



Canadian
Cancer
Society

CCS Health Equity Research Grants - 2024 Evaluation Criteria

Overall Scoring

Criteria (weight)
Merit score (50%) <ul style="list-style-type: none">• Research Proposal (50% of Merit)• Team & Environment (50% of Merit)
Relevance & Potential Impact score (50%)

There are two rating scales reviewers will use to score applications. A Merit rating and a Relevance, Potential, and Impact (RPI) rating should be provided separately, resulting in two scores. Ratings should be given on a scale of 0-5, to 1 decimal place. Only applications with final scores for **each** rating (Merit and RPI) of **>3.5** will be eligible for funding. Once these scores are submitted into EGrAMS (CCS's grants management system), an overall score will be automatically calculated using the above percentages of the two scores.

Preliminary overall scores (pre-panel meeting) will be used to rank order applications to allow for sorting applications to be discussed at the panel or triaged (not discussed). Applications with an average Merit and/or RPI score of **<3.5** will be triaged. For more details, please refer to the reviewer handbook.

The final overall score for a given application (post-panel meeting) will be used in the rank ordering of applications within the panel.

Note: Initial/preliminary scores given during the review process may not be the final scores, as reviewers may need more information (that can be clarified during the panel discussion) to evaluate certain aspects of an application. **Reviewers are free to assess based on their own personal/intersectional expertise/experience and are expected to take the panel discussion into consideration and evaluate the application holistically to determine their final scores.**



Score Descriptions

Descriptor	Score range	Definition	Outcome
Outstanding	4.5 - 5.0	All scoring criteria have been met and some exceeded. Each item has been appropriately and thoroughly addressed. Very <u>minor improvements</u> are recommended.	Priority for funding
Excellent	4.0 - 4.5	The majority (>80%) of scoring criteria have been met and some exceeded. The majority of items have been appropriately addressed. Some <u>minor changes</u> are recommended.	
Good	3.5 - 4.0	Many (60-80%) scoring criteria have been met. Most items have been appropriately addressed. There are <u>several minor or one moderate</u> areas for improvement, but no major weaknesses.	Fundable
Fair	3.0 - 3.5	Some (40-60%) scoring criteria have been met. Some items have been addressed but there are notable gaps. There is at least one major weakness <u>or</u> many moderate weaknesses.	Not fundable
Poor	2.0 - 3.0	Not enough (20-40%) scoring criteria have been met. Some items have been addressed but there are notable gaps. There is at least one major weakness <u>and</u> many moderate weaknesses.	
Incomplete	Below 2.0	Few (<20%) scoring criteria have been met. Multiple major weaknesses. The proposal needs significant development before being competitive in this program.	



Merit Rating Scales

The [CCS Health Equity Research Grants](#) Merit rating scales are to be used by all reviewers to assess the merit of an application. The lists below show the criteria to be evaluated, and reviewers are asked to use these criteria to help them holistically assess each application. For example, weaknesses in some areas may be compensated for by strengths in other areas.

Assigned reviewers are asked to assign a preliminary **Merit** score (0-5) based on the criteria below, and to **record this score in EGrAMS prior to the panel meeting**. If any major weaknesses are identified, this rating should **not** be above 3.5.

Merit – Proposal Criteria
<ul style="list-style-type: none">• Rationale and evidence for the proposed work is clear, thorough and compelling (i.e. well-justified).
<ul style="list-style-type: none">• The focus of the proposed work has been identified by and is important to community(ies) facing inequities.
<ul style="list-style-type: none">• There is evidence of meaningful engagement (i.e. co-creation) from the outset of people affected by cancer, as well as implementer/decision-maker representation, in identifying the inequity(ies) to be addressed, defining the methodology. CCS funds provided at the LOI stages have been leveraged for a successful co-creation process.
<ul style="list-style-type: none">• The project is feasible and rigorous: 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.
<ul style="list-style-type: none">• There is a high likelihood that the project, as described, will generate anticipated results. Potential challenges and alternative solutions are discussed.
<ul style="list-style-type: none">• 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.
<ul style="list-style-type: none">• 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.
<ul style="list-style-type: none">• Sex, gender, and other dimensions of diversity/social determinants of health (e.g. race, ethnicity, education, economic status) and their intersectionalities are appropriately <u>addressed</u> and <u>incorporated</u> in the study design, methods, analysis, interpretation, and dissemination/implementation of findings/outcomes.
<ul style="list-style-type: none">• Where relevant, the proposed research considers the quality of life of study participants in tangible, measurable ways, and addresses the cancer burden to participating patients and caregivers.
<ul style="list-style-type: none">• 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.).



- Ownership of data and other products resulting from the research are described and appropriate. 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.
- 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.

Merit – Team & Environment Criteria

- 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 Metis Peoples, the Principal Investigator or co-Principal Investigator self-identifies as Indigenous, **and/or** the project involves meaningful participation and direction as determined by Indigenous organizations, groups, or individuals related to the project's focus area. Examples of Indigenous participation could include Elders, Knowledge Keepers, governments, health centres, or community organizations/groups related to the project's focus.
- 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 carry out the proposed project.
- 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 in representation have been identified and the team has described how these will be addressed.
- Accessibility, equity, diversity and inclusion principles are evident in team composition.
- There is evidence that people affected by cancer have been and will be engaged throughout the life of the research project.
- 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.
- The environment(s) where the research will take place is appropriate.

Note: The goal of varying types of reviewers is to bring multiple perspectives and balance to the review process. Reviewers are free/encouraged to assess based on their own personal and intersectional expertise/experience for their preliminary scores. Reviewers are then expected to take into consideration the panel discussion in order to evaluate the application holistically to determine their final scores.



Relevance and Potential Impact Rating Scale

The Health Equity Research Grants Relevance and Potential Impact (RPI) rating scale is to be used by all reviewers to assess the relevance and potential impact of an application. The list below shows the criteria to be evaluated, and reviewers are asked to use these criteria to help them holistically assess each application. For example, weaknesses in some areas may be compensated for by strengths in other areas.

Assigned reviewers are asked to assign a preliminary RPI score (0-5) based on the criteria below, and to **record this score in EGrAMS prior to the panel meeting**. If any major weaknesses are identified, this rating should **not** be above 3.5.

Relevance and Potential Impact - Criteria
<ul style="list-style-type: none">The proposed research is relevant to cancer prevention, detection, treatment, and/or survivorship.
<ul style="list-style-type: none">The proposed research is targeted to addressing systemic, structural, and/or institutional (or provider-level and individual-level, where well-justified) practices that promote or sustain health inequities.
<ul style="list-style-type: none">The proposed research is relevant to and includes a specific community(ies), that has been appropriately engaged, with consideration for potential benefits and harms (including unintended negative consequences) and mitigation of these where warranted.
<ul style="list-style-type: none">Risks and alternative strategies have been described. Any potential for harm or unintended negative consequences has been addressed and mitigation of these where warranted.
<ul style="list-style-type: none">Any limitations of applicability of results to a specific population have been acknowledged and addressed.
<ul style="list-style-type: none">Knowledge dissemination and mobilization plans involve/are co-created by relevant communities and consider next steps towards implementation of findings (as relevant).
<ul style="list-style-type: none">Implementers/decision-makers have demonstrated a commitment to uptake/implementation of relevant activities/outcomes.

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