

# **CCS Health Equity Research Grants**

#### **Scientific Merit Rating Scale**

The Health Equity Research Grants Scientific Merit rating scale is to be used by all reviewers to assess the scientific merit of an application. Assigned reviewers are asked to assign a preliminary **Scientific Merit** score (0-5) based on the criteria below, and to record this score in EGrAMS prior to the panel meeting. Note that guidance has been provided to indicate which criteria may be deemed most relevant by reviewer type, particularly for interpreting score descriptions below, however reviewers are free to assess based on their own personal (and intersectional) expertise/experience.

	Review Criteria	Sci	PSC
Re	search Strategy		
•	Rationale and evidence for the proposed work is clear, thorough and compelling (i.e. well-justified).	~	
•	The research aims, methods and analysis plan are appropriately tailored to the community(ies) of focus, ensuring accurate interpretation of findings, with consideration for potential harms. Potential challenges and alternative solutions are discussed.	~	
•	There is a high likelihood that the project, as described, will generate anticipated results.	~	
•	Data collection is planned at multiple levels (e.g. individual, institutional, governmental), ensuring contextual positioning of results and the ability to identify/address systemic, structural and institutionalized injustices.	~	~
•	There is a clear social determinants of health framework (or equivalent) underpinning and guiding the proposed research. Other theories and/or frameworks guiding the study are well described and justified.	~	~
•	Sex, gender, and other dimensions of diversity/social determinants of health (e.g. race, ethnicity) and their intersectionalities are appropriately addressed and included in the study design, methods, analysis, interpretation, and dissemination/implementation of findings/outcomes.	~	~
•	There is evidence of meaningful engagement (i.e. co-creation) of people affected by cancer, as well as implementer/decision-maker representation, from the outset, in identifying the inequity(ies) to be addressed, defining the methodology, and in dissemination and mobilization plans.	~	~
•	The potential impact of the research on people affected by cancer/affected community(ies) has(ve) been appropriately considered - project will not exacerbate or place undue hardship and/or mitigating strategies have been described.	~	<b>~</b>
•	Where relevant, the proposed research considers quality of life of study participants in tangible, measurable ways, and addresses the cancer burden to participating patients and caregivers.	~	~
•	There is thoughtful consideration of barriers to recruitment and accrual, for example, number of hospital/clinic visits, number of tests, costs to get to treatment (i.e., travel and parking, etc.).	~	<b>~</b>
•	Ownership of data and other products resulting from the research are described and appropriate. For research involving First Nations, Inuit, and Métis Peoples, the	✓	~



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Principles of OCAP®, or other locally relevant data governance principles have been followed.		
• The term and amount of support requested is appropriate for the work proposed. Relevant costs are accounted for, including remuneration of team members where eligible.	~	√
• The public summary clearly spells out the need, goal, methods (including co-creation methods) and expected outcomes of the project and is written in non-technical language.	~	✓
Team Composition & Environment		
• The Principal Investigator brings an authentic, demonstrated commitment to health equity research (previous experience in cancer is not required, but should be present within team structure). For applications involving First Nations, Inuit, and Métis Peoples, the Principal Investigator or co-Principal Investigator self-identifies as Indigenous, or project involves (an) Indigenous Elder(s) or Knowledge Keeper(s).	✓	✓
<ul> <li>Research team members (including Investigators, Co-Applicants, People affected by cancer, Implementers and Decision-makers, Additional Authors and Collaborators) collectively bring the appropriate experience and expertise to the project.</li> </ul>	~	~
<ul> <li>Members of the team who are affected by cancer are appropriate and reflective of the community(ies) of focus for the proposed research. Any gaps have been identified and the team has described how these will be addressed. Limitations to applicability of results have been acknowledged.</li> </ul>	~	✓
<ul> <li>Accessibility, equity, diversity and inclusion principles are evident in team composition</li> </ul>	√	√
• Meaningful (i.e. co-creation) involvement has been demonstrated with all members of the research team, and in particular affected community stakeholders. There is evidence that people affected by cancer have been and will be engaged throughout the life of the research project.	✓	✓
• For projects involving First Nations, Inuit, Métis or Urban Indigenous communities – there is evidence of alignment with Indigenous principles of self-determination and self-governance such as the First Nations Principles of OCAP® (Ownership, Control, Access and Possession), the CARE Principles for Indigenous Data Governance, or other relevant principles of Indigenous self-determination in research.	~	~
<ul> <li>Implementers/decision-makers have demonstrated a commitment to uptake/implementation of relevant activities/outcomes.</li> </ul>	✓	$\checkmark$
<ul> <li>Terms of Reference are clear and appropriate. Roles and responsibilities are clear, including time commitment and remuneration (where eligible). Team power dynamics, including decision-making processes, have been thoughtfully considered and articulated.</li> </ul>	$\checkmark$	~
• The environment(s) where the research will take place is appropriate.	$\checkmark$	$\checkmark$



### Score descriptions

When interpreting score descriptions, the proportion of criteria addressed (all, majority, most, etc.) should pertain only to those that are relevant to a given reviewer. For example, if PSCs are scoring based on 19 (of the possible 22 points above), then 19 is the denominator for the descriptions below.

Description	Score range	Funding priority
All scoring criteria have been met and some exceeded. Each item has been appropriately and thoroughly addressed. Very minor improvements are recommended.	4.7 - 5.0	Highest
The majority (>85%) scoring criteria have been met and some exceeded. The majority of items have been appropriately addressed. Some minor improvements are recommended.	4.3 - 4.6	High
Most (70-85%) scoring criteria have been met. Most items have been appropriately addressed. There are several minor or moderate areas for improvement, but no major weaknesses	3.9 - 4.2	Medium-High
Many (60-70%) scoring criteria have been met. Many items have been addressed. There is at least one moderate weakness.	3.5 - 3.8	Medium-Low
Some (30-60%) scoring criteria have been met. Few items have been addressed. There are major weaknesses and the proposal needs further development before being competitive in this program.	3.0 - 3.4	Low
Not enough (<30%) scoring criteria have been met. The weaknesses of the proposal outweigh the strengths.	Below 3.0	None



## **Relevance and Potential Impact Rating Scale**

The Health Equity Research Grants Relevance and Potential Impact rating scale is to be used by all reviewers to assess the relevance and potential impact of an application. Assigned reviewers are asked to assign a preliminary Relevance and Potential Impact score (0-5) based on the criteria below, and to record this score in EGrAMS prior to the panel meeting.

	Criteria	Sci	PSC
•	The proposed research is relevant to cancer prevention, detection, treatment, and/or survivorship.	~	~
•	The proposed research is targeted to addressing systemic, structural, and/or institutional practices that promote health inequities (or provider-level and individual where well-justified).	~	~
•	The need for the proposed research and the potential impact of the results on affected community(ies) have been demonstrated. Risks and alternative strategies have been described and any potential for unintended negative consequences has been addressed.	~	~
•	The proposed research is relevant to and includes (a) specific community(ies), with consideration for potential benefits and harms (including unintended negative consequences) and mitigation of these where warranted.	~	~
•	Knowledge dissemination and mobilization plans involve relevant communities and consider next steps towards implementation of findings (as relevant).	~	~
٠	Limitations to applicability of results have been described.	~	$\checkmark$

#### Score descriptions

Description	Score range	Funding priority
All scoring criteria have been met and some exceeded. Each item has been appropriately and thoroughly addressed. Very minor improvements are recommended.	4.7 – 5.0	Highest
The majority (>85%) scoring criteria have been met and some exceeded. The majority of items have been appropriately addressed. Some minor improvements are recommended.	4.3 - 4.6	High
Most (70-85%) scoring criteria have been met. Most items have been appropriately addressed. There are several minor or moderate areas for improvement, but no major weaknesses	3.9 - 4.2	Medium- High
Many (60-70%) scoring criteria have been met. Many items have been addressed. There is at least one moderate weakness.	3.5 - 3.8	Medium- Low
Some (30-60%) scoring criteria have been met. Few items have been addressed. There are major weaknesses and the proposal needs further development before being competitive in this program.	3.0 - 3.4	Low
Not enough (<30%) scoring criteria have been met. The weaknesses of the proposal outweigh the strengths.	Below 3.0	None