



2024/2025

**Research Networks of Excellence in
Women's Heart and/or Brain Health**

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A. SPECIFIC PROGRAM INFORMATION

Overview Table – 2024/2025 Research Networks of Excellence in Women's Heart and/or Brain Health	
Competition launch date	October 4, 2023
Registration	November 30, 2023
Full application deadline	April 18, 2024
Peer review process	May/June 2024
Grant notification date	August 2024
Grant start date	September 1, 2024
Value	\$10M total for two (2) Research Networks of Excellence; \$5M per Network for a maximum of five (5) years
Application Procedures	See B. How to Apply
Contact	Email: research@heartandstroke.ca

A.1 Purpose and Objectives

The Heart and Stroke Foundation of Canada (Heart & Stroke) and the Canadian Institutes of Health Research – Institute of Gender and Health (CIHR-IGH) are launching the *Research Networks of Excellence in Women's Heart and/or Brain Health* grant competition to enable cutting edge, interdisciplinary research that addresses the most urgent research questions and significant gaps in practice for women's heart and/or brain health (i.e., stroke and vascular cognitive impairment).

The Research Networks of Excellence will focus on one of two [Priority Research Areas](#) related to women's heart and/or brain health: (1) [Risk Factors](#); or (2) [Diagnosis & Treatment](#). This funding opportunity will bring together interdisciplinary, multi-institutional and multi-provincial health research teams with multiple collaborators (e.g., researchers, clinicians, people with lived and living experience (PWLLE) navigating women's heart and/or brain health, health care providers, Indigenous Elders or Knowledge Keepers, government, policy makers, not-for-profit organizations, and industry). Together they will strive to create and mobilize knowledge that improves the health and wellness of women at risk of or living with heart and/or brain conditions, as well as their families and caregivers. The Research Networks of Excellence are expected to build on pre-existing areas of research where there is proven track record among the team of demonstrated leadership and research excellence around the Priority Research Area.

The specific objectives of this funding opportunity are to:

- **Drive innovation in research to ensure that new knowledge and data** address the critical gaps related to (1) risk factors or (2) diagnosis and treatment of women's heart and/or brain health;
- **Build research capacity** across Canada devoted to women's heart and/or brain health research by facilitating networks of researchers, clinicians, collaborators and knowledge users across the country, and supporting research, knowledge mobilization (KM), training and mentorship; and
- **Accelerate knowledge mobilization** (KM) and translation of sex- and gender- specific research into clinical practice, policies and programs for all women across Canada at risk of or living with heart and/or brain conditions.

The funders recognize that addressing systemic barriers and improving our understanding of women's heart and/or brain health are essential for all women to have timely and equitable access to preventative measures, diagnostics, treatment, and ongoing care. Funded Research Networks of Excellence are expected to consider how sex and/or gender and other intersectional identity factors might shape research in women's risk factors for, or diagnosis and treatment of, heart and/or brain health. Meaningful engagement

of PWLLE into the research teams, and research designs that include sex, gender and their intersections with other social determinants of health will drive more impactful research, improve KM, and optimize health outcomes to help reduce inequities and improve the health and wellness of women at risk of or living with heart and/or brain conditions.

Women's health is conceptualized and understood in a variety of ways. For the purposes of the Research Networks of Excellence in Women's Heart and/or Brain Health, and consistent with the [National Women's Health Research Initiative](#), the use of the term 'women's health' reflects an evolving concept, broadly including the multidimensional concepts of sex and gender. It refers to physical, biological, reproductive, psychological, emotional, cultural, and spiritual health and wellness across the lifespan in the context of the unique intersecting concerns related to bodies, roles, social locations, and identities. This initiative goes beyond sex and gender binaries and welcomes the experiences and needs of all people who identify as a woman, girl, intersex and/or under-represented gender identity, including but not limited to Two-Spirit, trans, non-binary, gender fluid and agender people.

A.2 Priority Research Areas for the Research Networks of Excellence

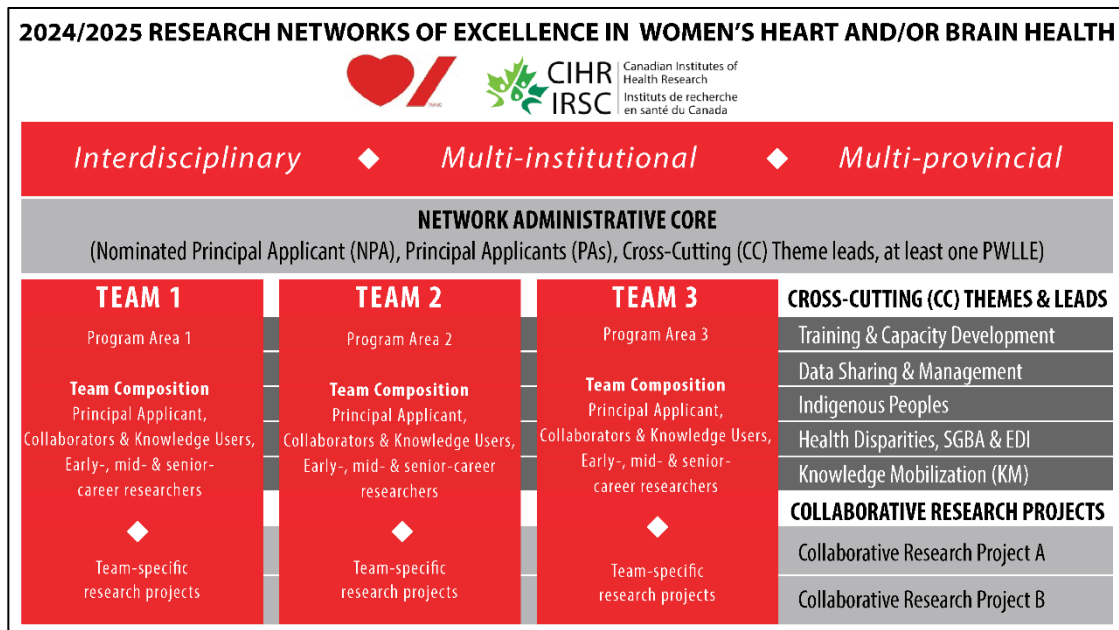
This funding opportunity will support projects relevant to Risk Factors that are female-specific and/or that impact women differently or disproportionately, or Diagnosis and Treatment of heart and/or brain conditions that are more prevalent and/or that are associated with worse outcomes among women. The descriptions below for each Priority Research Area are intended to inform applicants as to the priorities of the funders but are by no means exhaustive.

RISK FACTORS that are female-specific and/or that impact women differently or disproportionately:

The risk of heart and/or brain conditions is influenced by a variety of factors including biology, genetics, sex, gender, and other social determinants of health. However, some risk factors that are either specific to women or that impact women differently or disproportionately are under-recognized, not only by women themselves, but also by healthcare professionals and the general public. In addition, risk factor assessment models do not adequately include women's risk factors or intersections of gender with other social identities, including sexual orientation, race/ethnicity, disability, Indigeneity, and other aspects of diversity (including but not limited to age, geography, faith, immigrant status, language, weight) and/or social processes (e.g., ableism, classism, racism, xenophobia, heterosexism, homophobia, transphobia etc.) on women's heart and/or brain health. Important knowledge gaps persist in the scientific literature with regards to sex- and gender-related risk factors and clinical practice guidelines insufficiently consider the mechanisms through which use of oral contraceptives, gestational diabetes, hypertensive disorders of pregnancy, pre-term delivery, premature menopause, hormone replacement therapy, polycystic ovary syndrome (PCOS), substance use, autoimmune disorders, some cancer treatments, mental health (including depression, anxiety, stress), gender roles, and other psychological, social, economic and cultural factors shape women's risk of heart and/or brain health. In addition, some communities of women in Canada, including Indigenous, South Asian and Black women, as well as those from low-income communities and rural and remote areas, bear a disproportionate burden from various risk factors and limited access to care. In these and other underserved populations, early detection, prevention, and management of women's risk factors remain paramount for improving women's heart and/or brain health and reducing premature morbidity and mortality. Integrated health systems are also needed to ensure that screening, early detection, and management of women's heart and/or brain risk factors are accessible to all women across Canada, particularly those who are currently underserved. Identifying protective factors (at the individual-level through to the structural level) is also needed to improve women's heart and/or brain health.

DIAGNOSIS & TREATMENT of heart and/or brain conditions that are more prevalent and/or that are associated with worse outcomes among women: Women continue to be under-represented in a large proportion of heart and/or brain research and clinical trials, with 66% of heart disease and stroke clinical research historically focused on men. Under-representation of women in research has resulted in knowledge gaps in the identification and understanding of sex- and gender-specific differences in clinical presentation of heart and/or brain conditions and delayed the ability to measure the safety and efficacy of existing and emerging treatments for women. Together, this has led to a paucity of sex- and gender-specific clinical guidelines for the prevention, diagnosis, management, and treatment of heart and brain conditions. For example, research has revealed that there are significant differences between men and women when it comes to ischemic heart disease and there are some heart conditions that disproportionately affect women, including MINOCA, INOCA, and SCAD. To improve early detection and treatment, more research is critically needed to better understand the prevalence, diagnosis, treatment, causal mechanisms, and outcomes of heart and/or brain conditions in women, as well as sex and gender differences that span disease development, pathophysiology, clinical and risk factor presentation, quality of care, and outcomes. More data on race/ethnicity, age, and other intersecting determinants of health are also urgently needed, and understanding the challenges and benefits of AI algorithms will be critical to avoid replicating the same biases prevalent in data collection and analysis in current clinical trials. Addressing these gaps will ensure more timely, appropriate and equitable access to diagnosis, treatment and optimal care for all women in Canada living with heart and/or brain health conditions.

A.3 Network Structure and Application Requirements



A.3.1 Overview

Each Network must include an Administrative Core, a minimum of three (3) Research Teams, five (5) Cross-Cutting Themes, and two (2) Collaborative Research Projects (see Figure above). Each Network will be led by a Nominated Principal Applicant (NPA). Teams will be led by Principal Applicants (PAs) and include Cross-cutting (CC) Theme Leads, Collaborators and Knowledge Users, [early-career](#) and [mid-career researchers](#). To ensure the Research Network is well positioned to co-create and mobilize knowledge in a timely fashion, it must include appropriate and diverse collaborators and knowledge users, such as

researchers, clinicians, allied health professionals, PWLLE, health care providers, Indigenous Elders or Knowledge Keepers, government representatives, community partners, policy makers, not-for-profit organizations, and industry.

A.3.2 Network Administrative Core

It is expected that the Research Networks will develop a Network Administrative Core to be led at a minimum by the NPA, the research team PAs, all CC Theme Leads, and one PWLLE. The Administrative Core will be responsible for the governance, coordination and oversight of all aspects of the Research Network of Excellence program, including the defined Network Collaborative Research Projects. In addition, the Administrative Core is expected to coordinate the CC Themes, within the teams and across the Network.

A.3.3. Network Research Teams

The Network must be interdisciplinary, multi-institutional and have representation from at least three (3) different provinces across Canada. The Network must have a minimum of three (3) teams, but may include more. Each team must collaborate on a different Program Area and include at least two (2) research projects which may vary in size, complexity and cost. Teams will bring their own lab/program, equipment, and areas of expertise; labs/programs may or may not be in the same physical building. Teams are expected to meaningfully integrate Indigenous health, as well as sex and gender into the research and design of the research projects. Team members must have a track record of collaboration.

A.3.4. Collaborative Research Projects

Applications must outline up to two (2) Collaborative Research Projects that the Research Network will undertake, as a whole. Collaborative Research Projects should relate to more than one Program Area and integrate sex and gender into the research design. Collaborative Research Projects should also include CC Themes as appropriate.

A.3.5. Crossing-Cutting (CC) Themes (Themes)

The following five (5) CC Themes are to be integrated across the Network (i.e., across Program Areas and research projects as appropriate). Each CC Theme is to be led by a different CC Theme Lead:

CC.1 Training & Capacity Development: Each Research Network of Excellence is expected to develop an Interdisciplinary Training and Career Development Plan that includes cohesive training, mentoring, capacity building, and experiential learning opportunities. The plan must include trainees and researchers across all career stages and include opportunities for cross-cultural learning to enhance capacity to address health disparities in research and in health care, including developing capacity for meaningful and culturally safe engagement with Indigenous and racialized communities that are under-represented in women's heart and/or brain health research but disproportionately affected by heart and/or brain disease.

CC.2 Data Sharing & Management: Each Research Network of Excellence is required to develop a Data Sharing and Management Plan that coordinates the collection, standardization, use, sharing, linkage, and management of data across Program Areas and research projects. The plan should use the FAIR principles (Findable, Accessible, Interoperable, Reusable), and as appropriate, incorporate the CARE principles (Collective benefit, Authority to control, Responsibility and Ethics) for Indigenous Data Governance, the First Nations Principles of OCAP® (Ownership, Control, Access and Possession), or other relevant Indigenous data governance principles that reflect and respect Indigenous data governance and data sovereignty [See the [Tri-Agency Research Data Management Policy](#) for more information].

CC.3 Indigenous Peoples: Each Research Network of Excellence is expected to include Indigenous health researchers or collaborators, with a track record of [meaningful and culturally safe engagement](#) of Indigenous communities, in the proposed research. As appropriate to the proposed research projects, teams must consider FAIR, CARE and OCAP principles for Indigenous data governance and data sovereignty. (See [TCPS2 \(2022\) – Chapter 9: Research Involving the First Nations, Inuit, and Métis Peoples of Canada](#)).

CC.4 Health Disparities, Sex and Gender Based Analysis (SGBA), & Equity Diversity and Inclusion (EDI): Each Research Network of Excellence is expected to clearly describe the commitment to engaging a diversity of members, particularly related to how they will address EDI in the team leadership, composition, recruitment, training, mentorship, research design, methods, analysis, interpretation, dissemination, and KM. Efforts to increase meaningful participation by groups historically and persistently excluded from science are strongly encouraged. Each Research Network is expected to consider how sex (as a biological variable) and/or gender (as a socio-cultural factor) as well as any other intersecting factors might shape research in women's risk factors for, or diagnosis and treatment of, heart and/or brain health. Data should be disaggregated where possible, including, but not limited to, sex, gender base, age, and race.

CC.5 Knowledge Mobilization (KM): Each Research Network of Excellence is expected to use an integrated approach to KM where health system leaders & decision-makers, health care providers, and hospital leadership are included to ensure research is relevant to their needs and therefore more applicable for uptake and sustainability. Each Research Network of Excellence is required to develop a [Knowledge Mobilization \(KM\) Plan](#) detailing the proposed activities and including relevant collaborators (e.g., researchers, clinicians, PWLLE, health care providers, Indigenous Elders or Knowledge Keepers, government, policy makers, not-for-profit organizations, industry). KM activities should aim to mobilize existing knowledge and co-create new knowledge into better prevention and care policies, practices, procedures, products and services for women at risk of or living with heart and/or brain conditions, their families and caregivers.

Sex- and Gender-Based Analysis Plus (SGBA+) is an analytical tool used to assess the potential impacts of policies, programs, services, and other initiatives on diverse groups of people, taking into account sex, gender and other intersecting aspects of diversity (such as age, culture, language, education, sexual orientation, ability, faith, etc.). Additional guidance for how to integrate sex and gender considerations in health research can be found in the [Heart and Stroke Learning Resources for Researchers](#), the [CIHR Sex and Gender in Health Research](#), and the [Government of Canada Best Practices in EDI Research](#).

A.3.6. Roles and Responsibilities

Equity, diversity and inclusion (EDI) in research environments supports excellence, innovation and creativity. The funders are committed to excellence through equity and encourage NPAs and PAs to meaningfully integrate EDI best practices into team recruitment, training and mentorship, and ECR inclusion.

The roles and responsibilities of the NPA, PAs and CC Theme Leads will include, but not be limited to, the following:

Nominated Principal Applicant (NPA): The NPA will have overall leadership and responsibility for the Research Network of Excellence, and may also be a PA leading a Program Area. The NPA is also responsible for:

- Submitting the Research Network of Excellence application in its entirety.
- Being a member of one or more Program Areas.

- Collaborating with the PAs and CC Theme Leads to allocate and distribute funding across the Program Areas and research projects.
- Integrating CC Themes within the selected Program Areas and co-developing CC Theme plans; and leveraging developed CC Theme resources across Program Areas and research projects.
- Contributing to mentorship and career development for trainees and knowledge sharing and skills development for the wider research community.
- Leading completion of the Annual Reports and Final Report to the funders.
- Attending required meetings: Planning Workshop within 6 months of the official start date; Mid-Term Meeting in Year 3; and the End-of-Grant Knowledge Mobilization (KM) Meeting during last year of grant

Administering Institution: The administering institution must be the home institution of the NPA, and must be an eligible Canadian institution. The administering institution will be responsible for:

- Submitting a [letter of support](#) in the full application, including the following commitments: (i) Covering the administrative fees for the Research Network of Excellence, alone or in conjunction with the institutions where the PAs conduct the research. (ii) Receiving and administering the grant on behalf of the recipient, and distributing funds to other participating institutions; (iii) Supporting the governance structure; (iv) Providing staff to support the NPA; and (v) Submitting yearly financial reports.

Principal Applicants (PAs): PAs are team leads and are responsible for the intellectual direction of the proposed research and assume administrative and financial responsibility for the Research Program Areas. The PAs are also responsible for:

- Collaborating with the CC Theme Leads to integrate the CC Themes across the Network and co-develop the CC Theme Plans and resources.
- Collaborating with the NPA to provide program-specific budgetary and scientific reporting to the funders.
- Establishing an inclusive and diverse learning environment for all trainees and team members, especially early career investigators, as appropriate.
- Contributing to mentorship and career development for trainees and knowledge sharing and skills development for the wider research community.
- Attending required meetings: Planning Workshop within 6 months of the start of the official start date; Mid-Term Meeting in Year 3; and End-of-Grant Knowledge Mobilization (KM) Meeting during last year of grant.

Cross-Cutting (CC) Theme Leads: Each CC Theme must be led by a different team member. CC Theme Leads must have the institutional support and resourcing required to take on such a position. The CC Theme Leads will be responsible for:

- Collaborating with team members to integrate the CC Themes across the Network and co-develop CC Theme Plans and resources.
- Liaising with the NPA and PAs, and with other CC Theme Leads to leverage CC Theme resources.
- Attending the Planning Workshop within 6 months of the official start date.
- Contributing to mentorship and career development for trainees and knowledge sharing and skills development for the wider research community.
- The Indigenous Peoples CC Theme Lead must self-identify as Indigenous (or provide evidence of meaningful and culturally safe engagement with Indigenous communities).

Collaborators and Knowledge Users include a broad spectrum of collaborators and knowledge users such as researchers, clinicians, allied health professionals, PWLLE, health care providers, Indigenous

Elders or Knowledge Keepers, government representatives, community partners, policy makers, not-for-profit organizations, and industry. Collaborators and Knowledge Users are not involved in the overall intellectual direction of the research.

- Collaborators provide a specialized service to the Network, such as access to equipment, provision of specific reagents, training in a specialized technique, statistical analysis, access to a patient population.
- Knowledge Users are individuals who are likely to use the research results to make informed decisions about health policies, programs and/or practices in women's heart and/or brain health.

People with Lived or Living Experience (PWLLE) may be included as the NPA, PAs, CC Theme Leads, Collaborators, or Knowledge Users. In such cases, the roles, responsibility and eligibility of the PWLLE must align with the roles, responsibilities and eligibility of the NPA, PA, or CC Theme Leads, as outlined in A.3.6 Roles and Responsibilities, and A.7 Eligibility to Apply.

A.4 Funds Available

This competition will fund two (2) Research Networks of Excellence in Women's Heart and/or Brain Health, with a total funding envelope of \$10M divided equally between two (2) Research Networks. The maximum amount per Research Network of Excellence is \$1M per year for a maximum of five (5) years (for a maximum total of \$5M). Matching funds are not required, but contributions (cash or in-kind) from participating institutions and partners are strongly encouraged. Financial contributions for this initiative are subject to availability of funds. Should the funders' funding levels not be available or decrease due to unforeseen circumstances, funders reserve the right to reduce, defer or suspend financial contributions to grants received as a result of this funding opportunity. This total funding envelope may increase if additional funding becomes available through current or new partnerships.

A.5 Conditions of Funding

Note: Once funded, the NPA and PAs are termed 'Nominated Principal Investigators (NPIs)' and 'Principal Investigators (PIs)', respectively.

- a. All the available funds will be dedicated to conduct research (See [A.6 Allowable Costs](#)). At the end of the term of the Research Network of Excellence, the NPI may request a carry-forward of unspent funds for one additional year beyond the approved term of the award.
- b. Administrative costs must be committed in a letter of support as an in-kind contribution by the Administering Institution of the NPA, alone or in conjunction with the institutions of the PAs. The NPI and PIs must consent to the use and disclosure of full application and nominative information to the funders.
- c. The NPIs and PIs will be required to undertake the following activities to be **covered within the Research Network of Excellence budget**:
 - Organize and host the Planning Workshop, Mid-Term Meeting and End-of-Grant (KM) Meeting.
 - Select at least four (4) team members to attend i) the Planning Workshop within 6 months of the official start date; ii) the Mid-Term Meeting to be held in Year 3; and iii) the End-of-Grant Knowledge Mobilization (KM) Meeting to be held during the last year of the grant. Virtual meetings are acceptable.
 - Invite the funders (at their own cost) to attend the Planning Workshop, Mid-Term Meeting and End-of-Grant KM Meeting.
- d. The NPI must submit yearly Progress Reports, yearly Financial Reports, and a Final Report to the funders. Report templates will be made available to the NPI at the beginning of the grant funding

period and can be filled in as the research progresses. All reports will be shared with partners supporting the grant.

- e. Raising funds to support research is difficult and more than ever funders need to let donors and the public know that their donations are being used to support world class research. As successful Research Networks of Excellence are well-positioned to explain the role of research in increasing women's heart and/or brain health, they may be asked by the funders to participate in interviews with third party evaluators, and to communicate with donors.

A.6 Allowable Costs

Note: For information on the use of grant funds, please consult the [Tri-agency Financial Guide on Administration; 2. Use of Grant Funds.](#)

- a. Research Network expenditures must:
 - Be for the [direct costs of research](#) for which the funds were awarded, with benefits directly attributable to the grant (see the required [Budget Table](#) for more information);
 - Not be used for indirect costs of research; these are defined as costs that cannot be directly associated with a particular research program or operating grant including; costs associated with the general operation and maintenance of facilities (from laboratories to libraries); the management of the research process (from grant management to commercialization); regulation and safety compliance (including human ethics, animal care and environmental assessment); and generic institutional/departmental taxes/tithes related to services;
 - Not be provided by the Administering Institution to their research personnel; and
 - Not result in personal gain for members of the research team.
- b. The NPI, PI and CC Theme Leads may not receive salary support from the grant.
- c. Additionally, the following expenses will be considered eligible for funding received through this funding opportunity:
 - Activities related to the oversight of the research program and CC Themes.
 - Project coordination support directly attributable to managing the Network activities (to a maximum of 10% of the total funding received during the 2024/2025 competition).
 - [Release Time Allowance](#) for Collaborators, Knowledge Users and PWLLE who are not otherwise receiving salary support (up to \$50,000 CAD per year up to a maximum of \$250,000 CAD over the five (5) year grant period).
 - Costs related to compensation for patient partners. See CIHR guideline on [Considerations When Paying Patient Partners in Research](#).
 - Costs related to annual meetings of the funded teams.
 - The *Tri-Council Policy Statement 2 (TCPS 2 - Chapter 9 Research Involving the First Nations, Inuit and Métis Peoples of Canada)* recognizes the importance of respecting the culture and traditions of Indigenous Peoples and acknowledges the necessity to incur expenditures in that regard in the conduct of research. As such, the funders consider these expenditures eligible for payment from the grant holder's grant funds (with appropriate backup documentation);
 - Costs related to community mobilization and engagement, including culturally relevant promotional items such as, tobacco, cloth, feasting and gift giving for honoring ceremonies, and cash reimbursements (in a method acceptable to the individual or community being reimbursed) to compensate community participation; and
 - Contracts and/or consultant fees for knowledge translation and communication activities for Indigenous Elders, community members, and Indigenous Knowledge Keepers involved in activities related to the Indigenous community.

A.7 Eligibility to Apply

At the time of application, the following criteria must be met:

- a. The NPA and PAs must be independent researchers at [eligible Canadian institutions](#). Applicants can be NPA for only one Research Network of Excellence; however, they may be involved in different capacities in the other Research Network of Excellence.
- b. The NPA, PAs, and CC Theme Leads must collectively represent at least two CIHR research pillars (basic science, clinical science, health systems, population health), and multiple disciplines.
- c. The PAs leading the Program Areas within each Network must be from different institutions.
- d. The Indigenous Peoples CC Theme Lead must self-identify as Indigenous (or provide evidence of meaningful and culturally safe engagement with Indigenous communities).
- e. The PAs must include early- and mid-career researchers. An '[early-career researcher](#)' is within the first five (5) years since their first research-related appointment, minus delays, at the time of submission. A mid-career researcher is between 5 and 15 years since their first research-related appointment at the time of submission.
- f. At the time of the full application deadline, the NPA, PAs, and CC Theme Leads must have successfully completed and submitted a Certificate of Completion in **at least one** [CIHR Sex and Gender Training Module](#). For proposed research projects involving Indigenous Peoples of Canada, the NPA, PAs and CC Theme leads are required to complete the CIHR Training Module on [Research Involving First Nations, Inuit, and Métis Peoples of Canada](#).

A.8 Review Process and Evaluation

The grant competition is a two (2) stage process: Step 1. Registration; and Step 2. Full Application.

Note: Only applicants who complete the Registration Form will be eligible to submit a full application.

A.8.1 Registration Process

Following the applicants' submission of the Registration Form, the funders will conduct an administrative review to confirm that the proposal summary is in alignment with the funding objectives, and to assess the number of applications in preparation for striking the Research Network of Excellence Grant Panel. Applicants will be contacted if there are any concerns with the registration.

Note: The NPA and PAs may NOT change between the Registration and the Full Application.

A.8.2 Full Application Review Process

At the application stage, the funders will perform a relevance review to identify that applicants meet the eligibility criteria, and that applications are in alignment with the objectives and [Priority Research Areas](#) of this funding opportunity. Applications that do not meet these criteria will be withdrawn from the competition. There will be no appeal process once decisions are made. Applications will undergo peer review by the Research Network of Excellence Grant Panel, convened and overseen by the Heart & Stroke Scientific Review Committee (SRC). If required, external reviewers will be sought for the Review Panel to bring additional expertise to support the review process; they may include expert reviewers, PWLLE, and knowledge users. Expert reviewers will include international members as well as reviewers from Canada. The Review Panel may meet in person or virtually at the discretion of the SRC and Heart & Stroke.

A.8.3 Evaluation Criteria

Research Network of Excellence applications will be adjudicated on the following evaluation criteria.

<i>Evaluation Criteria</i>	<i>Relative Weight</i>
Vision and Approach: Research Activities and CC Themes	40 %
Team	20 %
Environment	20 %
Impact of Research	20 %

1. Evaluation Criteria: RESEARCH ACTIVITIES AND CC THEMES

- a. Extent to which the proposed priorities, objectives, scope and vision for the Research Network of Excellence and CC Themes are focused, clear, appropriate and aligned with this funding opportunity.
- b. Originality of the proposed research, in terms of the hypotheses/research questions addressed, novel technology/methodology, and/or anticipated novel applications of current technology/methodology.
- c. Extent to which SGBA+ is integrated into the research design; any application that does not incorporate SGBA must provide a rationale for why it would not be relevant to the proposed research.
- d. Extent to which the proposed research addresses health disparities to create and mobilize knowledge that will improve the health and wellness of women at risk of, or living with heart and/or brain conditions, their families and caregivers.
- e. Extent to which the team engages with Indigenous communities, to address research conducted by, grounded in, or engaged with First Nations, Inuit or Métis communities, societies or individuals and Indigenous ways of knowing, wisdom, cultures, experiences or knowledge systems, as expressed in their dynamic forms, past and present.
- f. Appropriateness of the proposed research to engage and integrate patients, family, caregivers, and communities within the research team.
- g. Feasibility and appropriateness of the proposed activities to develop, implement and sustain the proposed research.

2. Evaluation Criteria: TEAM

- a. Extent to which the NPA, PAs and CC Theme leads demonstrate scientific leadership, experience, expertise and management capacity to support the proposed research.
- b. Extent to which the teams are interdisciplinary, multi-institutional, multi-provincial, networked, and engage with patients, caregivers, community, government, policy, health care providers, researchers, pediatric and adult clinicians, industry.
- c. Extent to which the teams have a comprehensive Interdisciplinary Training and Career Development Plan that meets the needs for capacity development and that is inclusive of trainees, researchers at all career stages, and across ethnicities, including Indigenous health researchers.
- d. Extent to which the leadership, membership and overall composition of the team reflects EDI and a balance of diverse disciplines, sectors, research priorities and stakeholders, including researchers, clinicians, PWLLE, health care providers, Indigenous Elders or Knowledge Keepers, government, policy makers, not-for-profit organizations.

3. Evaluation Criteria: ENVIRONMENT

- a. Availability and accessibility of personnel, facilities and infrastructure required to conduct the research.
- b. Suitability of the environment to conduct the proposed activities.
- c. Suitability of the environment (milieu, project and mentors) for the training of personnel.
- d. The degree to which the proposed activities leverage and amplify existing national and international cohorts, data infrastructure supports, biorepositories etc., relevant to women's heart and/or brain research.

- e. Availability and accessibility to existing biological samples, patient cohorts and registries including information about the size of the cohort, type of variables, type of software, privacy standards and consent, and governance (where appropriate).
- f. Extent to which the teams will address and respect Indigenous data governance, by applying the First Nations Principles of OCAP®, the CARE Principles, and/or other principles of Indigenous data governance as appropriate.

4. Evaluation Criteria: IMPACT OF THE RESEARCH

- a. Extent to which the proposed Research Network of Excellence will lead to innovations in risk factors or diagnosis and treatment for women’s heart and/or brain health.
- b. Extent to which the proposed Research Network of Excellence will lead to training and capacity development.
- c. Extent to which a plan is in place for the collection, standardization, use, sharing, linkage, and management of data across Program Areas and research projects.
- d. Extent to which the proposed Research Network of Excellence will lead to KM.
- e. Extent to which the proposed Research Network of Excellence involves Indigenous communities.
- f. Extent to which the proposed Research Network of Excellence integrates EDI and addresses health disparities.

Research Networks of Excellence applications eligible for funding will be ranked by the Research Network of Excellence Grant Panel (overseen by the SRC). Each Research Network of Excellence application will be scored on a scale from 0 to 4.9, and applications will be ranked in a top-down order, according to the following grading scheme. The fundable range is 3.5 to 4.9.

Descriptor	Range	Outcome
Outstanding	4.5 – 4.9	May be funded – Will be discussed by the Research Network of Excellence Grant Panel.
Excellent	4.0 – 4.4	
Very Good	3.5 – 3.9	
Fair	3.0 – 3.4	Not fundable – May or may not be discussed by the Research Network of Excellence Grant Panel.
Poor	0.0 – 2.9	

A.8.4 Funding Decision

Based on the ranking outcomes, The Research Network of Excellence Grant Panel will make funding recommendations to the funders. It is expected that the top application in each Priority Research Area will be selected for funding. Successful Research Networks of Excellence will be published on the funders’ websites.

A.8.5 Partner and Internal Collaborator Participation

The opportunity to add new funding partners and internal collaborators to this funding opportunity may arise after publication. These partners and internal collaborators may not be listed; however, the principles that govern relevance review, including consent to share information and funding decisions, will still apply.

B. HOW TO APPLY

The application process involves two (2) steps: Registration and Full Application.

B.1 Registration (Step 1)

The NPA must complete and submit the Registration Form (in English or French) via [Survey Monkey](#) by 16:00 ET on November 30, 2023. Registration Forms completed after the deadline will not be accepted. There will be no appeal process for late submissions.

Note: Only applicants who register will be eligible to submit a full application.

B.2 Full Application (Step 2)

Following the completed Registration, applicants will receive a personalized, confidential link to a ShareFile folder into which the NPA will upload the [Full Application Form](#) and all the PDF [Application Attachments](#). A complete application must include both the Application Form and the three (3) [PDF Application Attachments](#).

B.2.1 Application Form

The Application Form is a fillable Word document available in both [English](#) and [French](#). The NPA must complete and upload the Application Form to the personalized ShareFile folder by **16:00 ET on April 18, 2024**. Application Forms submitted after the deadline will not be accepted. There will be no appeal process for late submissions.

Note that all sections of the Application Form must be completed for the Application Attachments to progress to the review stage. Application Forms submitted after the deadline will not be accepted. There will be no appeal process for late submissions.

B.2.2 Application Attachments

NPAs must complete and submit PDF Attachments # 1, #2 and #3 to their personalized ShareFile folder. PDF attachments must be in an unprotected format, and [PDF Attachment #1](#) must be bookmarked. Applicants may submit the PDF attachments in English or French. To prepare and format attachment documents, content should be single-spaced using either 12-point Times New Roman or 11-point Arial font. Condensed type or spacing is not acceptable. Margins should be set at 1.87 cm (3/4 inch) all around.

Applicants should use the following style for labelling their files:

LAST NAME NPA, First Name NPA_PDF Attachment #1, #2, or #3_Date of Submission

As an example:

DOE, Jane_PDF #1_May 15, 2024

1. Summary of Research Proposal (maximum 1 page English; 1.25 pages French)

Provide a one (1) page Research Summary:

- Selected [Priority Research Area](#);
- Broad goals and specific objectives of the proposed research;
- Brief methodological approach;
- Expertise to execute research activities; and
- Expected outcomes.

2. Relevance to Funding Opportunity (maximum 1 page English; 1.25 or French)

Provide a 1 page summary:

- Describe the relevancy of the proposed research activities to the funding opportunity (at least 1/2 page).
- Describe in detail how sex, gender and intersectional considerations will be integrated throughout the Research Network (from team composition to research design and analysis and dissemination of findings) (at least 1/2 page).

3. Research Proposal (maximum 15 pages English; 18 pages French)

Note: Please refer to [A.8.3 Evaluation Criteria](#) when completing this section.

Include the following sections in the Research Proposal. The page limits are inclusive of charts, tables, figures and photographs, but NOT references.

Introduction

- Provide an overview of the rationale for selecting the [Priority Research Area](#), the proposed Program Areas, and research projects for each team.

Research Activities

- Describe the Program Areas and research projects, including the broad vision, goals (long-, medium- and short-term), specific objectives, methodology, anticipated outcomes, challenges, mitigations, and timelines.

Cross-Cutting (CC) Themes

- Describe how each CC Themes is integrated across the Network (within Program Areas and research projects as appropriate).
- Describe the three (3) CC Theme Plans: Interdisciplinary Training and Career Development; Data Sharing & Management Plan; Knowledge Mobilization (KM).

Team

- Describe the leadership capabilities, skills and expertise of all team members, as well as the interdisciplinarity of the team, and its ability to contribute to the proposed research and engage in KM.
- Describe how the team considers Indigenous Peoples' health, health disparities and EDI and a balance of diverse disciplines, sectors, research priorities and stakeholders, including researchers, clinicians, PWLLE, health care providers, Indigenous Elders or Knowledge Keepers, government, policy makers, and not-for-profit organizations.
- Describe the Administrative Core (roles and expertise of members) and the plan for monitoring outcomes (short, medium and long term) and course correcting.
- Describe any data management considerations, including how the data will be collected, documented, protected and stored

Environment

- Describe the suitability of the environment (personnel, facilities, infrastructure, resources) to conduct the proposed research and training activities.

Impact & Sustainability

- Describe the anticipated impacts of the proposed research, and the plan to address continued activities beyond the 5-year period of the grant.

4. Budget Justification – (up to 5 pages English, 6 pages French)

- Provide a detailed budget justification in relation to planned activities and clearly justify all budget items (including cash and in-kind contributions from other sources, if relevant).

5. Participant Table

- In [table format](#), list ALL team members (including [Collaborators and Knowledge Users](#), and [PWLLE](#)). Include their title, affiliation, province, and role on the application (e.g., NPA, PA, CC Theme Lead, Collaborator, Knowledge User, PWLLE, Early- or Mid-career Investigator, Trainee).

6. Certification of Completions of Sex and Gender Training Module

- At the full application deadline, the NPA and PA(s) must have completed and submitted the Certificate of Completion of at least one [CIHR-IGH Sex and Gender Training Module](#).

7. Certification of Completion of Research Involving First Nations, Inuit, & Métis Peoples of Canada

- At the full application stage, the NPA, PAs, and the CC Theme Lead for Indigenous Peoples must have completed and submitted the Certificate of Completion for CIHR Training Module on [Research Involving First Nations, Inuit, and Métis Peoples of Canada](#).

8. Letters of Support (maximum 2 pages English or French)

- Letter of Support from the from the Administering Institution (Vice President Research or institutional equivalents) confirming the institutional commitment from the NPA and adherence to the eligibility requirements.
- Letters of Support from the Dean and Department Heads **for all PAs** confirming institutional commitment and adherence to the eligibility requirements.
- Letters of Support from all Collaborators, Knowledge Users and PWLLE confirming their contributions to the proposed team grant. Private sector or industry partners may be included in the proposal, but are not required, and their involvement will not be factored into the review of the application. Any private sector or industry involvement must be free of conflict of interest.
- Letters of Support for [Release Time Allowance](#) requests from the recipient's organization certifying that the individual for whom the release time allowance is requested:
 - is a knowledge-user on the grant whose primary responsibilities do not include an expectation to engage in research (i.e., as part of their regular employment);
 - has their organization's approval for the research time on the project that would justify the allowance; and,
 - is engaged in the activities for which funds are being disbursed.

9. CV Requirements

- Team members who are academics must provide a Canadian Common CV (CCV) – Heart & Stroke version. Please see the [CIHR Academic CCV](#) guide for tips on completing the CCV sections. Upon completing the CCV, output the form in the Heart & Stroke format.
- CC Theme Leads, who are not academics, may provide either a Common CV (CCV) – Heart & Stroke version OR and [Applicant Profile CV](#) (a 3-page PDF CV).
- Collaborators and Knowledge Users are NOT required to submit a CV.

10. Signature Page

- The [Signature Page](#) must be complete by the NPA and PAs.

11. Self-identification Form

- The NPA, PAs, and CC Theme Leads are required to submit a [Self-identification Form](#) when applying for funding. However, applicants may select “I prefer not to answer” for any or all of the questions, without consequences to the application. This self-identification information will be used by the funders for statistical purposes only, and will NOT be shared with Lay Reviewers or members of the Selection Committee in an identifiable form.

12. Budget Table

- The [Budget Table](#) must be completed and submitted as an Excel document. Note that a minimum of three (3) research teams are required per Network; therefore in the budget table, the NPA must complete a budget page for at least three (3) teams.

B.2.3 Full Application Checklist

Use the Application Checklist below to confirm that all components have been completed. The Application Form and the Attachments #1 and #2 (as detailed below) must be submitted in unprotected PDF format and uploaded to the personalized ShareFile folder by the submission deadline. PDF #1 should be bookmarked to identify all ten (10) inclusions. All submissions will be confirmed.

Complete (✓ or X)	Full Application Checklist
	Application Form
	PDF Attachment #1
	<ol style="list-style-type: none"> 1. Summary of Research Proposal 2. Relevance to the Funding Opportunity 3. Research Proposal 4. Budget Justification 5. Participant Table 6. Certificate of Completion of at least one CIHR Sex and Gender Training Module (NPAs and PAs) 7. Certificate of Completion of Certificate of Completion for CIHR Training Module on Research Involving First Nations, Inuit, and Métis Peoples of Canada (NPAs, PAs, CC Theme Lead: Indigenous Peoples; where research on Indigenous Peoples is proposed) 8. Letters of Support: (1) Administering Institution; (2) Dean and Department Heads for PA; (3) Collaborators and Knowledge Users; (4) Recipient’s organization for Release Time Allowance 9. CV Requirements: CV (Heart & Stroke version) – for academics and Applicant Profile CV – for all non-academics 10. Signature Page
	PDF Attachment # 2
	11. Self-Identification Form
	Attachment # 3 (Excel)
	12. Budget (Excel)

C. GENERAL INFORMATION

C.1 Application Submission Deadline

It is the applicant's responsibility to ensure that the [Registration Form is completed via Survey Monkey](#) no later than **4 PM ET, November 30, 2023**, and the full application is submitted to ShareFile no later than **4PM ET April 18, 2024**. Any applications submitted after the deadline will NOT be accepted. There will be no appeal process for late submissions.

C.2 Incomplete Submissions

All submissions are considered final. No alterations or changes will be accepted. Any incomplete applications, as noted in this guideline document, will not be admissible to the competition. There will be no appeal process for incomplete submissions.

C.3 Competition Results

Official letters will be sent to all applicants in **August 2024**, with a public announcement posted at a later date on the Heart & Stroke Research and CIHR-IGH websites.

C.4 Non-Employee Status

The granting of an award is deemed to establish neither an employer-employee relationship nor a partnership between the funders and the recipients.

C.5 Communicating Research to the Public and Donors

Successful applicants need to be aware that the title of their Research Network and the lay summary could be placed into the public domain or included in the funders' publications without notification. Applicants are cautioned not to disclose information that could endanger a proprietary position in these sections.

Raising funds to support research is difficult and more than ever funders need to let donors and the public know that their donations are being used to support world class research. As successful applicants are well-positioned to explain the role of research in increasing heart and brain health and reducing the burden of heart disease and stroke, they may be asked by Heart & Stroke and CIHR-IGH to communicate the importance of research to donors and the public, via interviews and meetings with donors.

C.6 Ethical Requirements

By signing and submitting applications to this competition, applicants and their institutions undertake the responsibility to ensure any experimentation will be acceptable to the institution on ethical grounds and comply with the following guidelines and host institution research policies, as applicable:

- [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans](#)
- [Good Clinical Practice \(GCP\)](#)
- [Good Laboratory Practice \(GLP\)](#)
- [Canadian Council on Animal Care](#)
- [Canadian Biosafety Standards and Guidelines](#)
- [Guidelines for Human Pluripotent Stem Cell Research](#) (The institution must notify Heart & Stroke as to the results of the review by the CIHR Stem Cell Oversight Committee.)
- [TCPS2 \(2022\) – Chapter 9: Research Involving the First Nations, Inuit, and Métis Peoples of Canada](#)

C.7 Sex- and Gender-Based Analysis Plus (SGBA+), Equity, Diversity and Inclusion (EDI), and Ethical Conduct of Research Involving Indigenous Peoples (First Nations, Inuit and Métis)

The funders are committed to advancing SGBA+ and EDI towards enhancing the specificity, representativeness, rigour and transparency of research and sustaining positive change in the heart and brain research ecosystem. The applicants are therefore encouraged to become familiar with the principles of SGBA+, EDI, and the framework for ethical conduct of research involving Indigenous Peoples in Canada, with the goal of integrating such principles, if applicable, into future research practice and design.

- [Government of Canada Best Practices in Equity, Diversity and Inclusion \(EDI\)](#)
- [Guide on Equity, Diversity and Inclusion Terminology](#)
- [CIHR-IGH Sex and Gender Training Modules](#)
- [Women's College Hospital Sex-Specific Analyses and Reporting in Clinical Trials](#)
- [TCPS2 \(2022\) – Chapter 9: Research Involving the First Nations, Inuit, and Métis Peoples of Canada](#)
- [Heart & Stroke Glossary of SGBAR and EDI Terminology](#)
- [Heart & Stroke List of SGBAR and EDI E-Learning and Resources for Researchers](#)

C.8 Patent Rights

The funders have no intellectual property (IP) claims on the outputs of the funded research. However, institutions of funded recipients are expected to have appropriate policies in place to protect the intellectual property of the outputs that arise from the funded research.

C.9 Open Science and Open Access to Research Outputs Policy

All grant recipients are required to make their research outputs and findings (see below) publicly available as soon as possible but no later than twelve (12) months after research project completion or final publication. Only under exceptional circumstances, such as ongoing review of a final manuscript, will delays in data release beyond twelve (12) months from completion of the project be acceptable. Grant recipients should become familiar with the guiding principles that enable sharing data, information, tools and resources, and that respect Indigenous data governance and sovereignty.

- The [Roadmap for Open Science](#) outlines the principles governing the practice of making federal science freely available with minimal restrictions and with full respect for privacy, security, ethical considerations, and appropriate intellectual property protection.
- [FAIR: Findable, Accessible, Interoperable, and Reusable](#) are guiding principles to inform data management and stewardship of digital assets.
- [CARE \(Collective Benefit, Authority to Control, Responsibility, Ethics\)](#) are guiding principles for Indigenous Data Governance.
- First Nations [Principles of OCAP® \(Ownership, Control, Access and Possession\)](#) guide how First Nations' data should be collected, protected, used and shared.
- [Engagement, Governance, Action and Protection \(EGAP\): A Data Governance Framework for Health Data Collected from Black Communities in Ontario.](#)
- [CIHR Policy Guide: Requirements for Registration and Disclosure of Results from Clinical Trials](#) describe the implementation of new requirements
- [ClinicalTrials.gov](#) is a database of privately and publicly-funded clinical trials around the world.
- [PROSPERO](#) is an international database of prospectively registered systematic reviews that have health-related outcomes.
- [Tri-agency Open Access Policy](#): Note that the agency is conducting a review, with the goal of requiring that any peer-reviewed journal publications arising from agency-supported research be

freely available, without subscription or fee, at the time of publication. The renewed OA Policy will be released by the end of 2025.

Research outputs and findings may include peer-reviewed journal publications, research data, and the results of clinical trials that will not be published in peer-reviewed journals. Research findings may also be shared in ways that are culturally relevant and in formats that are functional, useful and practical to distinct needs of Indigenous (First Nations, Inuit and Métis) communities. Indigenous Peoples share some histories and concepts; however, each community has specific methods for knowledge synthesis, translation, and exchange. For Indigenous KM to be successful, [meaningful and culturally safe](#), engagement with Indigenous communities is encouraged as they are best positioned to guide researchers towards the co-development of KM practices that work best for their communities.

C.10 Research Integrity Policy

The primary objective of the [Heart & Stroke Research Integrity Policy](#) is to protect and defend the integrity of the research process and to deal with allegations of scientific misconduct in a timely and transparent fashion. Data related to research by and with Indigenous Peoples (First Nations, Inuit, Métis), whose traditional and ancestral territories are in Canada, must be managed in accordance with data management principles developed and approved by those communities, and on the basis of free, prior and informed consent. This includes, but is not limited to, considerations of Indigenous data sovereignty, as well as data collection, ownership, protection, use, and sharing.

Responsibilities of researchers, institutions and funders with respect to research integrity are outlined in the [Heart & Stroke Framework: Responsible Conduct of Research](#). The funders define research misconduct as actions that are inconsistent with "integrity" as defined in the [Tri-Agency Policy Framework for the Responsible Conduct of Research](#), and that include breaches such as fabrication, falsification, destruction of research records, plagiarism, redundant publications or self-plagiarism, invalid authorship, inadequate acknowledgement, and mismanagement of Conflict of Interest. The funders will assess allegations of scientific misconduct in the following manner:

- Any allegation of scientific misconduct will be initially reviewed by the funders to determine whether an investigation is warranted. If it is felt that an investigation is required, the funders may request that this be conducted by the host institution of the individual considered to have performed the alleged misconduct. In allegations specifically related to the peer review process, the investigation may be conducted jointly by the institution and the funders.
- The funders will not act on verbal allegations of misconduct. All allegations must be submitted in writing. Although the confidentiality of persons who submit an allegation of scientific misconduct will be protected as much as possible, it must be recognized that due process will often result in the identity of this person being released to the investigating institution.
- The institution will be required to submit a written report upon conclusion of the investigation. This report will summarize the findings of the investigation and any future actions that will be undertaken by the institution as a result of the findings.
- Applicants must certify that all statements made (or answers provided) in the application are correct and complete. Any misrepresentation of these statements (or answers provided) may result in the cancellation of the grant.
- In cases where misconduct is concluded to have occurred, the funders may apply sanctions against the individual(s) implicated. These sanctions will range from a reprimand letter to a ban from applying for or holding the funders' funds for a set period of time.

C.11 CIHR Health Research Themes

Applicants must estimate the proportion of the proposed heart and/or brain research that falls under the four (4) health research themes as defined by CIHR.

Theme 1. Biomedical Research

Research with the goal of understanding normal and abnormal human function, at the molecular, cellular, organ system and whole-body levels, including the development of tools and techniques to be applied for this purpose; developing new therapies or devices which improve health or the quality of life of individuals, up to the point where they are tested on human subjects. Biomedical research may also include studies on human subjects that do not have a diagnostic or therapeutic orientation.

Theme 2. Clinical Research

Research with the goal of improving the diagnosis and treatment (including rehabilitation and palliation) of disease and injury; improving the health and quality of life of individuals as they pass through normal life stages. Clinical research usually encompasses research on, or for the treatment of, patients.

Theme 3. Health Services Research

Research with the goal of improving the efficiency and effectiveness of health professionals and the health care system, through changes to practice and policy. Health services research is a multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviours affect access to health care, the quality and cost of health care, and ultimately the health and well-being of all people in Canada.

Theme 4. Social, Cultural, Environmental, and Population Health Research

Research with the goal of improving the health of the Canadian population, or of defined sub-populations, through a better understanding of the ways in which social, cultural, environmental, occupational, and economic factors determine health status.

C.12 Acknowledging Publications

Heart & Stroke must be notified in advance of the publication date of any major publications arising from the funded research by email at: research@heartandstroke.ca. CIHR-IGH must be notified once a major work has been published.

Recipients must acknowledge the support of Heart & Stroke and CIHR-IGH in all scientific communications and press releases related to their award with the following wording:

"This work was supported by the Heart and Stroke Foundation of Canada, and the Canadian Institutes of Health Research-Institute of Gender and Health (CIHR-IGH)".

C.13 Contact Information

For any questions or concerns, the preferred form of communication is email. Your email will go to a research email inbox which is accessed by multiple research team members and is the best way to get a timely response.

Email: at research@heartandstroke.ca

Website: <https://www.heartandstroke.ca/what-we-do/research/for-researchers>

Please note this EMAIL ACCOUNT is only monitored from 9am-5pm EST, Monday to Friday.

Research Department
Heart and Stroke Foundation

research@heartandstroke.ca
www.heartandstroke.ca/what-we-do/research

C.14 Sponsor Description

Heart and Stroke Foundation of Canada

Life. We don't want you to miss it. That's why Heart & Stroke leads the fight against heart disease and stroke. We must generate the next medical breakthroughs so people in Canada don't miss out on precious moments. Together, we are working to promote health, save lives and enhance recovery through research, health promotion and public policy.

CIHR-IGH – Institute of Gender and Health

The Institute of Gender and Health (IGH)'s mission is to foster research excellence regarding the influence of sex and gender on health and to apply these findings to identify and address pressing health challenges facing men, women, girls, boys and gender-diverse people.