**Criteria for Population Data BC Applicants for the Provincial Overdose Cohort**

**I. Background**

The BC Centre for Disease Control (BCCDC), together with a range of provincial partners, established the Provincial Overdose Cohort to identify risk factors and trends in health care utilization related to the public health emergency, with a view to inform and support the efforts of service delivery partners. The research community in British Columbia (BC) has been a key partner in promoting data-driven public health policy, most recently as part of the provincial response to the public health emergency on overdose deaths.

To continue this collaborative approach and finding solutions to the overdose crisis, the BCCDC issued a **Call for Proposals from researchers interested in accessing the Provincial Overdose Cohort data**, which will be made available through Population Data BC (PopData). Under this call for proposals, access to the Cohort will be provided to projects that provide new knowledge to inform the response to the public health crisis, with emphasis on projects that address peer priorities (see Prioritization\_Summary.pdf).

The governance model has been based on the following guiding principles for researcher use of the Provincial Overdose Cohort:

* Research conducted directly informs the overdose response. This requires both that questions be relevant to response efforts and that results are communicated to stakeholders as soon as available and prior to publication.
* Results generated by individual researchers need to be comparable to those generated by public health analytic teams and other researchers such that confusion is avoided and public health action can be taken efficiently. This requires that standard definitions established by the Provincial Overdose Cohort are used by any authorized researchers (e.g. definition of an overdose episode, definition of opioid tapering).
* Assets generated in the development of research become the collective assets of the community of analysts involved in overdose inquiry in order to accelerate standardization and efficiently. This requires both that the Provincial Overdose Cohort share code and derived variables with the research community and that new derived variables and code developed by researchers are shared for re-use by others.
* Efficiencies are generated through exposure of the existing pre-linked, de-identified Cohort and Reference Cohort to researchers, rather than processing research requests for data de-novo which in large part duplicate the work already completed.
* Data is held securely, can be used only for the purposes agreed and risk of re-identification is minimized.

**II. Application Requirements**

*a) Evidence and Community Informed*

The proposed project is supported by evidence and centers evidence that is actionable and relevant for the overdose crisis response in BC. The rationale and proposed project highlights the implications of the findings for people with lived and living experience of past or current substance use. Involvement of people with lived and living experience in the development of the proposal is an asset.

*b) Sex, Gender, and Trauma Informed*

The project recognize that sex, gender, and trauma influence the patterns of substance use, the health impact of substances use, the socio-demographic context of use, and access to harm reduction, treatment, and health and social services.

*c) Reduce Harm and Stigma*

Project proposal uses a person-centred approach and supports the reduction of fear, stigma, misinformation and misunderstanding at the community level and in health care and social services. Researcher demonstrates appropriate knowledge and understanding of health, social, and historical context of the overdose crisis.

**III. Application Evaluation Criteria**

* Research Team and Academic Affiliation
  + Principal Investigator’s CV highlights relevant substance use, mental health, and/or addictions research experience.
  + Previous experience using administrative data for research.
  + Interdisciplinary research team an asset.
* Funding
  + Adequate funding for the project.
* Timeline and Knowledge Mobilization
  + Reasonable timeline for project completion.
  + Description of the Knowledge Mobilization Strategy.
    - Outlines knowledge translation – i.e. journal or reports.
    - If applicable, description of how knowledge will be disseminated to the general public, peer organizations, and people with lived and living experience.
* Research Question(s)
  + Clear project objectives that:
    - Addresses peer priorities (access to health care services, rural vs urban differences, and/or harm reduction).
    - Supports reduction of fear, stigma, and misinformation and misunderstanding at the community level and in health care and social services.
  + Demonstrates how the project will fill knowledge gaps in the literature.
* Methodology & Use of Data
  + Analysis plan is well articulated and developed, outlining all data sources to be used and appropriate for stated research questions.
    - Includes description of how the Cohort will be used.
    - Methodology is feasible with Cohort data provided, i.e. it does not require additional data (which is not allowed under the Provincial Overdose Cohort governance model).
    - The influence of sex, gender, and trauma are recognized in analysis plan.
* Impact of Research on BC’s Response
  + Describes how the project will inform the public health response to the overdose crisis in BC.
  + Demonstrates an understanding of the changing landscape of the overdose crisis in BC.

**IV. Criteria Checklist for Each Proposal**

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| --- | --- |
| **Proposal No:** |  |
| **CRITERIA** | **REVIEW COMMENTS** |
| A) Research Team and Academic Affiliation   * + Principal Investigator’s CV highlights relevant substance use, mental health, and/or addictions research experience.   + Previous experience using administrative data for research.   + Interdisciplinary research team an asset. |  |
| B) Funding   * + Adequate funding for the project. |  |
| C) Timeline and Knowledge Mobilization   * + Reasonable timeline for project completion.   + Description of the Knowledge Mobilization Strategy.     - Outlines knowledge translation – i.e. journal or reports.     - If applicable, description of how knowledge will be disseminated to the general public, peer organizations, and people with lived and living experience. |  |
| D) Research Question(s)   * + Clear project objectives that:     - Addresses peer priorities (access to health care services, rural vs urban differences, and/or harm reduction).     - Supports reduction of fear, stigma, and misinformation and misunderstanding at the community level and in health care and social services.   + Demonstrates how the project will fill knowledge gaps in the literature. |  |
| E) Methodology & Use of Data   * + Analysis plan is well articulated and developed, outlining all data sources to be used and appropriate for stated research questions.     - Includes description of how the Cohort will be used.     - Methodology is feasible with Cohort data provided, i.e. it does not require additional data (which is not allowed under the Provincial Overdose Cohort governance model).     - The influence of sex, gender, and trauma are recognized in analysis plan. |  |
| F) Impact of Research on BC’s Response   * + Describes how the project will inform the public health response to the overdose crisis in BC.   + Demonstrates an understanding of the changing landscape of the overdose crisis in BC. |  |

**Decision:**

Approved, researchers will be notified and asked to complete a full DAR.

Not approved, researchers will be notified.

Doesn’t meet criteria because (to be communicated to researcher):