

2009 Research Program on Care Practice in Cognitive Impairment in Aging

A joint initiative of the:

- Alzheimer Society of Canada
- Canadian Home Care Association
- Canadian Nurses Foundation
- CIHR Institute of Aging
- CIHR Institute of Circulatory and Respiratory Health
- CIHR Institute of Health Services and Policy Research
- Parkinson Society Canada

1.0 Program Preamble

Aging is associated with a high prevalence of cognitive impairment. It is estimated that 16% of people over 65 suffer from cognitive impairment, in addition to 8% presenting a dementia in association with degenerative brain diseases such as Alzheimer's disease and Parkinson's disease. This prevalence increases exponentially with age to 30% (cognitive impairment) and 35% (dementia), after age 85. The prevalence of 'cognitive impairment, not demented' (CIND) is more than twice as common as dementia and about half of people with CIND go on to develop dementia. After Alzheimer's disease (AD), the most common forms of dementia are vascular dementia and Lewy body dementia. Stroke is a common cause of vascular dementia. Parkinson's disease (PD) is the second most common neurodegenerative disease; 48% to 80% of people living with Parkinson's will develop dementia. It is important to note that sometimes, a person can have more than one of these conditions (i.e. Alzheimer's disease, Parkinson's disease, vascular dementia or stroke) at the same time.

These cognitive impairment conditions not only threaten the quality of life of older people, but also have an impact on their family and caregivers. As well, they represent *Care Practice* challenges in different clinical care settings. As the population of Canada ages, there is an increasing need to address these challenges and promote *Care Practice* based upon sound research and applied evidence.

2.0 Program Objectives

The primary objective of the Program is to better inform nursing care practice and improve the quality of clinical care provided to the cognitively impaired older adult in various care settings, including acute care facilities, long term care institutions, and community care settings such as day programs or people's homes.

It is expected that grant support under this Program will help address challenges in care practice, be they the result of evidence gaps or barriers to knowledge translation and exchange. Such investments will also increase our knowledge of how to improve the translation of research into nursing care practice.

2.1 Mechanism of Support

The funding partners will offer grants valued up to \$100,000 per year for up to 2 years.

The total budget available is \$1,200,000.

2.2 Time Table

Program announcement: June 2009

Full application deadline: September 15, 2009

Peer review: early November 2009

Funding start date: December 1, 2009

3.0 Program Relevant Research Areas

The funding partners are most interested in care practice challenges presented by older people who are cognitively impaired as a result of Alzheimer's disease, Parkinson's disease, stroke, and other disorders. Relevant settings for the research include acute care facilities, long term care institutions, and community care settings such as day programs or people's homes. Nursing care practice must be an essential component of the research, and where necessary to maximize impact, the research may include links to the care practice of other health care cliniciansⁱ, and unpaid or paid caregiversⁱⁱ.

The relevant activities under this Program include those that will advance knowledge and its transfer and exchange in nursing care practice, and will also take account of the following:

- Special challenges presented by those who suffer from cognitive impairment, and where appropriate, the differences related to varying degrees or etiologies of cognitive impairment;
- Geriatric and/or gerontological knowledge and the consideration of aging and/or the aged as essential elements of the research objectives, hypotheses and analyses (e.g., dynamics of aging, age-relevant models and/or aged subjects);
- A research design that is practice based or that will provide the groundwork for future practice-based studies (examples include: participatory research, demonstration projects or intervention research, identification and resolution of needs, gaps, emerging issues and opportunities in the context of the application of the evidence).

The following criteria will be used in conducting the Relevance review:

- Alignment of the proposed project with the "Objectives" of the Program; and
- Extent to which the proposed project addresses the "Relevant Research Areas" of the Program.

Specific Research Foci

Applications will be flagged for relevance to the different contributing Partners' specific research foci which they wish to encourage through targeted financial support. When applicable, any specific research foci are described under the [Description of Partners](#) section.

Note: *Relevance to the program and to any Partner specific research foci must be identified explicitly in the Relevancy Justification section of the application form.*

4.0 Program Eligibility

Eligibility requirements specific to this Program include the following with respect to the research team:

- the inclusion of a Decision-makerⁱⁱⁱ as a co-applicant or advisor (to promote merit and impact);
- the inclusion of appropriate expertise from different professions and disciplines (to promote a comprehensive approach);
- the inclusion of a registered nurse (to optimize potential for impact on nursing care practice).

Note: Although not an absolute eligibility requirement, applicants are encouraged to consider the following:

- the inclusion of trainees and/or New Investigators^{iv}.
- the inclusion (or consideration of the impact of the project outcomes on the practice of) other health care cliniciansⁱ and other unpaid or paid caregiversⁱⁱ.

5.0 Program Peer Review

The following set of evaluation criteria will be employed to assess applications:

a. Potential Impact

- How likely is it that the project outcomes will have an impact on improving nursing care practice as it relates to cognitively-impaired older adults (i) in the setting where the research will be conducted, and (ii) in other settings?
- Is the proposed project original and likely to generate results which will satisfy a recognized need in the field?
- Is it clear how the new knowledge or knowledge translation approach will help guide decisions on care practice implementation?
- To what extent have the applicant(s) engaged relevant Decision-makers and organizations for implementing the project and applying and sustaining its findings?
- Where appropriate, have the applicants considered a link to the best practices of relevant disciplines, professions, and paid and unpaid caregiversⁱⁱ?
- Where applicable, to what extent will the project complement/enhance any evaluation plans already in place?

b. Scientific Rigour and Feasibility

- Is a Question and/or Hypothesis presented that is interesting, scientifically sound, and relevant to the objectives of the program?
- Does the review of the relevant literature, considered along with preliminary findings (when applicable), contribute to a convincing Rationale for the proposal?

- Is the proposed methodological approach (including items such as data analysis, timelines, how the approach might be changed if progress is unsatisfactory, etc.) acceptable as the one most likely to successfully address the question/hypothesis proposed?
- Is the proposal feasible in a 2-year time span?
- Have the applicant(s) brought together the necessary expertise and collaborations to accomplish the work proposed?

c. Applicant(s) productivity, experience and training

- Does the track record and experience of the applicant(s) and collaborators inspire confidence that the stated objectives will be achieved?
- Is it evident that there is or will be an ongoing collaboration between the researchers and Decision-makers (e.g. administrators, clinical nurse specialists, professional practice leaders, policy-makers)?
- Is there evidence of capacity development and training? Has the team demonstrated a superior training opportunity for graduate and/or post-doctoral trainees, as well as new independent investigators^{iv}?

d. Extent and appropriateness of dissemination plans

- How appropriate and clear is the dissemination and knowledge translation and exchange plan?
- What are the outcome measures? How and why will they be measured?
- Does the application address barriers and challenges to knowledge translation and exchange?
- Is there evidence that the dissemination of results will go beyond the academic community and will be sensitive to the preferences of the relevant Decision-makers?
- Are future directions articulated?

e. Budget

- Is the budget clear, appropriate, and based on direct costs of research? Are all costs well justified?

6.0 Description of Partners

Alzheimer Society of Canada: The **ASC** is a nation-wide Federation of provincial organizations, local chapters, and support groups. The Society is dedicated to providing information and support to people living with Alzheimer's disease and related dementias, and to fostering research into biomedical and quality of life aspects of the disease. Through the Alzheimer Society Research Program, the Society offers training awards and research grants to scientists engaged in the study of causes, prevention, and treatment of Alzheimer's disease and related dementias.

Specific research foci: Open to program description, with an emphasis on fostering research that will promote and improve executive functioning of persons with Alzheimer's disease; identify therapeutic approaches, patient caregiver interactions and their evaluation, aimed at improving quality of life of persons with Alzheimer's disease and their caregivers; identify environmental enhancements that will reduce incidents of wandering.

Canadian Home Care Association: The **CHCA** is a not-for-profit membership association dedicated to ensuring the availability of accessible, responsive home care and community supports to enable people to stay in their homes with safety, dignity and quality of life. Members of the Association include organizations and individuals from publicly funded home care programs, not-for-profit and proprietary service agencies, consumers, researchers, educators and others with an interest in home care. Through the support of the Association members who share a commitment to excellence, knowledge transfer and continuous improvement, the CHCA serves as the national voice of home care and the access point for information and knowledge for home care across Canada. The CHCA has shown leadership and acquired experience in the home care sector through numerous national and provincial projects either as the lead organization or as a partner.

Canadian Institutes of Health Research: The **CIHR** is Canada's premier federal funding agency. Its objective is to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system.

The fundamental goal of the **CIHR Institute of Aging (CIHR-IA)** is the advancement of knowledge in the field of aging to improve the quality of life and the health of older Canadians. IA has identified five priority areas for research on aging and health: aging and maintenance of functional autonomy; biological mechanisms of aging; cognitive impairment in aging; healthy and successful aging; and health services and policy relating to older people. ***Specific research foci: Open to program description.***

The **CIHR Institute of Circulatory and Respiratory Health (CIHR-ICRH)** supports research into the causes, mechanisms, prevention, screening, diagnosis, treatment, support systems, and palliation for a wide range of conditions associated with the heart, lung, brain (stroke), blood, blood vessels, critical and intensive care, and sleep. The ICRH vision is to achieve international leadership by fostering an environment of openness, excitement, energy, commitment and excellence in highly ethical, partnered initiatives focused on research, research training, and research translation for the circulatory and respiratory sciences and for the betterment of the health of Canadians. ***Specific research foci: Open to program description in relation to research topics identified in the [ICRH Strategic Priority Research Themes for 2006-2010](#).***

The **CIHR Institute of Health Services and Policy Research (CIHR-IHSPR)** is dedicated to supporting innovative research, capacity-building and knowledge translation initiatives designed to improve the way health care services are organized, regulated, managed, financed, paid for, used and delivered, in the interest of improving the health and quality of life of all Canadians. ***Specific research foci: Open to program description in relation to research topic areas identified in the [Listening for Direction III \(LfD III\)](#) and the [CIHR-IHSPR Priority Research Areas](#).***

Canadian Nurses Foundation: The **CNF** was created in 1962 to build nursing research capacity in Canada. Affiliated with the Canadian Nurses Association, CNF is committed to promoting the health and quality care of Canadians by providing study awards, specialty certification awards, and operating grants for research projects on

nursing care issues. A priority for CNF is the Nursing Care Partnership program (NCP). The NCP is a research initiative to increase funding for nursing care research. The Canadian Health Services Research Foundation has granted CNF a five-year renewable award of \$2.5 million for the administration of the partnership. The NCP will increase the pool of funding available for nursing care research by forming partnerships across Canada. The purpose of the partnership structure is to use NCP funds to leverage existing funds and encourage new supporters of nursing care research. ***Specific research foci: Open to program description.***

Parkinson Society Canada: PSC is a not-for-profit, national charitable organization and is the national voice for over 100,000 Canadians with Parkinson's disease, their 400,000 family members, friends and care partners. PSC funds promising scientific research, to find causes, to develop new treatments and to ultimately find a cure for Parkinson's disease. PSC works hand-in-hand with 12 regional partners who, through over 230 support groups and chapters, deliver education and support services to Canadians with Parkinson's, their care partners and family. PSC advocates on behalf of people living with Parkinson's to reach all levels of government.

The following psychosocial research topics have been identified by PSC as priority issues: i) Investigating the Psychological Well Being of Parkinson's disease (PLWP), Partners and Families, ii) Evaluating the Benefits of Standardized care, iii) Assessing Medical Services; and iv) the Economic Burden of Parkinson's. ***Specific research foci: Open to program description in relation to above PSC priority issues.***

Contacts

For further information about this RFA, please contact:

ASC

Research Department
Alzheimer Society of Canada
20 Eglinton Ave. W., Ste. 1600
Toronto, ON M4R 1K8
Tel: (416)847-2968; Fax: (416)488-3778
E-mail: research@alzheimer.ca

CIHR

Michelle Peel
Assistant Director, Ottawa
Institute of Aging
Canadian Institutes of Health Research
160 Elgin Street
Ottawa ON K1A 0W9
Tel: (613)952-4537; Fax: (613)954-1800
E-mail: michelle.peel@cihr-irsc.gc.ca

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Footnotes

ⁱHealth care clinicians include professionals such as physicians, social workers, pharmacists, psychologists, physiotherapists, speech-language therapists, occupational therapists and respiratory therapists.

ⁱⁱCaregivers include those persons who provide assistance to other people who, because of physical disability, chronic illness or cognitive impairment, are unable to perform certain activities on their own. Caregiving often requires attention to the physical, mental, social, and psychological needs and well-being of both the caregiver and the person requiring care. Caregivers can be paid or unpaid. "Unpaid caregivers" can be family members or friends, and often care is limited to the home setting and is not remunerated. "Paid caregivers" are usually trained workers who deliver care (e.g., registered nurses, registered practical nurses, licensed practical nurses, health care aides, and personal support workers) in clinical settings, either the home, community and/or institution, such as a nursing facility or government institution.

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

^{iv}A New Investigator is an individual who has held a full time research appointment (e.g., faculty appointment providing eligibility to apply for grants and/or supervise trainees), for a period of 0 to 60 months as of the competition deadline (i.e. September 15, 2009).