



**The Heart and Stroke Foundation of Canada, the Canadian Stroke Network,
the CIHR Institute for Circulatory and Respiratory Health**

**SECONDARY STROKE PREVENTION HEALTH SERVICES AND CARE
Team Grants**

Request for Applications (RFA)

Highlights

March 2008	RFA Launch
May 14, 2008	Letter of Intent due
June 19, 2008	Notification of results of Letter of Intent stage. Invitations for full applications. *Up to \$5,000 available as a development grant to support linkages among researchers; decision makers and other team members in the formulation of a full proposal.
November 7, 2008	Full applications due
March 1, 2009	Anticipated start date
Up to 3 years	Duration of award
Up to \$200,000 per year	The maximum amount per grant, including equipment.

Background

The impact of stroke in Canada is profound. Each year, between 40,000 and 50,000 Canadians suffer a stroke. The resulting quality of life issues for patients and their families and the economic impacts on the Canadian health care system are enormous. The Heart and Stroke Foundation of Canada (HSFC), the Canadian Stroke Network (CSN) and the CIHR Institute of Circulatory and Respiratory Health (ICRH) are dedicated to addressing stroke and improving the lives of Canadians.

Stroke services and care in Canada vary widely from province to province and region to region. The goal of the Canadian Stroke Strategy (CSS) is to help support an integrated approach to stroke prevention, treatment and rehabilitation in every province and territory by 2010. With support from the CSS, each province and territory is currently implementing a stroke strategy, reflective of their particular regional issues, that will help to improve health service delivery and address these disparities.

www.canadianstrokestrategy.ca

One of the major issues being addressed through the CSS is the implementation of best practices for secondary stroke prevention, care and management. The current CSS best practice recommendations for secondary stroke prevention focus on hypertension, dyslipidemia, and other risk factors; pharmacotherapy such as antiplatelet medication in ischemic stroke and anticoagulants for atrial fibrillation; and, prompt diagnosis and investigations based on risk for recurrence. For more information on the best practices outlined by the CSS visit:

http://www.canadianstrokestrategy.ca/eng/resourcestools/best_practices.html

This RFA is aimed at the secondary prevention of stroke in the highest risk population – i.e. the management and care of those who have had a cerebrovascular event (e.g. TIA or stroke) to prevent stroke recurrence. For the purposes of this RFA, the **core activities of secondary stroke prevention management include identification of potential cases, triaging the urgency of referrals, diagnosis (including investigations), management (both medical and potentially surgical) and follow-up (including rehabilitation and community re-integration)**. Some or all of these core activities may occur in physician's offices, emergency rooms or stroke prevention clinics, depending on the geographical region and organization of care.

Objectives

Primary objective:

The primary objective of this strategic initiative is to help advance the goals of the Canadian Stroke Strategy by **supporting research that examines how to improve the timely delivery of secondary stroke prevention services and care that will ensure optimal outcomes for stroke patients.**

Secondary objectives:

- To increase the uptake of new knowledge in secondary stroke prevention health services and care.
- To increase multidisciplinary collaborations and facilitate the linkage of researchers, research teams, health care providers and decision makers.
- To increase capacity for stroke research and encourage involvement beyond the "traditional" stroke research community
- To increase capacity for measurement and stroke-related data gathering and sharing.

The Heart and Stroke Foundation of Canada (HSFC) and its partners, the Canadian Stroke Network, and the CIHR Institute of Circulatory and Respiratory Health seek to advance knowledge related to stroke, in particular: how health services, systems of coordinated care, and processes of care related to secondary stroke prevention can be improved. **Projects that have potential for immediate application of results into action will be given priority.**

Relevant Research Areas:

Examples of research areas that are relevant to this Request for Applications include, but are not limited to, the following:

- Coordinating the organization of stroke prevention services and care.
- Developing and implementing evidence-based interventions for secondary prevention of stroke.
- Improving knowledge transfer and exchange (through the use of tool kits, organizational change management, including through the use of information communication technologies).
- Overcoming data/measurement limitations.

- Applying innovative solutions to improve secondary prevention health services.
- Exploring patients' experiences, needs, values, etc with respect to stroke secondary prevention.
- Assessing or improving equity of access (insurance coverage, geography, timeliness, socio-economic status, special populations).
- Exploring policies which impede or enhance the improvement of secondary stroke prevention.
- Investigating the economic impacts of interventions.

Examples of research questions related to secondary prevention that may be supported under this RFA include, but are not limited to:

- How can secondary stroke prevention services be best delivered in alternative settings (e.g. in a primary care setting versus "stroke prevention clinics")?
- How is access to secondary prevention services influenced by factors such as geography, socio-economic status, age, ethnicity, aboriginal status, etc?
- What models for assessment and treatment of TIA across the country work/don't work, and why?
- What is the impact of integrating physiotherapists, occupational therapists (and other health care professionals) in primary care mixes?
- How effective are different point of care tools in secondary prevention?
- What patient self-care and self-management tools work most effectively?
- What Information Communication Technologies hold promise for patient care and management in secondary stroke prevention?
- What are the projected health and economic impacts of different secondary stroke prevention interventions on the health care system?

The following are examples of research questions not considered relevant under this RFA:

- What is the impact of risk factor modification on stroke occurrence (primary prevention of first stroke event)?
- What MRI techniques offer the most effective outcomes?
- Research syntheses such as meta-analyses or systematic reviews.

Knowledge Transfer and Exchange (KTE)

This RFA is being launched through the HSFC Federation Research Fund within a framework called the *Managed Research Cycle (MRC)* (see diagram below). The MRC is an approach to funding research that links research outcomes to the end users. The overall goal is to accelerate the transfer of research results into policy and practice (knowledge transfer and exchange) to improve the health of Canadians. The HSFC defines knowledge transfer and exchange (KTE) as: *The dynamic, collaborative process of creating, sharing and acting upon research and other knowledge to eliminate heart disease and stroke and reduce their impact.*

This RFA requires applicants to consider mechanisms for building KTE into the development and design of the proposed research ("integrated" KTE) as well as beyond the completion of the research "end of grant" KTE. A detailed KTE plan is a required section of the application form. The KTE plan will be evaluated through the peer review process.

Applicants must identify the relevant audience(s) for the research, and a description of the approaches that will be taken to engage and reach the audience(s) (e.g. health care professionals, hospital administrators, ministry officials and other policy makers, the public, private sector). Applicants should describe plans for linkage and exchange, and outline how these approaches will increase potential use/broader application of results.

The following web based resources contain information about KTE (also referred to frequently as knowledge translation) that may be helpful for the development of a KTE plan:

KTE Guides and Planning Tools

- [Knowledge Translation Planning Tools for Stroke Researchers](#)
(Atlantic Health Promotion Research Centre and Laval University Chair on Knowledge Translation)
- [Demystifying Knowledge Translation for Stroke Researchers: A primer on Theory and Praxis](#)
(Atlantic Health Promotion Research Centre and Laval University Chair on knowledge Translation)
- [Knowledge Exchange Guide for Women's Health Researchers](#) (Women's College Research Institute)
- [KTE resources at Canadian Health Services Research Foundation \(CHSRF\)](#)

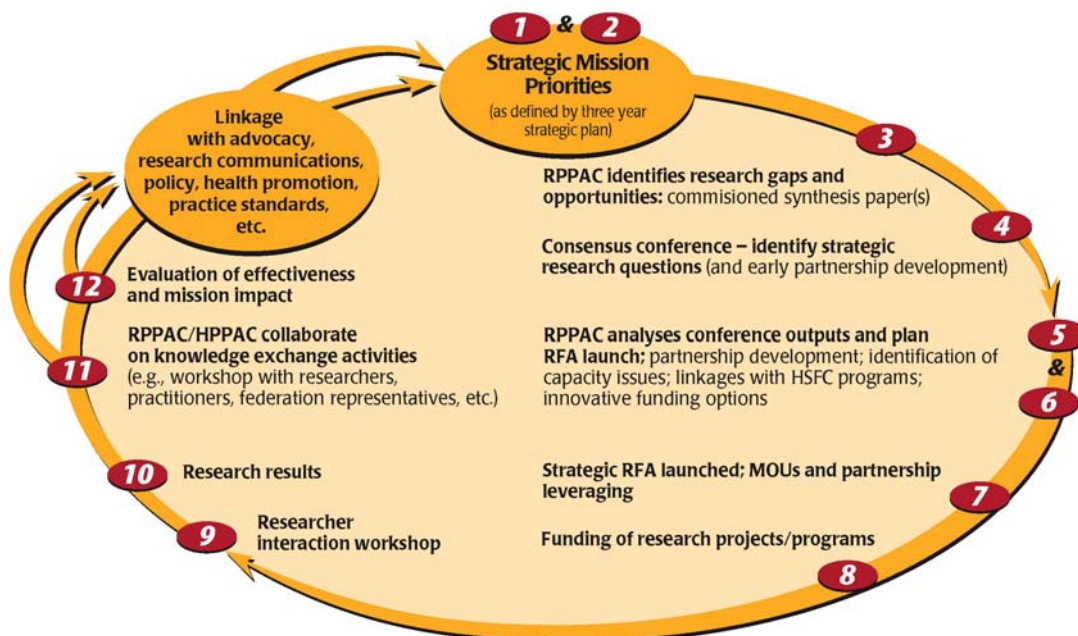
Actual case examples of KTE

- [Moving Population and Public Health Knowledge Into Action: A casebook of knowledge translation stories](#)
(CIHR Institute of Population and Public Health and the Canadian Population Health Initiative)
- [Evidence in action, acting on evidence: A casebook of health services and policy research knowledge translation stories](#)
(CIHR Institute of Health Services and Policy Research and the Canadian Institutes of Health Research)

KTE websites/compilations of resources

- [CIHR Knowledge Translation Resource Materials](#)
- [Nova Scotia Health Research Foundation KTE resources](#)

Managed Research Cycle



Special Requirements

In order to facilitate knowledge transfer and exchange and increase the likelihood of uptake of research results into practice, applicants are required to formally and actively involve decision makers throughout the project to ensure alignment/feasibility/relevance with pressing research questions related to secondary stroke prevention health services and care. Research teams must include academic researcher(s) and relevant decision maker(s) (e.g. regional health board; hospital administrators; federal/provincial government policy makers). At least one decision maker must be engaged in the project in a co-applicant role.

A decision maker is an individual who makes decisions about, or influences, health policies or practices. Decision makers can be practitioners, educators, health care administrators, elected officials, and individuals within the media, health charities, patient user groups or the private sector. They can work at the local community, municipal, provincial or national level. Decision makers are those individuals who are likely to be able to make use of the results of the research.

Multi-institutional and multi-provincial teams are encouraged, but not required.

Project teams are also encouraged to consult with Canadian Stroke Strategy www.canadianstrokestrategy.ca in order to ensure relevance and linkage of the project to the goals of the Strategy.

Funds Available

Up to \$3 million is available from all funding partners for this initiative. Additional funds may become available if additional partners join the initiative.

The maximum value and duration of a grant is \$200,000 per year for up to three years.

Funds provided must be used solely for the direct costs of research. This excludes indirect costs of research (e.g. library, heat and light, office furniture, overhead, administrative charges and fees). The application must include a detailed justification of all costs. Applicants must provide sufficient information to allow reviewers to assess whether the resources requested are appropriate and reasonable. Failure to provide detailed information and appropriate justification may result in budget cuts that could adversely affect the final budget awarded for the project.

Note: Principal Applicants, Co-applicants, and Collaborators (including decision maker members of the project team) are not eligible to receive salary support through the grant.

Eligibility

The Nominated Principal Applicant must be based at a Canadian post-secondary institution or a university-affiliated hospital or research institute.

The Peer Review Process

The HSFC peer review process will be utilized to assess the scientific excellence of applications and relevance to this initiative. The peer review committee will be created specifically for this initiative and its expertise will reflect the topic areas of applications submitted, and will include a decision-maker perspective.

Committee members will be selected based on suggestions from the funding organizations and other sources. Names of committee members will be available upon request. The peer review process will be conducted in accordance with the HSFC's standards and guidelines.

The funding organizations will invest in high quality projects ranking among those judged to be very good to excellent through peer review. Applications will be funded from the top-ranked down, based on the total funds available for the initiative. Applications receiving a score less than 3.5 will not be considered for funding.

Evaluation Criteria

Letters of Intent will be evaluated based on the following criteria:

1. Relevance of the research question to the objectives of the Request for Applications
2. Feasibility of the project
3. Appropriateness of scientific methods and approach
4. Potential impact on secondary stroke prevention health services and care
5. Appropriate mix of expertise (including researcher and decision makers, and others) on the project team
6. KTE considerations in the project development process

The following criteria will be considered in the evaluation of Full Applications:

- a) Applicants' productivity, experience, training, and roles on the research team
 - Are the skills, qualifications, experience and track record of research team members appropriate for the proposed project?
 - Appropriateness of the identified research team members, including decision maker applicants.
 - Are meaningful structures and collaborations in place to help ensure the research outcomes are relevant and can be implemented?
- b) Scientific merit
 - How important and novel are the hypotheses and how clearly are they addressed?
 - Are the proposed scientific methods rigorous, appropriate and feasible?
 - How well have the applicants anticipated difficulties in their approach and considered alternatives?
 - How critically has the relevant literature been appraised and evaluated?
 - Is the budget requested appropriate?
- c) Potential impact
 - Is there a strategic fit with the objectives of the Request for Applications and relevance to the efforts of the Canadian Stroke Strategy?
 - How important are the contributions expected from the research proposed? What is the potential for important new knowledge or impact on secondary stroke prevention health services and care?
 - Are the project outcomes feasible and sustainable?
 - Is the KTE plan comprehensive and appropriate? Have the applicants effectively articulated plans for how the knowledge gained could be used to improve secondary stroke prevention health services and care?
 - Does the proposal demonstrate the involvement of necessary local, regional, provincial/territorial, or national partnerships that will support uptake of research results?

Development Grant

Up to \$5,000 is available, by application, to facilitate the development of full applications. Development Grant proposals must be submitted at the time of the Letter of Intent and must include the following information:

- Overview of the proposed activities
- Detailed budget justification

Development grant applications will be reviewed at the time of the LOI review. Only applicants that are invited to submit full applications will be awarded Development Grants. Clear and detailed justification of proposed expenditures is required. A report on the use of the Developmental Grant funds as well as a final financial report on the use of the funds will be required by HSFC. Any unspent funds must be returned to the HSFC.

The Partners

The **Heart and Stroke Foundation of Canada**, a volunteer-based health charity, leads in eliminating heart disease and stroke and reducing their impact through the advancement of research and its application, the promotion of healthy living, and advocacy. Stroke is one of three federation-wide priorities of the HSFC and is an integral part of the Foundation's mission. The Foundation's stroke-related efforts include health promotion activities such as educational tools and resources for health care providers, patients and their families; public awareness campaigns on the signs and symptoms of stroke. The Foundation also co-leads the Canadian Stroke Strategy (CSS) – whose goal is to help support an integrated approach to stroke prevention, treatment and rehabilitation in every province and territory by 2010.

The mission of the **Canadian Stroke Network (CSN)** is to reduce the effects of stroke on the lives of Canadians and on Canadian society. The CSN will place Canada at the forefront of stroke research through its multi-disciplinary research program, high-quality training for Canadian scientists and clinicians, and national and global partnerships. The new knowledge generated by the Network's research activities will help to launch a competitive Canadian commercial presence. The CSN is also a co-lead on the Canadian Stroke Strategy.

The **Canadian Institutes of Health Research – Institute of Circulatory and Respiratory Health (ICRH)** supports research into the causes, mechanisms, prevention, screening, diagnosis, treatment, support systems, and palliation for a wide range of conditions associated with the heart, lung, brain (stroke), blood, blood vessels, critical and intensive care, and sleep. The ICRH vision is to achieve international leadership by fostering an environment of openness, excitement, energy, commitment and excellence in highly ethical, partnered initiatives focused on research, research training, and research translation for the circulatory and respiratory sciences and for the betterment of the health of Canadians.

In addition, ICRH embraces a range of research from fundamental bio-medical and clinical research, to research on health systems, health services, the health of populations, societal and cultural dimensions of health and environmental influences on health.

In March 2007, following consultations with the ICRH community and Institute Advisory Board, the following new priorities were identified:

- Genetics/biomarkers
- Psychosocial, behavioural, environmental research
- Technology
- Sleep, circadian impact on circulatory/respiratory health, metabolism and obesity
- Injury repair, inflammation mechanisms of chronic disease
- Transplantation, regeneration, stem cells, bioethics
- Aging, changing epidemiology

Monitoring and Evaluation

HSFC and its partners are committed to monitoring and evaluating their contribution to health research.

As a result, funding recipients must:

- Adhere to HSFC's reporting requirements and provide required information in a timely fashion;
- Contribute to the monitoring, review and evaluation of HSFC's programs, policies and processes by participating in evaluation studies, surveys, workshops, and providing data or reports as required for the purpose of collecting information to assess progress and results;
- Encourage their associates, trainees, and administration to participate in the monitoring, review and evaluation of HSFC's programs, policies and processes as required.

The following table is intended to further clarify objectives by linking them to expected outcomes and measures.

All grant recipients will be expected to participate in the evaluation strategy, contributing advice, data and reports as required for assessment purposes.

Objective	Indicator
To develop new knowledge related to improving secondary stroke prevention health services and care.	New knowledge is created that is relevant to stroke health services and care.
To increase the uptake of new knowledge in secondary stroke prevention health services and care.	New knowledge is relevant; and is integrated into programs and practices related to secondary stroke prevention health services and care (where appropriate)
To contribute to advancing the work of the Canadian Stroke Strategy.	The Canadian Stroke Strategy benefits from research data; the formation of collaborative research teams or other aspects related to this initiative.
To support multidisciplinary collaborations and facilitate the linkage of research teams to foster cooperation and build capacity.	Multidisciplinary teams are created; new collaborations exist that did not exist previously; researchers and decision makers that were not previously involved in stroke research have been engaged.
To increase the capacity for measurement and stroke-related data gathering.	New stroke-related data sets are available to researchers.

Guidelines

This funding opportunity will follow the [Guidelines for HSFC Strategic Research Initiatives](#).

How to Apply

There are two stages to the application process:

i) Letter of Intent (LOI)

The applicant must submit: **one original, and nine copies of the Letter of Intent package.**

Letters of Intent must be received by the HSFC no later than 4:00 p.m. on May 14, 2008.

The Letter of Intent is comprised of:

a) A duly completed LOI form indicating the names of the applicants and their roles, title of project, keywords and institutional information.

b) A two page project summary which includes a brief description of the rationale and significance of the study; a clear description of the aims and objectives of the project; and a clear description of the approach and research methods including how decision makers will be incorporated in the research team. One (single-sided) page may be added to the project proposal with any necessary figures, charts and tables.

c) In a maximum of 250 words, a statement of impact and relevance which clearly states the potential impact of the outcome of this research and how it is relevant to the objectives of the Secondary Stroke Prevention Health Services and Care initiative

d) Development Grant request and budget justification (if applicable).

e) Page 1 and Page 5 from the HSFC Common CV for the Principal Applicant(s) and Co-applicant(s).

The application form is available at: www.hsf.ca/research/

Personal information should be provided using the Canadian Common CV, details for which can be found at: www.commoncv.net/index_e.html

ii) Full Application

Full applications (**original plus 13 copies**) must be received at the HSFC office by 4:00 p.m. on November 7, 2008.

The application form is available at: www.hsf.ca/research/

Personal information should be provided using the Canadian Common CV, details for which can be found at: www.commoncv.net/index_e.html

Applications must be sent to:

The Heart and Stroke Foundation of Canada
222 Queen Street, Suite 1402
Ottawa, Ontario
K1P 5V9

Reference: Secondary Stroke Prevention Health Services and Care