is needed.
2. **Academic researcher** - The inclusion of academic researchers helps ensure that the resulting research plan is robust and incorporates rigorous methodologies, while taking scientific literature into account.
3. **Health care practitioner** (health authority staff or physicians) - The inclusion of health care practitioners helps ensure that research will have the buy-in of key stakeholders necessary to improve health care systems and practices. These individuals may or may not be experienced in research.
4. **Health care decision-maker/policy-maker** (health authority or government staff) - The inclusion of health care decision-makers/policy-makers helps ensure that research will have the buy-in of key stakeholders necessary to improve health care systems and practices. *Note:* a decision-maker may also be a health care practitioner but is often in a more senior role that includes administrative oversight of a program or department, such as a director.

Teams with all of these stakeholder types already in place as team members at the time of application submission will be more competitive as this speaks to the feasibility of assembling the required team and the feasibility of success of the proposed activities.

Applicants must work or live (if a community member) in the Fraser region and the proposed project must occur in BC and include a partnership with at least one Indigenous community in the Fraser region. Applicants from universities that have their main campuses in the Fraser region but that work out of campuses elsewhere in the lower mainland, such as Simon Fraser University Vancouver (downtown) campus, are still eligible.

## Funding

Two awards of \$30,000 each will be awarded (total \$60,000) for a period of 8 months. Applicants cannot have already received funding for the proposed activity. Extensions to the 8 month award period are not allowed.

Note: If resources from other sources will be used to complement specific expenses funded by the Yá:ǵəstəl award, those resources must already be in place and project activities proposed here must not be dependent on receiving additional resources. This is to ensure that the proposed project is feasible with the resources available to the team.

### Eligible costs:

- Costs of meetings, such as room and equipment rentals, food and non-alcoholic drinks
- Reimbursement for Indigenous community partners: out-of-pocket travel expenses, childcare, etc.
- Honorariums for Indigenous community partners
- Costs related to community mobilization and engagement, including culturally relevant promotional items such as, tobacco, cloth, feasting and gift-giving for honoring ceremonies and cash reimbursements (in a method acceptable to the individual or community being reimbursed) to compensate community participation
- Contracts and/or consultant fees for communication activities for Elders, community members, and other Knowledge Holders involved in activities related to the Indigenous community
- Release-time for clinicians who do not have protected research time
- Costs of paying research personnel to coordinate events or undertake literature reviews
- Costs of services, such as meeting facilitation
- Operating costs of pilot or feasibility research projects, such as data collection, participant recruitment, etc.
- Office supplies to support the above activities

### Ineligible costs:

- Equipment purchases above \$300 (e.g., laptops)
- Cost of quality improvement, quality assurance or program evaluation projects (for support in differentiating these activities from research, please contact us)

In addition, applicable CIHR and applicant institution's policies regarding use of funds will be in effect.

## Key Dates

Competition launch	Feb. 28, 2020
Deadline for application submission	Apr. 15, 2020
Review committee meeting	May 2020
Notification of competition results	May 15, 2020
Funding start*	Jun. 1, 2020
Deadline for completion of projects	Jan. 31, 2021
Final reporting and deliverables due	Jan. 31, 2021

Note: Deferral of the award is not permitted. Requests for extensions of the funding will not be granted.

\*If undertaking pilot or feasibility activities that include collecting or using human data, Research Ethics Board approval for those activities will be required prior to release of funds.

## Key Deliverables

- Outline or full grant proposal for Spring 2021 CIHR Operating grant submission and/or other funding competitions of similar scale, including list of intended team members/applicants for these subsequent applications.

In addition:

- Award recipients will be invited to present their work at a future event, such as the Fraser Health Research Week or other event hosted by the BC SUPPORT Unit Fraser Centre
- A final report will be required of all successful applicants; a report form will be provided
- Successful applicants must participate in evaluation of this award program, which includes ongoing follow-up if the team receives future grant funding for the project arising out of the activities funded by this Ya:ýəstəł Award
- Successful applicants must make all efforts possible to communicate with the Indigenous communities engaged as part of their project work to provide updates on project progress, results, next steps, etc. The communication should be done in a way that is appropriate for each partner community.

## Support for Applicants

Staff at the Fraser Centre includes a Regional Centre Lead, SFU Research Navigator, FH Research Navigator, a Patient Engagement Specialist and a Knowledge Translation Specialist. They can support applicants via the following services:

- Feedback on award proposals
- Community engagement, including planning, recruitment and training
- Knowledge Translation planning and design
- Facilitating connections between academic researchers and Fraser Health-based health practitioners and decision-makers/policy-makers

See Contacts section at end for staff email addresses.

Note: It is the strong recommendation of reviewers of past Fraser Centre award competitions that applicants contact Fraser Centre staff for support with applications before they submit to better align applications with review criteria.

## Application

Send completed applications via email to Brittney La Pietra at [blapietr@sfu.ca](mailto:blapietr@sfu.ca).

Applications (including application form, signature sheet and all other appendices) should be submitted as a single PDF file. Include the following documents:

- Application Form (including budget form)
- Reference List (APA format)
- Team Member Descriptions (academic team members can use CIHR Biosketch Common CV)
- Letters of Collaboration from Indigenous communities partnering on this application
- Letters of Collaboration from other organizations (if applicable)

## Review Criteria

### *Approach*

- a. Fit with definition of patient-oriented research
- b. Clarity and alignment of the goals of the proposed project with the objective of this funding opportunity
- c. Appropriateness of the patient-oriented research approach, as per CIHR SPOR Patient Engagement Principles (see page 2, Community Engagement)
- d. Appropriately addressed OCAP® principles, if applicable.
- e. Appropriate culturally-safe methodologies, if applicable. For example, Two-Eyed Seeing.
- f. Demonstrated knowledge of area of interest, including key studies, theories, or practices
- g. Evidence for need of research in the area of interest

### *Building capacity for patient-oriented research*

- a. Degree of meaningful inclusion of community and other relevant stakeholders and their appropriateness in relation to the goals of the proposal
- b. Willingness to adapt research project based on input from all team members and engaged stakeholders
- c. Level of involvement in decision-making of each team member

### *Feasibility*

- a. Appropriateness of the team to carry out the proposed activities and achieve stated objectives (or appropriateness of team and stakeholder recruitment plan)
- b. For pilot/feasibility activities: Appropriateness of the research method and activities to achieve stated objectives of the pilot/feasibility project
- c. Appropriateness of the budget based on proposed activities, including justification for budget items requested
- d. Feasibility of engagement activities

### *Impact*

- a. Realistic expectations of impact of activities and outputs
- b. Potential to build capacity of Indigenous communities to undertake or partner in research projects
- c. Potential to contribute to the improvement of health care systems and practices

## Review Committee and Scoring

The competition will be adjudicated by a review committee that includes community representatives, academic researchers, health care practitioners and decision-makers, and such additional reviewers as needed with relevant expertise in patient-oriented research.

The four review categories (Approach, Building capacity for POR, Feasibility, and Impact) will have equal weight in scoring (25% of overall score).

The [CIHR scoring system](#) will be used.

## Contacts

Magdalena Newman  
Regional Centre Lead/Manager  
BC SUPPORT Unit Fraser Centre  
[magdalena.newman@fraserhealth.ca](mailto:magdalena.newman@fraserhealth.ca)

Brittney La Pietra  
SFU Research Navigator  
BC SUPPORT Unit Fraser Centre  
[blapietr@sfu.ca](mailto:blapietr@sfu.ca)