Pushing Priorities: A National Strategy to Increase Community-Based Health Research Projects in Canada

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Introduction

Canada's commitment to diversity, universal healthcare, and research excellence is deeply embedded in its national identity ('Statistics Canada', 2024b; CRIC, 2021; Whatley, 2019). Despite these sentiments, vulnerable communities have historically been excluded from health research in Canada, leading to systemic gaps in knowledge, healthcare services, and policies that fail to address their unique health needs ('TCPS 2', 2018;). Vulnerable communities, including women, Indigenous peoples, Black Canadians, and other racialized groups, amongst others often experience disparities in health outcomes due to systemic barriers that hinder their participation in research initiatives ('CIHR', 2022). Health inequities are the poor outcomes in one's health based on factors that exist because of structural reasons and could be preventable with appropriate programs and policies enacted at the government level (Arcaya, 2015). The widespread discrimination that Black Canadians face in healthcare settings, leads to mistrust and reduced participation in medical care and research (Husbands et. al, 2022) Similarly, research shows that racism against Indigenous people in the healthcare system is so pervasive that people strategize around anticipated racism before visiting the emergency department or, in some cases, avoid care altogether (Allan et. al, 2015). Distrust between Indigenous Canadians and the healthcare system, allows health inequities within these communities to persist (Julls et al., 2020; Hayward et. al, 2017). An additional issue within this area is the lack of available data on disaggregated applicant self-identification ('CIHR', 2022). This makes identifying the number of racialized researchers difficult to note. Structural inequities are also found within the types of research that receives funding and within health funders itself ('CIHR', 2022). This evidence is crucial in advocating for greater efforts to seek vulnerable perspectives within research.

The question of how to better engage marginalized groups to participate in research is crucial. Various non-profits and community organizations are actively trying to increase Community Based Research Projects, referred to as CBR, as a means to actively engage more vulnerable groups in research (‘CIHR’ n.d.a). In addition, within Canada's federal health portfolio, specifically the Canadian Institutes of Health Research and the Public Health Agency of Canada, are emphasizing CBR as a means to do this. This paper focuses on three policy proposals that will seek to increase health research participation by vulnerable groups through strengthening support for CBR projects.

Community Based Research

Community based research is a non-traditional form of research that shifts away from the idea of doing research ‘for’ a group but ‘with’ a group instead (Halseth et. al, 2016. CBR has been noted as being especially helpful when trying to work towards improving health outcomes for marginalized groups and more specifically have been helpful when working with Indigenous communities (Jull et al, 2020). This is because at the foundation of community based research, all academic researchers and community partners are treated equitably (Zhang et. al, 2024; Jull et al, 2020; Halseth et. al, 2016). CBR is also noted as being a useful tool in decolonizing knowledge hierarchies, relationships, power and privilege (‘Community Research’, 2025). If Canada seeks to improve health equities for vulnerable groups and reduce the burden on the healthcare system, especially considering the projected influx of seniors who will be needing to receive care, CBR is the best way to accomplish this. Evidence shows that CBR projects are crucial in engaging vulnerable communities in participating in health research and has been proven to improve health outcomes for these groups (Jull et. al., 2020). For instance, projects like

‘GetCheckedOnline’ and ‘Mpowerment’, which originated from CBR efforts and were funded by several agencies including the CIHR and PHAC, were able to enhance STI testing services and improve community capacity and health promotion efforts on HIV/AIDS prevention and protection within various Indigenous communities (“Government of Canada”, 2019). In the same way that the Federal Initiative to Address HIV/AIDS in Canada had a profound impact on HIV and AIDS research in Canada by following CBR principles, other areas across Canada can see widespread benefits on health outcomes, community involvement, enhancing research capacity, informing policy, and promoting health equity. In addition, CBR projects have the potential to help in the collection of race-based data which while being noted as a priority by the Canadian Institute for Health Information, a non-profit which provides health information to Canadians, it is often difficult to capture without significant community engagement (Sheik e.t al, 2023). The CIHR’s Strategy for Patient-Oriented Research also notes that community-driven and patient-centered evidence improves health outcomes and can result in overall cost-effectiveness of the healthcare system as limited funding can be allocated more effectively (‘CIHR’, 2011).

CBR principles also expand upon ideas that are present in intersectionality based policy frameworks. The concept of intersectionality entails that various aspects of one’s identity including their race, gender, sexuality, amongst others, will affect their position in society (Crenshaw, 1989). Various scholars have highlighted the importance of adopting intersectional lens to policy creation (Crenshaw, 1989; Nash, 2008; Hankivsky et. al, 2014). Since various models of equity toolkits and intersectional based policy frameworks have been created, it is recommended to expand on existing frameworks that have been successful in improving health outcomes. Nash (2008) notes that the lack of a defined methodology for intersectionality makes inclusive research and analysis complicated. Creating a toolkit that is distributed across the

Canadian federal health portfolio agencies that highlight CBR principles will help empower vulnerable Canadians and better support researchers within these communities. A key challenge with incorporating CBR methods is that it can be more time consuming and costly compared to traditional research methods due to its rigorous emphasis on community engagement throughout the research process. In order to adopt CBR, there must be willingness from all relevant stakeholders to further support these initiatives.

Stakeholders

Since there are a variety of direct and indirect stakeholders that will be involved in the implementation of this proposal, it is recommended to have a clear communications strategy that highlights the goals and outcomes of the proposed options (*see Appendix B).* Direct stakeholders include the CIHR and PHAC Presidents, CIHR and PHAC employees, community researchers, grassroots organizations, non- profits, academic researchers, vulnerable Canadians, and politicians. Indirect Stakeholders include Canadian citizens, advocates for traditional research methods, researchers from other jurisdictions, national statistical agencies, and the media. The public reaction is expected to be positive amongst those who hold progressive political views and particularly among vulnerable communities (Buckley, 2024).

Existing Initiatives

Currently, the government of Canada has identified decreasing health inequities and addressing the systemic racism present in health research as a priority in the Canadian Institutes of Health Research Anti-Racism Action Plan (“CIHR” n.d.a.). In addition, the CIHR, the Natural Sciences and Engineering Research Council of Canada, and the Social Sciences and Humanities

Research Council of Canada have created a Tri-Agency Council via the Canada Research Coordinating Committee to increase the diversity of research in Canada (“Tri-Agency Council”, 2018). Canada is also a part of the Global Research Council (n.d.) which seeks to advocate for women equality and equity in research. Data disaggregation initiatives across Canada that collect race-based data are the traditionally proposed policy option to increasing the participation of vulnerable perspectives in health research. However, issues like a lack of community engagement, trust between participants and researchers, and data governance concerns, prevent individuals from disclosing their information (Sheik et. al, 2023).The Canada's Institute of Health Research and the Public Agency of Canada has established various CBR related grants and streams to conduct these types of projects, to increase participation in health research, yet they are not funded as significantly as other areas. Despite the presence of various research councils, ongoing work via the federal health portfolio there is still limited participation in health research from vulnerable groups and health inequities within these groups. This indicates a need to refine existing initiatives to build trust between vulnerable groups and researchers and make the application process for CBR work more accessible. This proposal will examine the various CBR related grants and streams in Canada's Institute of Health Research (CIHR) and the Public Agency of Canada (PHAC) to identify gaps and comprehensive policy options that address these issues.

Canada Institute for Health Research

The CIHR is the largest funding agency of health research in Canada. The agency has been approved to receive $540.3 million from the federal government over five years, from 2024-25 to 2028-29, with $229.2 million per year ongoing, all of which comes from a 1.8 billion

dollar investment from the 2024 Budget (Baron & Mota, 2024). Halseth et. al (2016) notes that in the Canadian context, there has been an emphasis on funding community based research projects via the Canadian Institutes of Health Research (“CIHR”, n.d.a.). For instance, the CIHR’s Community based research stream on HIV and AIDs research has led to tangible improvements in health services and policies related to these issues (“Government of Canada”, 2019). Although the CIHR has initiatives that demonstrate its commitment to CBR, the funding amounts are minimal compared to the overall annual research budget. This anticipated a total funding of $22.5 million, with $2.5 million allocated for the Letter of Intent stage and $15 million for full applications, supporting around 15 grants at up to $200,000 per year over five years. Similarly, the CIHR’s Community-Based Research Team Grants Climate Change Priority Areas had a total funding envelope of $1.625 million, aiming to support approximately 13 grants at a maximum of $125,000 each (“CIHR”, n.d.a). Lastly, in 2012, the Government of Canada launched a CIHR-led Roadmap Signature Initiative to fund research that improves community-based primary health care which is co-led by the CIHR’s Institute of Health Services and Policy Research and Population and Public Health. The initiative aims to support innovative care models, build research capacity, and promote evidence translation into practice and policy via innovation team grants, encouraging patient-oriented and evidence-based integrated healthcare, as well as salary awards to drive innovation (‘CIHR’, n.d.a). While this initiative supports interdisciplinary and integrated care research, it primarily emphasizes academic and institutional leadership rather than community-led and grassroots involvement. This is apparent by the 100% of the nominated principal investigators under the programs ‘Innovation team’, mechanism being researchers who belong to an accredited Canadian academic institution (“CIHR”, n.d.c.). This shows that there tends to be a certain group of researchers whose work is

highlighted and approved through application processes.

The specific percentage of projects that are CBR based is unavailable publicly and was not able to be provided by the CIHR, the number of CBR projects available. According to the CIHR funding decisions portal, from the years 2010-2023, approximately 460 projects submitted via the two notable CBR research streams, operating grants, team grants, and catalyst grants, were community based ('CIHR', n.d.c.). More specifically, 207 project proposals including the word community and 253 projects were submitted via the CBR program or noted CBR within the title ('CIHR', n.d.c.). This averages to around 35 CBR projects that are funded by the CIHR each year. It should also be noted that some older projects do not have in-depth information about project proposals. While there is interest to fund community based projects, the amount of projects that follow these principles are not as significant as the other projects that gain support. This indicates a need for there to be a restructuring of these programs and better guidance on how to submit successful community based research projects to the CIHR.

Public Health Agency of Canada

Beyond the CIHR, the Public Health Agency of Canada's Intersectoral Action Fund,referred to as ISAF, helps address health inequities via supporting various organizations to conduct community based projects that seek to improve health outcomes for specific communities. Within the eligibility criteria of this fund, Health Promotion focused initiatives, are ineligible for funding ("PHAC", 2024). Health promotion is noted as being crucial in the empowerment of communities and shaping of determinants of health, which disproportionately negatively affect vulnerable populations ("WHO", 2025; Pronk, Nico et al., 2021). The current eligibility criteria of the fund excludes certain types of projects and a majority of projects that are

approved are proposals submitted by accredited Canadian universities and colleges (“PHAC”, 2024). Indigenous organizations are noted as being eligible organizations, there is a lack of information on how an existing organization can become eligible. Since CBR projects also entail the collaboration between community groups and academic researchers, PHAC can continue to support the work of academic researchers but outline clear avenues for researchers to engage with vulnerable Canadians. According to a 2023-2023 evaluation of the ISAF, 13 projects with the total value of $1.8 million were distributed across a one year period (“Government of Canada”, 2024)

Policy Option 1: Reallocate and Increase Funding

The first recommended policy option is to increase and reallocate funding within the Gender and Health Institute, the Indigenous People’s Health, and the Health Services and Policy Research Institute for CBR specific projects. This option seeks to tackle funding and capacity barriers within the existing grants, both CBR specific and not, within the CIHR. The objective of this option is to enhance health equity and improve health outcomes by increasing investment in CBR through the CIHR, ensuring that funding reaches grassroots organizations, non-academic institutions, and community-led health initiatives. The proposed initiative involves a reallocation of existing funding at no additional cost, along with an increase of $3.75 million in CIHR funding for CBR projects, to be distributed equally amongst the three Institutes. If there is hesitation behind the costly nature of CBR projects, examples of other jurisdictions indicate that these projects do not always need to be expensive to be impactful. For instance, Japan established Community-based Integrated Care Centers in every district, with each center serving approximately 20,000 citizens, to facilitate integrated care systems and was shown to improve

quality of life outcomes for their aging population (Keiichiro, 2016). This multi-year grant was ¥3,250,000 which would convert to 31,597.34 CAD. While each country's capacity to engage in this work differs, this shows that CBR projects do not necessarily need to be extremely costly to make a positive impact.

Since Canada already has existing initiatives to support CBR projects, there is a strong chance of acceptance of this proposal. The costing of this policy option is informed by the CIHR's existing CBR stream related to Climate Change Priority Areas with the suggested numbers for this option to support $1 million per Institute and $250,000 being reallocated from the three identified institutes to come up with a total of $1.25 million for this option (*see Appendix C.1.).* This would allow for 10 grants at $125,000 to be approved for each Institute. The anticipated outcomes for the option include the increased participation of community organizations in health research, the development of more effective health interventions tailored to the needs of diverse communities, and ultimately, improved health outcomes for vulnerable populations in Canada. This is because more CBR projects will be implemented each year and earlier identified evidence has shown that these are feasible outcomes of CBR projects. It is recommended for actions to follow a phased timeline as identified in Table 1. The breakdowns of costing for this option are based on the Climate Change Priority Areas stream but adjusted accordingly to ensure equal distribution of funds across the identified Institutes.

Table 1: Proposed Timeline for Option 1

Timeline	Action
Short- term (0-1 year): May 2025	Consulting with employees from the CIHR Institutes to solidify funding allocations and initiate changes on smaller level programs. ● Suggested allocation: $1.25 million per Institute with 10 grants at the

	maximum value of $100,000
Medium term (1-2 year): May 2026- 2027	Implement funding reallocations and establish any new administrative structures for the new streams if needed. ● Distribute the $1.25 million per Institute with 10 grants at the maximum value of $100,000
Long- term (3+ year): 2027 and Onwards	Fully integrate new funding structures, measure impact, and make necessary adjustments to improve effectiveness. Future expansion considerations could also include capacity building for non-academic applicants.

Respective evaluation methods for each stage of this option are necessary to ensure that the key actions are achieving its expected outcomes. Within the short-term, it is recommended to begin the short-term monitoring of applicant participation and initial program uptake, using the KPI, of approving 10 grants per Institute with the value of $100,000. With this option, approximately 30 additional CBR grants can be granted each year, bringing the total number of CBR projects increasing from 35 to 65 (*see Appendix C.1).* This will result in approximately an 86% increase in the number of CBR projects approved each year and can increase the number of approved projects from 407 across 13 years to 780 projects across 13 years. Lastly, the medium-to long-term evaluation methods should focus on outcome-based assessments of the projects supported by the new funding streams, measuring their impact on the health outcomes of target populations. Since this will be project specific, KPIs will need to be created by the researchers

who design and implement the project.

Policy Option 2: Revise Eligibility Criteria and Evaluation Methods

The second policy option to be implemented is to revise the eligibility criteria of the PHAC'S Intersectoral Action Fund by modifying eligibility criteria to support diverse community health initiatives beyond accredited academic institutions and broaden project scope In order to achieve this, the eligibility criteria will be revised to explicitly include grassroots organizations, nonprofit groups, and small-scale community health projects. A total budget of $1 million is recommended for this option, with the suggested funds of $100 000 dedicated to administrative costs and $865,000 dedications to research and impact evaluation of the funded projects (*see Appendix C.2)*. By making these changes, the ISAF is expected to increase the projects designed by non-traditional health organizations, empower communities with knowledge on their health through health promotion activities and ultimately include more vulnerable perspectives in health research.

Table 2: Proposed Timeline for Option 2

Timeline	Action
Short- term (0-1 year): May 2025	Conduct review of current eligibility criteria, engage stakeholders, and draft the proposed change
Medium term (1-2 year): May 2026- 2027	Implement new eligibility framework and approve projects accordingly with the revised criteria
Long- term (3+ year):	Evaluate the impact of changes, refine funding structures, and ensure ongoing

2027 and Onwards	accessibility improvements.

It is recommended to use both qualitative and quantitative methods to assess the impact of the new eligibility criteria. Monitoring the number of projects and classifying them as an academic or community researcher, as well as being health promotion projects or not will allow for an effective evaluation of the specific inclusion of health promotion activities and working with community organizations. In terms of qualitative evaluation methods, it is recommended to establish a survey system that allows both successful and unsuccessful applicants to provide feedback on the revised criteria. Within this survey, applicants can be encouraged to identify benefits or remaining barriers with the ISAF.

Policy 3: The Creation of Community Based Research Toolkit

This third policy option proposes the development of a comprehensive, digital, open-access toolkit designed to support researchers, policymakers, and community organizations in applying CBR principles to research development. This toolkit will include successful case studies, best practices, and practical tips for conducting CBR projects. It will be accessible for free through the CIHR, PHAC, and other appropriate federal health portfolio websites, research institutions, and community health organizations. Various open- access sources and frameworks on how to conduct CBR projects have helped researchers create projects that follow these principles (“CSPSC”, 2019; “CRC, 2021”; “FRNMWCF”, 2014; TBHWG, n.d.). These frameworks can be referenced and compiled for the creation of a CBR Toolkit to be published on appropriate government channels. A key partnership that would assist in toolkit creation would include working with Canada’s Community-Based Research Centre. This non-profit organization promotes the health of people of diverse sexualities and genders through research and

intervention development (“CBRC”, n.d.). In addition, working with researchers who helped develop the United Kingdom’s national level Health Equity Assessment Toolkit would be beneficial to connect with to discuss both design and evaluation metrics (Porroche-Escudero et. al, 2020). This option addresses the lack of explicit guidance on conducting CBR and can increase the number of approved projects annually. Moreover, the direct inclusion of how to conduct CBR expands the current inclusion of GBA+ guidelines through the various government agencies.

Table 3: Proposed Timeline for Option 3

Timeline	Action
Short- term (0-1 year): May 2025	Conduct research and content development, consult with stakeholders, and draft initial versions of the toolkit based on existing resources and frameworks.
Medium term (1-2 year): May 2026- 2027	Launch the toolkit and assess its initial adoption and impact across the various sites that it is included on.
Long- term (3+ year): 2027 and Onwards	Update and refine toolkit content, expand reach, and integrate feedback for continuous improvement.

A budget of $50,000 is allocated for the toolkit’s initial development, covering research, expert consultations, content creation, and design. An additional $10,000 annually is designated for updates and ongoing improvements. The expected outcomes include increased awareness and adoption of CBR principles, standardized approaches to addressing health disparities, stronger

partnerships between researchers and marginalized communities, and ultimately, improved health outcomes for vulnerable communities Evaluation methods for this option will include measuring stakeholder engagement and collecting initial user feedback, and using the KPIs of adoption rates and user satisfaction that can be tracked through surveys and feedback tools.

Political Analysis

Ensuring that policy solutions are presented in a way that aligns with political priorities is crucial in securing government support (Stone, 2022). While collaboration with politicians is often noted as a barrier to effective policy development and implementation, planning for this in the initial stages will increase the likelihood of a policy gaining approval. In order to effectively advance health equity goals, research and training must be combined with political commitment (Porroche-Escudero et. al., 2020). Although federal leadership is currently with the Liberal party, the outcome of the upcoming election will allow for a stronger political analysis and feasibility of policy implementation. It is crucial to examine both the Liberal and Conservative party platforms and proactively frame options in a strategic manner to ensure that these policy options are implemented regardless of party leadership. While health research and achieving health equity is not reserved for a specific political party, the Liberal Party of Canada would likely be more receptive to these policy options. This is because the party has consistently emphasized health equity, evidence-based policy, addressing systemic inequities, and promoting inclusive decision-making in their platforms as highlighted through initiatives like the IAF, the Indigenous Health Fund, and the Integration of GBA+ Analysis within PHAC proposals (‘Liberal Party of Canada’, n.d.; ‘CIHR’, n.d.b.; ‘PHAC’, 2024). The presence of these initiatives indicate that the party may be more likely to support these policy proposals with the framing of improving health

outcomes by working closely with community partners.

The current political climate, more specifically the trade war between the United States and Canada serves as both an opportunity and threat, depending on one's perspective. Economic and fiscal responsibility, which is typically at the forefront of Conservative Party platform, has become a key focus of Prime Minister and Liberal Party Leader Mark Carney's platform. The strong social beliefs and progressive values with economic and fiscal responsibility under the Prime Minister indicates a need for strong economic and social proposals. This framing will be helpful even if party leadership switches post the election. Conservative Party leader Pierre Poillevre has expressed the party's disinterest in increasing funding for health research initiatives (Staples, 2024). This indicates that Conservative federal leadership may be disinterested in these policy proposals, however, the presentation of the proposed changes within the federal health portfolios can be appropriately altered. If a Conservative government obtained, it recommended to dive deeply into a forecast of projected savings in future healthcare spending costs. Even though these options will be implemented at the federal level, there may need to be coordination between provinces and territories, since healthcare is within provincial jurisdiction. In provinces where political leadership do not prioritize healthcare, it is recommended to highlight long-term benefits aligned with their party's stance. It is also likely that provincial leadership will align closely with federal leadership if they are within the same party. For instance, the Ontario PC Party notably cut public healthcare spending ('OHC', 2024). Therefore, initiatives that seek to make changes while prioritizing existing budgets would be preferable when working with P.C. party leaders. A more accurate understanding of the political support for the proposed options at the federal level will be determined by the winner of the federal election later this year.

Cost Analysis

In order to ensure the acceptance of these proposals, regardless of political leadership and the other pressing threats for the government to address, it recommended presenting a forecast of potential savings in future healthcare savings costs. This can be predicted by analyzing local level cases where CBR projects resulted in healthcare savings and scaling the statistics up. For instance, through the implementation of the CBR program called FORGE which was partially funded by the CIHR and the Indigenous People's Research Institute, there was 51% increase in patients receiving recommended diabetes care via locally driven programs that seeked to improve access to chronic disease management resources (Hayward et. al, 2020). Since these programs were implemented in 11 First Nations communities, if scaled up, savings through reduced diabetes related hospitalizations and emergency visits alone can save the government $100 million (*see Appendix)*. If this project is scaled up further, it can be assumed that these savings would increase significantly. Similarly, community-based HIV prevention programs in Ontario alone have been projected to save the Ontario healthcare system about $6.5 billion (Choi et. al, 2916). This indicates that CBR projects have the potential to save the government billions of dollars.

Recommendation

It is recommended that all three proposed options are implemented together as complementary strategies to increase health research funding participation and health outcomes for vulnerable Canadians. This will help reduce healthcare spending and reduce the burden on the healthcare system. Implementing these options in tandem will help standardize methodologies for addressing the barriers in conducting health research, enhance collaboration

between researchers and marginalized communities, and ultimately reduce health inequities for Canadians. Opposition to these options may come from traditional research institutions concerned about potential funding reallocations or bureaucratic challenges in implementation. community-based research and inclusive public health policies. Public concerns may arise around transparency, effectiveness, and the speed of implementation, indicating the importance of clear communication and engagement strategies. Although some may speculate the War on diversity, equity, and inclusion initiatives in the United States may play a role in the political willingness of the Canadian government to accept this proposal, Canada is currently still protecting these initiatives (Belouizdad, 2025). However, targeting these proposals through existing initiatives will make them less likely to gain attention from external stakeholders like the media. An effective strategy to politically frame this issue is to emphasize the post-pandemic healthcare demands on Canada's healthcare system (Bollyky & Petersen, 2024). This framing will encourage policymakers to implement proposals that will seek to help tackle issues within vulnerable communities across Canada. To make this option attractive to non-interested stakeholders, it is recommended to emphasize how community based research programs have the ability to positively impact a large range of citizens, including seniors (*see Appendix B)*. While some people may not be as keen on supporting the development of vulnerable Canadians, they will be concerned about their own health outcomes as an individual who will eventually age. To ensure acceptance of this proposal regardless of party leadership, these proposals should be presented in a way that demonstrates fiscal responsibility, healthcare expenditure savings, and a positive impact on health outcomes which can lead to a stronger society and economy.

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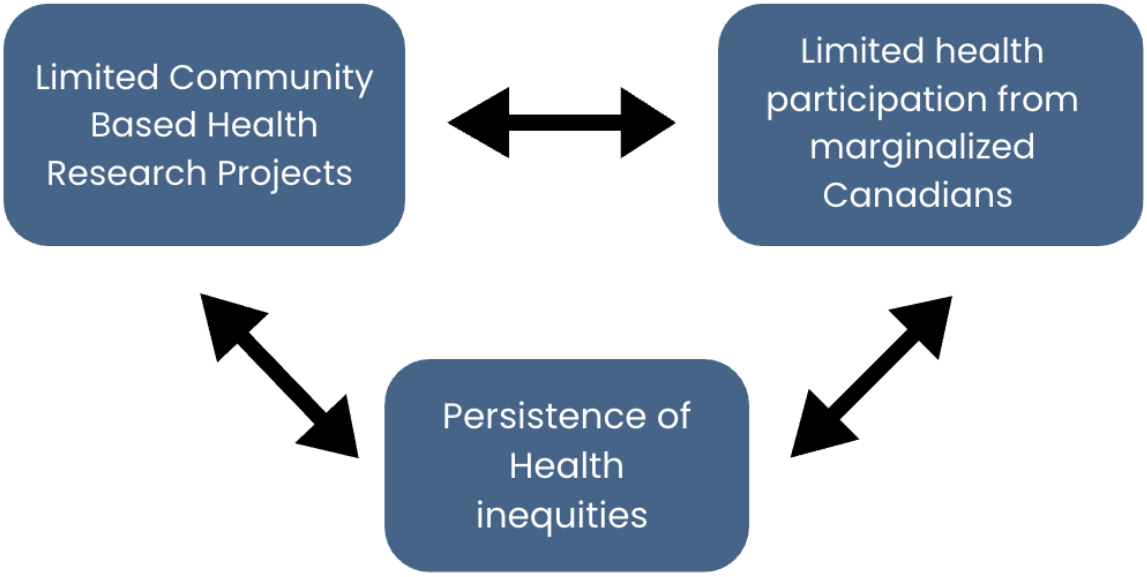
Appendices

Appendix A: Simplified Challenges Diagram



Appendix B: Visual Communication Strategy for Stakeholders

Actors	Key Messaging	Strategy	Evaluation
Direct • CIHR and PHAC Presidents • CIHR and PHAC employees • Community researchers, grassroots organizations, non- profits • Academic researchers • vulnerable Canadians **Indirect** • Healthcare Practitioners • Canadian Citizens with progressive leaning views	Proposed recommendation will help increase the approval and implementation of CBR projects to: ○ Increase participation of vulnerable Canadians in health research ○ Reduce health inequities for vulnerable Canadians	• Working with the various Institutes in the CIHR to determine reallocation numbers • Working with PHAC colleagues to determine increased grant estimates • Collaborating with community organizations and researchers to create the Toolkit.	• Connecting with previous and current CIHR and PHAC applicants to ensure changes are helpful via online polls and focus groups • Key questions about application process and whether they used the toolkit once it is shared
Direct • Politicians **Indirect** • Canadian Citizens with conservative leaning views • Advocates for Traditional Research Methods • Researchers from other jurisdictions • National statistical agencies • Media	By helping vulnerable Canadians we are helping the population become healthier. ○ Healthier people are more able to contribute effectively to the economy- boosting both productivity and growth. ○ The severity of illnesses will decrease, reducing burden on healthcare system ○ A Healthier Canada makes it a stronger partner and ally to other nations	• Publishing information annually on the acceptance of CBR projects via CIHR and PHAC funding decision portals • Publishing estimates on projected healthcare savings • Publishing information on the experience of CBR project participants with their consent	• Identifying if participation from vulnerable groups in health research has increased. • Determining if CBR projects increased post proposal changes • Connecting with national statistical agencies and health researchers to evaluate if health outcomes are improving for participants of CBR projects

Appendix C.1.: Cost Breakdown for Option 1

Aim: Distribute $3.75 million amongst the The Gender and Health Institute, Indigenous People's Health and Health Services and Policy Research Institute to emulate a similar CBR stream as the Climate Change Priority Areas stream.

Based on 13 grants at $125,000 in the Climate Change Priority Areas.

- 13 grants x $125,000 = $1,625,000

Exact scale up:

- 13 grants x 3 Institutes = 39 grants
- 39 grants x $ 125,000= $4,875,000

Suggested scale up:

- $3 million total with $1 million per Institute
- $250,000 to be provided by the 3 Institutes
- $250,000 / 3 = 83,333.33 per Institute → can round up to 85,000 if there is willingness to do so to encourage easier distribution and tracking of funds

Roughly 10 grants at $125,000= $1.25 million

- $1.25 million x 3 Institutes = $3,750,000

Based on the 35 grants per year with CBR principles as gathered from the CIHR funding decisions portal

- 35 + 30 = 60 projects per year
- (35/ 30)×100= 85.71% ≈ 86% increase in CBR projects per year

Existing CBR projects over the past 13 years*

- 460 projects/ 13 years= 35. 38 ≈ 35 projects a year
- * 13 years is noted because this is the time period of available information via the CIHR

Projected scale up:

- 60 projects x 13 years = 780 projects in the next decade.

Appendix C.1.: Cost Breakdown for Option 2

Based on the Operating Support Program Evaluation (2011-12 – 2017-18) Final Evaluation Report released June 2023

- Administrative costs per eligible application ranged between $5,386 and $8,427, while costs per grant awarded ranged from $32,887 to $55,529.

Suggested evaluation cost for evaluation post- changes

- ($32,887 + $55,529)/ 2 = $44, 208 ---> can round up to $45,000 for easier distribution and calculations
- $45,000 x 3 Health promotion CBR projects* = $135,000
    - $135,000 can be used as a projected number for administrative cost

- * Since health promotion CBR projects would be new accepted projects, 3 projects are a realistic number to add to the annual project approvals.

$1,000,00- $135,000 = $865,000 to support the evaluation of projects post- option 2 changes

Appendix D.1.: Proposal 1 Outline

Policy Proposal 1: Increasing and Reallocating Funding for Community-Based Research Projects via the Canadian Institutes of Health Research (CIHR)

Policy Actions:

- Key actions within this proposal include:
    - Reallocating existing funds from the Gender and Health Institute, the Indigenous People's Health, and the Health Services and Policy Research Institute within the CIHR
    - Increasing the CIHR's funding allocation for CBR projects within these areas

Budget Allocation:

- Reallocation of existing funding: No Cost
- Increase in CIHR funding for CBR: $3.75 million dollars to be split between the various institutes, $1.25 million per Institute

Expected Outcomes:

- Increased participation of community organizations in health research.
- Improved health interventions tailored to diverse communities' needs.
- Improved health outcomes for vulnerable Canadians

Evaluation Methods:

- Assessing funding allocation effectiveness by monitoring participation of applicants and tracking the number of initial program participation rates.
    - **Associated KPI:** Measuring the number of CBR programs within these Institute before changes and post changes.
        - Increase the number of CBR projects from 35 projects/year to 65 projects/year (10 grants for the 3 Institutes)
- Conduct outcome-based evaluations on the projects implemented via the streams.
    - **Associated KPI:** Measuring the project's ability to improve health outcomes for the target demographic.

Appendix D. 2.: Proposal 2 Outline

Policy Proposal 2: Changing the Eligibility Criteria of the Public Health Agency of Canada's (PHAC) Intersectoral Action Fund

Key Policy Action:

- Revise the eligibility criteria to explicitly include grassroots organizations, nonprofit groups, and small-scale community health projects.

Budget:

- $1 million to be distributed amongst administrative costs and evaluation methods
    - Administrative costs: $135,000
    - Research and impact evaluation of funded projects: $865,000

Expected Outcomes:

- Increased access to funding for non-traditional health organizations.
- Enhanced impact of public health initiatives at the community level.
- Greater inclusivity in national health research and policy development.

Evaluation Methods:

- **Short to medium term:** Track the diversity of funded projects and monitor ISAF utilization rates.
    - **Associated KPIs:**
        - Identifying the number of applicants that are a community or academic researcher
        - Identifying the number of health promotion projects
- **Long-term:** Conduct impact assessments of funded projects on public health outcomes and seek feedback from applicants who were approved for funding

Appendix E: Projected Healthcare Savings Using FORGE AHEAD Program

Based on FORGE AHEAD Program's 6 times increase in kidney screening 51% increase in patients receiving recommended diabetes care through projects implemented in 11 rural communities

- National projection of 630 Indigenous communities across Canada
    - Assuming there are 1000 people per community and 10% of each community has Type 2 Diabetes (Cheran et. al, 2023)

630 communities x 100 people with diabetes = 63,000 individuals nationally

- 51% of 63,000 = 32,130 people

Based on FORGE AHEAD, kidney screening was low. If we assume it was only 25%:

- 25% of 63,000 = 15,750 screenings per year
- A 6x increase = 6 × 15,750 = 94,500 screenings/year

Reduced Hospital Visit Projection

- If we assume 20,000 people benefit from early screenings and hospital costs are $5000 per visit
    - 20,000 x 5000= 100,000,000 savings from hospital visits alone

Appendix D. 3.: Proposal 3 Outline

Policy Proposal 3: The Creation of a Community Based Research Guidelines Toolkit

Objective:

- To develop a comprehensive toolkit that equips researchers, policymakers, and community organizations with practical resources for integrating health equity principles into research and program development.

Policy Actions:

- Develop a digital open- access toolkit that includes successful case studies, best practices and tips for conducting CBR projects
- Provide free access to the toolkit through government websites, research institutions, and community health organizations.
- Connecting with federal jurisdictions such as the United Kingdom to inform design and implementation.

Budget Allocation:

- Development and design of the toolkit, including content creation, research, expert consultation, and design: $50 000
- Ongoing updates and improvements: $10,000 annually to ensure the toolkit remains current and effective.

Expected Outcomes:

- Increased awareness and application of CBR principles in research.
- Standardized methodologies for addressing disparities in health research.
- Enhanced collaboration between researchers and vulnerable communities.
- Improved health outcomes for vulnerable communities.

Evaluation Methods:

- Measure engagement with stakeholders and initial user feedback.
    - **Associated KPI:** Track adoption rates and user satisfaction through surveys and feedback mechanisms.

Appendix G: List of Acronyms

CBR: Community Based Research
CIHR: Canadian Institutes for Health Research
HIV/AIDS: Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
KPIs: Key performance indicators
PHAC: Public Health Agency of Canada