

## Action Grants Rating Scale – Scientific Reviewers

The Action Grants rating scale for scientific reviewers takes into account the research strategy, research team (including knowledge users), research environment in which the research will take place, and the intervention’s potential for implementation in real world settings and to change status quo in primary cancer prevention.

Score	Action Grants Rating Scale	Priority for funding
4.7 – 5.0	<ul style="list-style-type: none"> <li>• Intervention that, if successful at the proof-of-concept stage, is extremely likely to be scalable and/or adapted at a population level</li> <li>• Intervention that, if successful at the proof-of-concept stage, will drive significant action, beyond the next logical step, to change the status quo in primary cancer prevention</li> <li>• Absolutely appropriate knowledge users/end-users, including individual and community-level partners such as First Nations, Inuit, Métis and Urban Indigenous communities and organizations, racialized communities, and people with lived experience, who are very well-integrated into the research team (as applicable)</li> <li>• Exceptional research design with clearly defined aims and well-described methodological approach, including alternative strategies</li> <li>• A comprehensive knowledge translation and mobilization plan is provided clearly detailing strategies to facilitate scalability or adaptability of the intervention</li> <li>• Exceptional expertise of the research team, including knowledge users/end-users and community partners, to carry out the proposed research and plan for implementation</li> <li>• Equity, diversity, and inclusion considerations, in the context of the research team, are very highly appropriate and clearly defined</li> <li>• Extremely likely that all objectives will be met within the proposed timeframe and budget</li> <li>• The research team has (or has secured commitments to procure) the necessary resources to complete the work, including alternative strategies</li> <li>• Where applicable, sex, gender and diversity (and their intersectionalities (SGBA+)) considerations, in the context of research design, analysis and dissemination of findings, are clearly described and of exceptional quality</li> <li>• For applications involving First Nations, Inuit, Métis or Urban Indigenous communities:               <ul style="list-style-type: none"> <li>○ proposed research is exceptional and extremely well-aligned with the <a href="#">CIHR-IIPH</a> mandate, and CIHR’s definition of <a href="#">Indigenous Health Research and Meaningful and Culturally Safe Health Research</a></li> <li>○ proposed research is exceptional and extremely well-aligned with Indigenous principles of self-determination and self-governance such as the First Nations Principles of OCAP® (Ownership, Control, Access and Possession), the <a href="#">CARE Principles</a> for Indigenous Data Governance, or other relevant principles of Indigenous self-determination in research</li> </ul> </li> <li>• No weaknesses</li> </ul>	<b>Highest</b>
4.3 – 4.6	<ul style="list-style-type: none"> <li>• Intervention that, if successful at the proof-of-concept stage, is very likely to be scalable and/or adapted at a population level</li> <li>• Intervention that, if successful at the proof-of-concept stage, will drive action,</li> </ul>	<b>High</b>

	<p>beyond the next logical step, to change the status quo in primary cancer prevention</p> <ul style="list-style-type: none"> <li>• Appropriate knowledge users/end-users, including individual and community-level partners such as First Nations, Inuit, Métis and Urban Indigenous communities and organizations, racialized communities, and people with lived experience, who are well-integrated into the research team (as applicable)</li> <li>• Excellent research design with clearly defined aims and well-described methodological approach, including alternative strategies</li> <li>• A strong knowledge translation and mobilization plan is provided clearly detailing strategies to facilitate scalability or adaptability of the intervention</li> <li>• Excellent expertise of the research team, including knowledge users/end-users and community partners, to carry out the proposed research and plan for implementation</li> <li>• Equity, diversity, and inclusion considerations, in the context of the research team, are highly appropriate and clearly defined</li> <li>• Very likely that all objectives will be met within the proposed timeframe and budget</li> <li>• The research team has (or has a plan to secure) the necessary resources to complete the work, including alternative strategies</li> <li>• Where applicable, sex, gender and diversity (and their intersectionalities (SGBA+)) considerations, in the context of research design, analysis and dissemination of findings, are clearly described and of excellent quality</li> <li>• For applications involving First Nations, Inuit, Métis or Urban Indigenous communities: <ul style="list-style-type: none"> <li>○ proposed research is excellent and very well-aligned with the <a href="#">CIHR-IIPH</a> mandate, and CIHR's definition of <a href="#">Indigenous Health Research and Meaningful and Culturally Safe Health Research</a></li> <li>○ proposed research is excellent and very well-aligned with Indigenous principles of self-determination and self-governance such as the First Nations Principles of OCAP® (Ownership, Control, Access and Possession), the <a href="#">CARE Principles</a> for Indigenous Data Governance, or other relevant principles of Indigenous self-determination in research</li> </ul> </li> <li>• At least one minor weakness identified that can be addressed during the term of the grant</li> </ul>	
<p><b>3.9 – 4.2</b></p>	<ul style="list-style-type: none"> <li>• Intervention that, if successful at the proof-of-concept stage, is likely to be scalable and/or adapted at a population level</li> <li>• Intervention that, if successful at the proof-of-concept stage, will somewhat drive action, beyond the next logical step, to change the status quo in primary cancer prevention</li> <li>• Somewhat appropriate knowledge users/end-users, including individual and community-level partners such as First Nations, Inuit, Métis and Urban Indigenous communities and organizations, racialized communities, and people with lived experience, who are well-integrated into the research team (as applicable)</li> <li>• Very good research design with clearly defined aims and well-described methodological approach, including alternative strategies</li> <li>• A sufficient knowledge translation and mobilization plan is provided clearly detailing strategies to facilitate scalability or adaptability of the intervention</li> <li>• Very good expertise of the research team, including knowledge users/end-users and community partners, to carry out the proposed research and plan for implementation</li> <li>• Equity, diversity, and inclusion considerations, in the context of the research team, are appropriate and clearly defined</li> </ul>	<p><b>Medium-High</b></p>

	<ul style="list-style-type: none"> <li>• Likely that all objectives will be met within the proposed timeframe and budget</li> <li>• The research team has (or has a plan to secure) most of the necessary resources to complete the work, including alternative strategies</li> <li>• Where applicable, sex, gender and diversity (and their intersectionalities (SGBA+)) considerations, in the context of research design, analysis and dissemination of findings, are clearly described and of very good quality</li> <li>• For applications involving First Nations, Inuit, Métis or Urban Indigenous communities: <ul style="list-style-type: none"> <li>○ proposed research is very good and aligned with the <a href="#">CIHR-IIPH</a> mandate, and CIHR's definition of <a href="#">Indigenous Health Research and Meaningful and Culturally Safe Health Research</a></li> <li>○ proposed research is very good and aligned with Indigenous principles of self-determination and self-governance such as the First Nations Principles of OCAP® (Ownership, Control, Access and Possession), the <a href="#">CARE Principles</a> for Indigenous Data Governance, or other relevant principles of Indigenous self-determination in research</li> </ul> </li> <li>• Some minor weaknesses identified that can be addressed during the term of the grant</li> </ul>	
<p><b>3.5 – 3.8</b></p>	<ul style="list-style-type: none"> <li>• Intervention that, if successful at the proof-of-concept stage, has potential to be scalable and/or adapted at a population level</li> <li>• Intervention that, if successful at the proof-of-concept stage, has potential to drive action, beyond the next logical step, to change the status quo in primary cancer prevention</li> <li>• Acceptable knowledge users/end-users, including individual and community-level partners such as First Nations, Inuit, Métis and Urban Indigenous communities and organizations, racialized communities, and people with lived experience, who are somewhat integrated into the research team (as applicable)</li> <li>• Good research design with clearly defined aims and well-described methodological approach (may or may not include alternative strategies)</li> <li>• A preliminary or incomplete knowledge translation and mobilization plan is provided detailing strategies to facilitate scalability or adaptability of the intervention</li> <li>• Good expertise of the research team, including knowledge users/end-users and community partners, to carry out the proposed research and plan for implementation</li> <li>• Equity, diversity, and inclusion considerations, in the context of the research team, are somewhat appropriate and defined</li> <li>• Somewhat likely that all objectives will be met within the proposed timeframe and budget</li> <li>• The research team may not have the necessary resources to complete the work</li> <li>• Where applicable, sex, gender and diversity (and their intersectionalities (SGBA+)) considerations, in the context of research design, analysis and dissemination of findings, are described and of sufficient quality</li> <li>• For applications involving First Nations, Inuit, Métis or Urban Indigenous communities: <ul style="list-style-type: none"> <li>○ proposed research is good and somewhat aligned with the <a href="#">CIHR-IIPH</a> mandate, and CIHR's definition of <a href="#">Indigenous Health Research and Meaningful and Culturally Safe Health Research</a></li> <li>○ proposed research is good and somewhat aligned with Indigenous principles of self-determination and self-governance such as the First Nations Principles of OCAP® (Ownership, Control, Access and Possession),</li> </ul> </li> </ul>	<p><b>Medium-Low</b></p>

	<p>the <a href="#">CARE Principles</a> for Indigenous Data Governance, or other relevant principles of Indigenous self-determination in research</p> <ul style="list-style-type: none"> <li>• At least one moderate weakness, and/or several minor weaknesses identified</li> </ul>	
<b>3.0 – 3.4</b>	<ul style="list-style-type: none"> <li>• Intervention that, if successful at the proof-of-concept stage, is unlikely to be scalable and/or adapted at a population level</li> <li>• Intervention that, if successful at the proof-of-concept stage, is unlikely to drive action, beyond the next logical step, to change the status quo in primary cancer prevention</li> <li>• Knowledge users/end-users, including individual and community-level partners such as First Nations, Inuit, Métis and Urban Indigenous communities and organizations, racialized communities, and people with lived experience, are not identified or not integrated into the research team in any meaningful way</li> <li>• Research aims and methodological approach are not clearly defined and/or are insufficient</li> <li>• Knowledge translation and mobilization plan provided is insufficient</li> <li>• Insufficient expertise of the research team, including knowledge users/end-users and community partners, to carry out the proposed research and plan for implementation</li> <li>• Equity, diversity, and inclusion considerations, in the context of the research team, are not clearly defined or are insufficient</li> <li>• Unlikely that all objectives will be met within the proposed timeframe and budget</li> <li>• The research team does not appear to have the necessary resources to complete the work</li> <li>• Where applicable, sex, gender and diversity (and their intersectionalities (SGBA+)) considerations, in the context of research design, analysis and dissemination of findings, are not clearly described or are of insufficient quality</li> <li>• For applications involving First Nations, Inuit, Métis or Urban Indigenous communities: <ul style="list-style-type: none"> <li>○ proposed research is not aligned with the <a href="#">CIHR-IIPH</a> mandate, and CIHR's definition of <a href="#">Indigenous Health Research and Meaningful and Culturally Safe Health Research</a></li> <li>○ proposed research is not aligned with Indigenous principles of self-determination and self-governance such as the First Nations Principles of OCAP® (Ownership, Control, Access and Possession), the <a href="#">CARE Principles</a> for Indigenous Data Governance, or other relevant principles of Indigenous self-determination in research</li> </ul> </li> <li>• Numerous moderate weaknesses and/or one or more significant weaknesses identified</li> </ul>	<b>Low</b>
<b>Below 3.0</b>	<ul style="list-style-type: none"> <li>• Research in need of further development before being competitive</li> <li>• Numerous major weaknesses</li> </ul>	<b>None</b>