



CIHR IRSC

Canadian Institutes of Health Research Instituts de recherche en santé du Canada

Webinar / Webinaire

**This session will start momentarily.
Cette session commencera sous peu.**



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CIHR IRSC

Canadian Institutes of Health Research
Instituts de recherche en santé du Canada

Discoveries for life / Découvertes pour la vie

Welcome to the CIHR webinar /
Bienvenue au webinaire des IRSC

Chair: Applied Public Health

Tuesday, February 28, 2023 at 1:00 PM ET

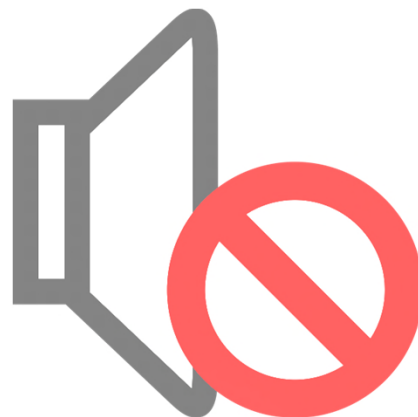


Canadian Institutes
of Health Research

Instituts de recherche
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Canada

Webinar Interface & Logistics



**The slide deck (English and French) will be available from the CIHR Contact Center
Email: support-soutien@cihr-irsc.gc.ca**



Webinar Agenda



Opening Remarks



Background & Objectives



Review of the Request for Applications (RFA)



Contact Us / Resources



Question and Answer Session



Presenters

Jennifer Gunning, Associate Director
CIHR Institute of Population & Public Health

Dr. Sarah Viehbeck, Chief Science Officer
Public Health Agency of Canada

Muguma Kahasha, Lead
CIHR Program Design and Delivery

Collaborators

Partners:

Public Health Agency of Canada



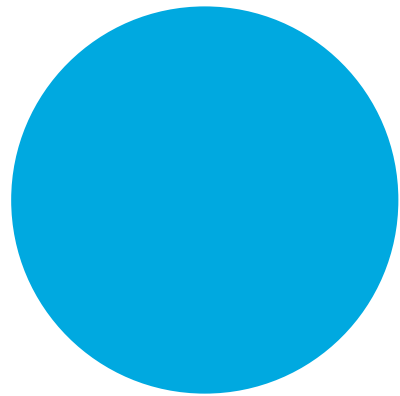
Public Health
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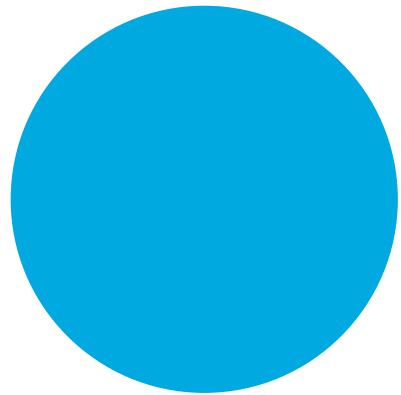
CIHR Institutes and Initiatives:

- Institute of Population and Public Health (IPPH)
- Institute of Musculoskeletal Health and Arthritis (IMHA)
- Institute of Aging (IA)
- Institute of Gender and Health (IGH)
- Institute of Health Services and Policy Research (IHSPR)
- Centre for Pandemic Preparedness and Health Emergencies (CRPPHE)
- CIHR HIV/AIDS and STBBI Research Initiative
- Healthy Cities Research Initiative (HCRI)





Opening remarks



Background and Objectives of the Chair: Applied Public Health

Background: APHC program

- The Applied Public Health Chairs (APHC) program was a response to recommendations put forward after the 2003 SARS outbreak
- The outbreak demonstrated the need for a strong supply of public health professionals that had the right knowledge, skills and relevant education to contribute to the revitalization of Canada's public health infrastructure.
- More recently, the COVID-19 pandemic has further emphasized the value of, and need for, equity-informed applied public health research, and close connections between researchers and decision-makers.
- The APHC program was relaunched in 2022.

Background: APHC Program

2006-2019

- Ensure a strong supply of future generations of public health researchers by targeting **mid-career** researchers
- Improve access to timely and high-quality evidence to inform policies and decisions
- Partnerships between IPPH, IAPH, IHSPR, INMHA, IMHA, the HIV/AIDS Research Initiative as well as the Applied Informatics for Health Society, Fonds de la recherche en santé du Québec, Centre de recherche en prévention de l'obésité, the Québec Ministry of Health and Social Services, and Heart and Stroke

2020/2021 Relaunch

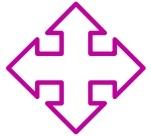
Updated to ensure the program remains

- **Responsive** to real-world issues as they arise
- **Adaptive** to support actionable solutions
- **Integrated** with policy decision processes to maximize impact potential
- Partnerships between IPPH, IHSPR, HCRI, the HIV/AIDS Research Initiative, and the Saskatchewan Health Research Foundation

Objectives



Support high quality programs of population health intervention research that contribute to new knowledge to improve health and health equity



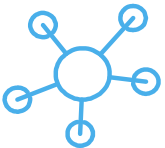
Catalyze inter-disciplinary/sectoral collaborations between researchers and knowledge users that contribute to evidence-informed decision-making



Support and strengthen the ability of the research community to respond with actionable evidence to emerging or re-emerging public health concerns



Mentor current and next generation of population and public health researchers, practitioners and policy makers across disciplines and sectors.



Stimulate the application of innovative theories, methods and approaches in research and knowledge mobilization to promote reciprocal learning within and between countries.



Strengthen research excellence and ensure maximum impact through consideration of diverse socio-cultural identify and/or biological factors in research design



First Launch (2006)

15 APHC Recipients, \$15M over 5 years



Carolyn Dewa



Marjorie MacDonald



Jim Dunn



Benedikt Fischer



Louise Fournier



Doug Manuel



Gilles Paradis



Kim Raine



Elizabeth Saewyc



Pat Martens



Lise Gauvin

Led the creation of the “Toronto Charter for Physical Activity”, used globally to offer guiding principles for efforts to increase physical activity levels.



Janice Sargeant



Alan Shiell



Jean Shoveller



Ronald Plotnikoff

Second Launch (2014)

14 APHC Recipients, \$12.9M over 5 years



Paula Braitstein



David Buckeridge



Guy Faulkner



James Ford



Lindsay McLaren



Scott Leatherdale



David Hammond



Candace Nykiforuk



Jonathan McGavock



Wendy Norman



Janet Smylie

Developed guidelines for health professionals working with Indigenous peoples; improved population based Indigenous health assessment and response; and Indigenizing of knowledge translation theory and practice.



Damien
Contandriopoulos



Yan Kestens



Valéry Ridde

Third Launch (2021)

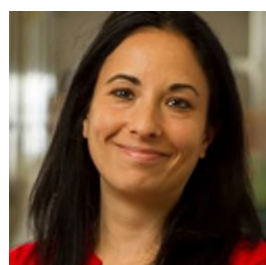
7 APHC Recipients, \$8.05M over 5 years



Mark Gilbert



Andrew Pinto



Ève Dubé



Matthew Herder



Kate Storey



Meghan Winters

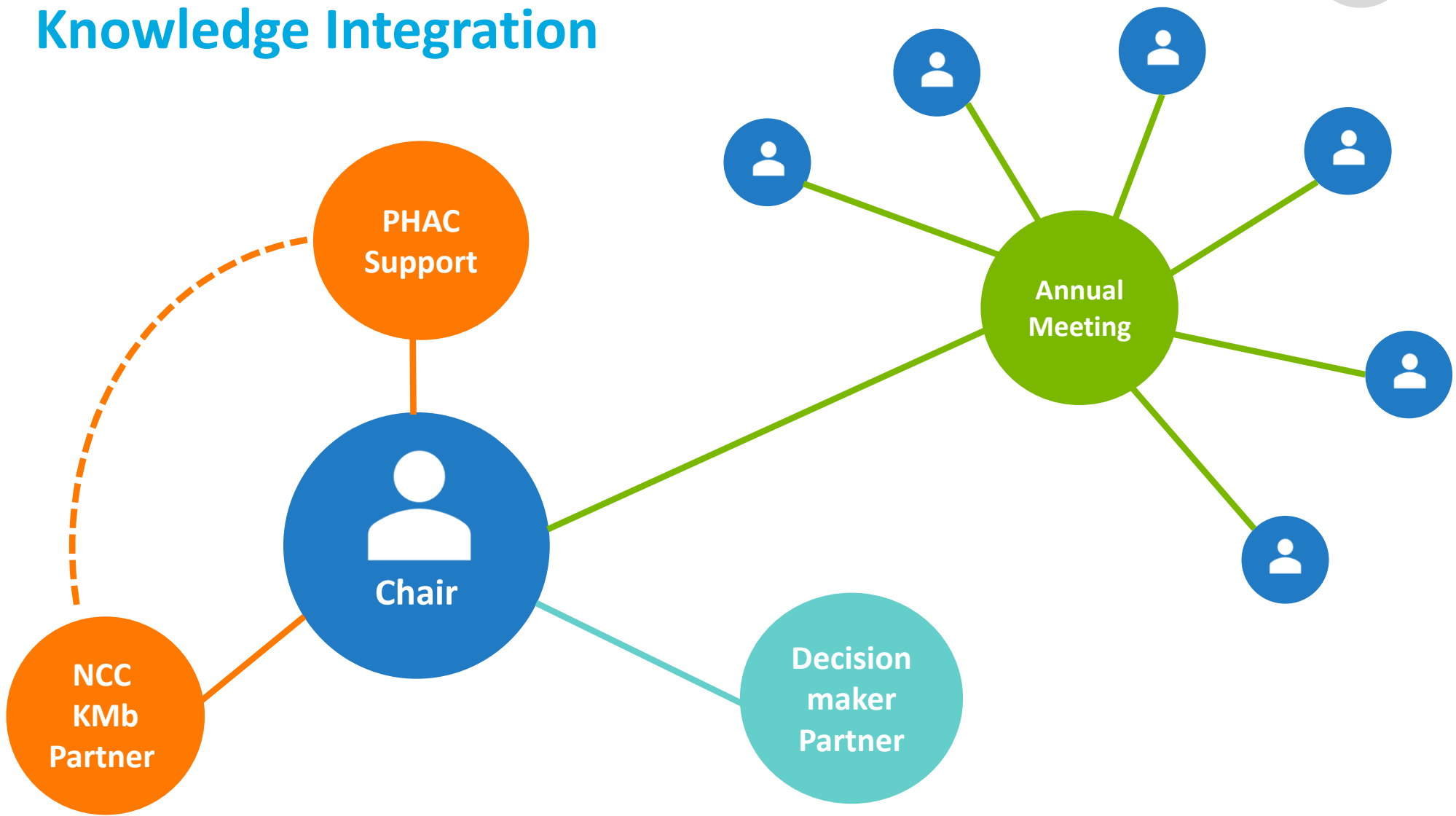


Kelly Skinner

Fourth Launch (2023)

\$13.8M available for 12 Chairs

Knowledge Integration



Knowledge Integration

1. Decision-Maker Partner

The APHC applicant must identify a decision maker partner who will be **directly engaged in their research program** and **support the uptake and maximize the impact** of the Chair's program of research.

Decision maker(s) must be situated **outside of the federal sector** and cannot be from the Public Health Agency of Canada.

Knowledge Integration

2. Public Health Agency of Canada (PHAC) Support

PHAC will act as a broker to facilitate linkages between the Chair, public health decision makers and/or other relevant knowledge users.

- This will include championing the Chair's research **inside *and* outside** of the Agency, and introducing the Chair to relevant knowledge users across all levels of government and/or non-governmental organizations
- PHAC will facilitate initial meeting(s) with **the National Collaborating Centres (NCCs) for Public Health** to increase the reach and usefulness of the Chair's work and broaden their networks of influence

PHAC **will not direct or influence the work of the Chair.**

Research Areas: Overall Program & General Pool

- All applications must focus on population health intervention research to promote health and health equity.
- All applications must align with both the [CIHR-IPPH](#) mandate and [PHAC's mandate](#).
- General Pool: Applications that support research aligning with the CIHR-IPPH [Equity Science](#) strategic priority area are encouraged.

Overview of Specific Pools

1. Public Health System Transformation
2. Environment, Climate Change, and One Health
3. Urban Indigenous Health
4. Oral Health
5. 2SLGBTQI+ Older Adults
6. Ageism and Older Adults
7. Equity in Primary Health Care
8. Behavioural Sciences and Community-based approaches to address mis-/dis-information and build trust in public health and the health system
9. HIV/AIDS & STBBI Research
10. Applied Ethics in Health Emergencies
11. Pandemic and Health Emergency Prevention, Preparedness, Response & Recovery

Research Area 1: Public Health System Transformation

- Tackle public health systems transformation and the enabling functions comprising the public health system.
- Focus on population health intervention research aligned with the elements of a world-class public health system as [outlined](#) in the in the 2021 CPHO report and aligned with the CIHR-IPPH [Public Health Systems](#) strategic priority area.

Research Area 2: Environment, Climate Change, and One Health

- Apply knowledge of environmental and/or climate change-related impacts on health and health equity to research focused on actions and solutions.
- Focus on at least one key public health issue/approach (e.g., infectious diseases, wastewater surveillance, mental health).
- A One Health approach and address intersectoral action(s) is strongly encouraged.

Research Area 3: Urban Indigenous Health

- Focus on population health intervention research relevant to Indigenous Peoples' health in an urban context.
- Applications must align with the [goal and objectives](#) of CIHR's Healthy Cities Research Initiative and with CIHR's definition of [Indigenous Health Research](#).

Research Area 4: Oral Health

- Address national oral health challenges through a public health lens, including the effectiveness, equitable outcomes, and efficiencies of prevention interventions.
- Align with the CIHR Institute of Musculoskeletal Health and Arthritis' [Strategic Plan priority on Oral Health](#)

Research Area 5: 2SLGBTQI+ Older Adults

- Focus on older adults who identify as members of the 2SLGBTQI+ community
- Seek to improve well-being and safety, address the impact on social determinants of health and reduce health inequities.
- Must align with both [CIHR-IA research priorities](#) and the [CIHR-IGH mandate](#) *

Research Area 6: Ageism and Older Adults

- Support population health research and interventions that address ageism specific to older adults
- Seek to improve well-being and safety, address the impact on social determinants of health, and reduce health inequities for older adults in all their diversity.
- Must align with [CIHR-IA research priorities](#).

Research Area 7: Equity in Primary Health Care

- Must align with the [mandate of CIHR-IHSPR](#); focus on population health intervention research in primary health care systems and/or settings
- Seek to advance health equity; reduce inequities in access to, delivery of, and outcomes of care
- Must help to advance IHSPR's [strategic plan goal](#) to “Accelerate Health Care System Transformation through Research to Achieve the Quadruple Aim and Health Equity for All” and its [commitment to equity, diversity and inclusion](#)

Research Area 8: Addressing mis- and dis-information and building trust in public health and the health system

- Focus on how to strengthen Canada's capacity in social and behavioural sciences as applicable to population and public health
- Apply behavioural insights to better understand **mis-/dis- information and build/re-build trust** in communities around public health, and/or inform interventions to address these issues as part of a larger comprehensive intervention strategy.
- Focus on considerations for diverse populations and impacts of inequity.

Research Area 9: HIV/AIDS & STBBI Research

- Population health intervention research focused on prevention, testing, treatment and long-term care and support, with a primary focus on HIV/AIDS and/or other sexually transmitted and blood borne infections
- Must align with the [CIHR HIV/AIDS and STBBI Research Initiative: Strategic Plan 2022-2027](#)
- Research focused on [key populations disproportionately affected by HIV/AIDS and STBBI](#) is highly encouraged.

Research Area 10: Applied Ethics in Public Health Emergencies

- Focus on advancing Canadian capacity to support ethical decision-making during domestic public health emergencies with respect to policy, practice and research responses, as well as ethical approaches to emergency preparedness.
- Research may take a global lens; however, a key objective of this research must be to build capacity in Canada

Research Area 11: Pandemic and Health Emergency Prevention, Preparedness, Response and recovery

- Open to **any application** in the fundable range that meets the objectives of the overall competition
- Must directly address evidence gaps related to pandemic or health emergency prevention, preparedness and/or response in Canada as described in the [CRPPHE](#) objectives.

Applying to Funding Pools (Research Areas)

At the **LOI phase**:

- Applicants may select **up to three (3)** of the Research Area titles;
- If more than one is selected, the application will initially be considered for the **first** Research Area identified and, if not deemed relevant, will then be considered for the second choice, etc.
- The Relevance Form must clearly describe how the proposed research aligns with the program objectives and the specifications of the chosen research area(s).
- All applications deemed relevant to the competition will be considered in a General Pool.

Applications deemed **not relevant** to any funding pools will be withdrawn from the competition.

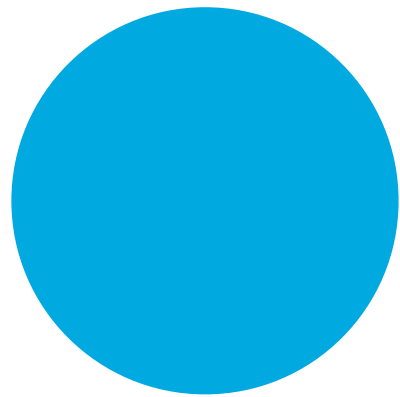
Important Dates

Letter of Intent (LOI) - 202103LCP

Application Deadline	May 2, 2023
Anticipated Notice of Decision	June 1, 2023

Full Application - 202109CPP

Application Deadline	October 4, 2023
Anticipated Notice of Decision	February 21, 2024
Funding Start Date	February 1, 2024



Review of the Request for Applications (RFA)



Eligibility

- The Nominated Principal Applicant (NPA) must be an [independent researcher](#) affiliated with an eligible institution (see the [CIHR Application Administration Guide – Part 4](#)) by the funding start date of this funding opportunity.
- The NPA must be a [mid-career](#) population and public health researcher who assumed their independent research position 5-15 years prior to the time of the **full** application.
 - the eligibility window for a mid-career researcher is adjusted to account for parental leave(s)
 - Mid-career status is based on number of years, not position held.
- The NPA must not previously have held an [Applied Public Health Chair](#) award from CIHR.

Eligibility (Cont'd)

- For Research Area 3 (Urban Indigenous Health) and any applications involving research with Indigenous communities: this funding opportunity seeks applicants who self-identify as Indigenous (First Nations, Inuit or Métis) or applicants who provide evidence of having meaningful and culturally safe involvement with Indigenous Peoples.
 - **NOTE:** Any research applications involving Indigenous Peoples must include a researcher or knowledge user who self-identifies as Indigenous (First Nations, Inuit or Métis) and/or who provides evidence of having meaningful and culturally safe involvement with Indigenous Peoples, or an Indigenous Elder or Indigenous Knowledge Keeper*
 - Applicants proposing research specifically involving Indigenous Peoples must therefore submit a one (1) page "Other" attachment, entitled "Indigenous Health Research", describing how they meet the above requirements. See [How to Apply](#) for more details.

Eligibility (Cont'd)

- In order to increase capacity and allow as many researchers as possible to benefit from federal, peer-reviewed funding, the NPA may not concurrently hold a CIHR salary award and/or another federally funded salary award. Current Canada Research Chair (CRC) holders are only eligible to apply for a CIHR salary award if their award (CRC) has concluded by the Full Application Notice of Decision date for this funding opportunity.

Eligibility (Cont'd)

In addition to the above LOI criteria, for an application to be eligible at the **Full Application stage**:

- The NPA must identify at least one [decision maker](#) who will be directly engaged in their research program and will support the uptake and impact of their research in an applied setting. A decision maker may be a provincial/territorial/local Medical Officer of Health, a community leader, or a partner from a **non-federal** governmental or non-profit agency responsible for evidence-based public health practice or policy making. This decision maker cannot be from the PHAC.
- The NPA must provide confirmation of a commitment from their institution/organization (in the form of a letter of support), including commitment to protect a minimum of 75% of the NPA's time to carry out research activities relevant to the [Objectives](#), and [Research Areas](#) of this funding opportunity.

Eligibility (Cont'd)

- The NPA must also provide a confirmation from their institution that they are in a tenure track position or will be able to apply for a tenure-track position (or equivalent) in their department or faculty during the six-year award period. **Note: for researchers based at non-academic institutions or organizations, a letter from their institution confirming that they are in (and will be able to maintain) or will be able to apply for a position similar or equivalent to a tenure track is accepted.**
- The NPA must have successfully completed one of the sex- and gender- based analysis online [training modules](#) through the CIHR Institute of Gender and Health and submit a Certificate of Completion (see [How to Apply](#) section). Please select and complete the training module most applicable to your research project. For additional information on sex, gender and health research, applicants are encouraged to review the "[How to integrate sex and gender in research](#)" section on the CIHR website. For additional guidance refer to [Best Practices in Equity, Diversity and Inclusion in Research](#), and "[Quantitative intersectional study design and primary data collection](#)" sections on the CIHR website.

Funds Available (Full Application)

Total Funds Available: \$13,800,000 for approximately 12 awards

- The maximum amount per Chair award is up to \$1,150,000.
- Of this \$13,800,000 :
 - \$2,300,000 is available to fund **Research Area 1**, and **Research Area 2**, as follows:
 - \$1,150,000 is available to fund one (1) application relevant to **Research Area 1 – Public Health System Transformation**
 - \$1,150,000 is available to fund one (1) application relevant to **Research Area 2 – Environment, Climate Change, and Health**
 - The top ranked fundable application in each research area will be funded
 - Any remaining funds in one of these Research areas will be transferred to the other Research Area
 - Should there be no fundable applications in either Research area, any remaining funds may be transferred to the General Pool
 - Remaining unfunded applications that are deemed fundable will be pooled together in the General Pool

Funds Available (cont'd)

- \$4,600,000 is available to fund **Research Area 3, Research Area 4, Research Area 7, and Research Area 9**, as follows:
 - \$1,150,000 is available to fund one (1) application relevant to **Research Area 3 – Urban Indigenous Health**
 - \$1,150,000 is available to fund one (1) application relevant to **Research Area 4 – Oral Health**
 - \$1,150,000 is available to fund one (1) application relevant to **Research Area 7 – Equity in Primary Health Care**
 - \$1,150,000 is available to fund one (1) application relevant to **Research Area 9 – HIV/AIDS & STBBI Research**
 - The top ranked fundable application in each research area will be funded
 - Any remaining funds will **NOT** be transferred to the **General Pool**
 - Remaining unfunded applications that are deemed fundable, will be pooled together in the **General Pool**

Funds Available (cont'd)

- **5,750,000** is available to fund **Research Area 5, Research Area 6, Research Area 8, Research Area 10, and Research Area 11**, as follows:
 - \$1,150,000 is available to fund one (1) application relevant to **Research Area 5 – 2SLGBTQI+ Older Adults**
 - \$1,150,000 is available to fund one (1) application relevant to **Research Area 6 – Ageism and Older Adults**
 - \$1,150,000 is available to fund one (1) application relevant to **Research Area 8 – Behavioural science and community-based approaches to address mis-/dis-information and build trust in public health and the health system**
 - **\$1,150,000 is available to fund one (1) application relevant to Research Area 10 – Applied Ethics in Health Emergencies**
 - **\$1,150,000 is available to fund one (1) application relevant to Research Area 11 - Pandemic and Health Emergency Prevention, Preparedness, Response and Recovery**
 - The top ranked fundable application in each research area will be funded
 - Any remaining funds may be transferred to the General Pool
 - Remaining unfunded applications that are deemed fundable, will be pooled together in the **General Pool** (see below)

Funds Available (cont'd)

- \$1,150,000 is available to fund the **General Pool** as follows:
 - \$1,150,000 is available to fund one (1) application relevant to **applied public health research (General Pool)**
 - The amount of funding and the number of applications funded may increase if unspent funds remain from the above Research Areas. The maximum amount per Chair remains at \$1,150,000
 - Remaining unfunded applications from **all pools** that are deemed fundable, will be pooled together in the General Pool and applications will be funded in rank order as far as funds will allow

Funds Available (cont'd)

- Each Chair award will include:
 - Years 1-5: \$200,000 per year including:
 - \$100,000 per year for salary contribution, including fringe benefits;
 - The salary contribution will be up to \$100,000 per year including teaching release and fringe benefits. If the Chair's salary exceeds this amount, all additional costs are to be borne by the host institution.
 - \$100,000 per year for research, mentorship/capacity-building and knowledge mobilization activities
 - Year 6 (transitional year):
 - \$100,000 for research, mentorship/capacity-building and knowledge mobilization activities;
 - A one-time contribution of \$50,000 provided in Year 1 for the Chair to plan, deliver and host an APHC annual meeting at least once during their Chair term.

How to Apply - Letter of Intent (LOI)

- ✓ Identify Participants
- ✓ Enter Proposal Information (2 pages for English, 2.5 for French proposals)
- ✓ Complete Summary of Research Proposal
- ✓ Attach Other Application Materials
 - ✓ Indigenous Health Research (mandatory if applicable)
 - ✓ Letters of Support (optional)
- ✓ Complete Peer Review Administration Information
- ✓ Apply to Priority Announcements/Funding Pools (Research Areas)

How to Apply – Full Application

- ✓ Identify Participants
- ✓ Enter Proposal Information (10 pages for English; 12 pages for French proposals)
- ✓ Complete Summary of Research Proposal
- ✓ Enter Budget Information (Abbreviated)
 - ✓ Budget Justification “Free-form PDF”
- ✓ Attach Other Application Materials
 - Participant List (DMs - no CV required)
 - Commitment of the Nominating Institute
 - Confirmation for tenure track position
 - Sex and Gender Module Certificate
 - Letter of Commitment from Decision Maker(s)
 - Sustainability Plan
 - Indigenous Health Research (mandatory if applicable)
 - Publications (optional)
 - Letters of support (optional)
- ✓ Complete Peer Review Administration Information
- ✓ Apply to Priority Announcements/Funding Pools (Research Areas)
- ✓ Print and Upload Signature Pages

Relevance Review

- CIHR-IPPH and PHAC will perform a relevance review at the LOI stage to identify applications that are in alignment with the [objectives](#), both CIHR-IPPH and PHAC's mandates and [research areas](#) of this funding opportunity.

Relevance Review

In addition to the relevance review above by CIHR-IPPH and PHAC for overall alignment:

- Public Health Agency of Canada (PHAC) will perform a relevance review on applications to **Research Area 1 – Public Health System Transformation**, and **Research Area 2 – Environment, Climate Change, and One Health**
- CIHR – Healthy Cities Research Initiative (HCRI) will perform a relevance review on applications to **Research Area 3 – Urban Indigenous Health**
- CIHR – Institute of Musculoskeletal Health and Arthritis (IMHA) will perform a relevance review on applications to **Research Area 4 – Oral Health**
- CIHR - Institute of Aging (IA) **and Institute of Gender and Health (IGH)** will perform a relevance review on applications to **Research Area 5 – 2SLGBTQI+ Older Adults**
- CIHR – Institute of Aging (IA) will perform a relevance review on **Research Area 6 – Ageism and Older Adults**
- CIHR - Institute of Health Services and Policy Research (IHSPR) will perform a relevance review on applications to **Research Area 7 – Equity in Primary Health Care**
- CIHR – Centre for Research on Pandemic Preparedness and Health Emergencies (CRPPHE) will perform a relevance review on applications to **Research Area 8 – Behavioural Sciences and Community-Based Approaches to Address Mis-/Dis-Information and build trust in Public Health and the Health System**, **Research Area 10 – Applied Ethics in Health Emergencies**, and **Research Area 11 – Pandemic and Health Emergency Prevention, Preparedness, Response and Recovery**
- CIHR - HIV/AIDS and STBBI Research Initiative will perform a relevance review on applications to **Research Area 9 – HIV/AIDS & STBBI Research**



Relevance Review

- All LOIs deemed relevant will be invited to the Full Application stage.
- LOIs that are not deemed to be relevant will be withdrawn from the competition.

Review Process

- Peer review will be conducted in accordance with the [CIHR Peer Review Guide for Training and Salary Awards](#).
- For information on CIHR's peer review principles, see the [Peer Review: Overview](#) section of CIHR's website.

Evaluation Criteria – Letter of Intent (LOI)

Note: At the LOI stage, no peer review will be conducted, only a relevance review by relevant CIHR Institutes and PHAC

Evaluation Criteria – Full Application

To support the strategic objectives of this funding opportunity, the following evaluation criteria will be used:

1. Applicant Track Record
2. Research Proposal and Knowledge Mobilization Plan
3. Ability to Address Time-Sensitive Public Health Challenges
4. Mentorship and Capacity-Building Proposal
5. Environment and Support

Please consult the [Funding Opportunity](#) for full criteria

Summary of upcoming changes to the Funding Opportunity on ResearchNet

Clarification on Mid-Career Researcher eligibility

The NPA must be a [mid-career](#) population and public health researcher who assumed their independent research position 5-15 years prior to the time of the **full** application.

Additional funds available to support 2 additional Research Areas

Total Funds Available: **\$13,800,000** for approximately **12 awards**

- **\$1,150,000** is available to fund one (1) application relevant to **Research Area 10 – Applied Ethics in Health Emergencies**
- **\$1,150,000** is available to fund one (1) application relevant to **Research Area 11 - Pandemic and Health Emergency Prevention, Preparedness, Response and Recovery**

IGH and IA will be co-sponsoring Research Area 5

Contact Us:



CIHR Contact Centre

Telephone: 613-954-1968

Toll Free: 1-888-603-4178

Email: support-soutien@cihr-irsc.gc.ca

For service hours, please consult our [Contact us](#) page.

Resources:

- [RFA/ Funding Opportunity](#)
- [CIHR Peer review: Policies & Procedures](#)
- [Use of Grant Funds](#)
- [How to integrate sex and gender into research,](#)
- [Tri Agency Statement on Equity, Diversity and Inclusion](#)

Question and Answer Session



We invite you to join the discussion.
Please ask your question in the chat or raise your hand to speak.