

Knowledge Translation Strategic Plan 2020 - 2025

Introduction

The development of a new organizational strategic plan (2020-2025) for MSFHR provides the opportunity to refresh our knowledge translation (KT) strategy to ‘ensure a sharp and evidence-informed focus on building capacity for evidence use across the province.’¹ Knowledge translation² plays an important role in maximizing the impact of health research, and is ultimately defined as using health research to improve health.’ Our work in this area encompasses both the practice and the science of knowledge translation. The practice of KT covers activities to encourage and enable evidence use, for example synthesis, dissemination, exchange and implementation of evidence; the science is the study of those activities, including implementation science.

This document is intended to guide discussions and decisions related to our KT work and to provide focused direction for our KT efforts and resources. It has been developed to enable MSFHR’s strategic plan’s four strategic directions: developing the health research talent BC needs for the future; strengthening health research capacity across BC; optimizing impact through evidence-informed health research funding; and fostering a more equitable, diverse and inclusive health research system. Prior to reading our refreshed KT strategy, please review [MSFHR’s Strategic Plan 2020-2025](#) that provides additional important background and context.

An important lens: The KT role of a health research funder

In 2010, the KT Unit developed a [conceptual model](#) to guide our KT work. The model identifies five functional areas through which funders can work to create the conditions for effective KT: funding KT, building KT capacity, managing KT projects, advancing KT science, and advocating for KT. The model also identifies three activities that support these five functional areas: assessment of the KT needs of stakeholders, and evaluation and communication of our and our stakeholders’ KT activities. As part of

¹ MSFHR Strategic Plan 2020-2025, p.2

the process to develop our 2020-2025 KT strategic plan we took a step back to re-ask the question, 'What is the role of a health research funder in KT?'

We reviewed the recent literature³ as well as findings from the [evaluation of three years of our KT program](#)⁴ (2015-2018) as they relate to our model. While the evaluation focused primarily on KT capacity-building activities, and to a lesser extent due to their recency, KT-focused awards, all five functional areas were addressed. The evaluation indicated the relationship between the functional roles of our model and the most critical elements and relationships. Key informant interviews conducted during the evaluation confirmed that the five functional areas are intertwined. We were pleased to see that our conceptual model still appears to be a valid way of guiding our work.

As part of the evaluation of our KT program, and coupled with our over 10 years of experience implementing the model, we considered which functional areas and activities were most cost and time effective, were generative and had the greatest impact towards meeting our goals. The evaluation suggested funding is our most important KT-related activity. 'Funding for KT is perceived as being most aligned with our core mandate, and also as having the most potential for impact on culture change. Funding KT signals that it should be valued (short-term outcome: advocating for KT) which leads to more health research community members embracing KT to be competitive for funding (longer-term outcome: building KT capacity).'⁵ In terms of our KT capacity building activities, key informants indicated our suite of KT resources rather than any one activity, had enabled the success of our program. Our experience offering KT workshops had demonstrated that, while seen as valuable, their reach was limited and therefore not as effective in terms of cost, time and potential for broad impact when considered in the context of our provincial mandate. Based on these considerations we had already moved away from offering one-off workshops to developing initiatives with broad provincial

³ Wensing & Grol (2019); Schneider (2019); MSFHR KT Video (2016); McLean et al (2018); Campbell (2016); Holmes et al (2017); Williamson et al (2019); Johnson et al (2019); Langer et al (2016); Oliver & Boaz (2019).

⁴ MSFHR Knowledge Translation (KT) Program Evaluation Report Summary (September 2018).
https://www.msfhr.org/sites/default/files/MSFHR_KT_Evaluation%20Report_Summary_final.pdf

⁵ Ibid 4.

reach and therefore greater potential for impact such as [MSFHR's KT Pathways](#) and [Train-the-Trainer](#)⁶. Other KT capacity building activities such as webinars, blogs, publications, links and ad hoc support are relatively low in cost and time, have broad reach, and were found in the evaluation to be generally valued as high quality, up-to-date and positioned MSFHR as the 'go to' place for health research KT in BC. These findings were important to informing our primary areas of focus in the context of our 2020-2025 KT strategic plan.

Through this re-assessment of the question, 'What is the role of a health research funder in KT?', we identified partnerships and the strategic convening of KT experts and practitioners embedded within BC-based universities, health authorities, research institutes and other health-related organizations, as essential components of our work. Partnering with our stakeholder organizations ensures that our KT activities are informed by and/or co-developed with our target audiences to increase the likelihood that stakeholders will find them useful and useable thus increasing their impact. Strategic convening involves bringing together KT experts and practitioners in BC for the purpose of building individual, organizational and regional KT capacity through opportunities to network, share, learn and collaborate with each other and MSFHR (e.g., the KT Collaborative⁷ and the Train-the-Trainer community of practice). Strategic convening for MSFHR is more than just supporting a community of practice – we have found that it fosters and strengthens trusted relationships and partnerships between MSFHR and those in the BC health research community who are actively supporting KT practice and science in their organizations. Together partnerships and strategic convening are enablers [of the five functional areas of our conceptual model](#) that increase the reach of our KT activities and ultimately the value and impact of our KT program (see Figure 1).

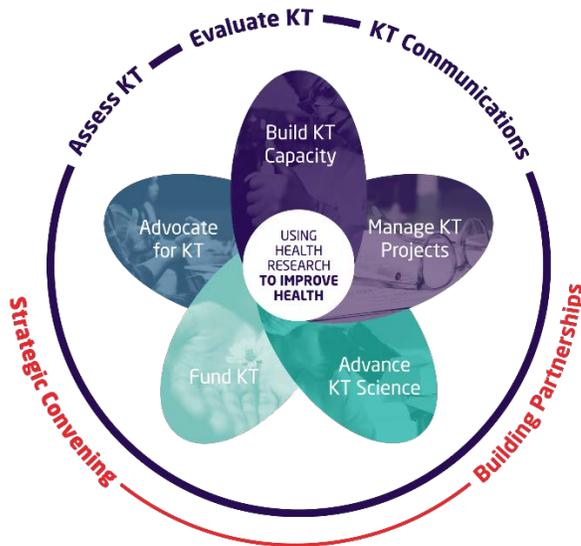
As a data driven organization we work to ensure that the development and implementation of our KT program is guided by the best available evidence. We will also continue to engage in work, as

⁶ The September 2020 launch of MSFHR's Train-the-Trainer has been delayed due to COVID-19 physical distancing countermeasures and will be held once they are lifted.

⁷ A community of practice of BC-based KT practitioners, experts and researchers that includes and is supported by MSFHR.

knowledge users and KT experts, to generate evidence related to KT practice and science and contribute to the field.⁸

Figure 1: MSFHR KT Conceptual Model for Health Research Funders



How we developed our KT strategic plan

In the Fall/Winter 2019, we reviewed the following for current trends and key issues in the field of KT: a purposive sample of the latest KT literature (academic articles, book chapters, blogs, reports), and notes and supporting documents from meetings that either focused on KT or included a discussion about KT (e.g., funders' meeting London, UK Dec. 2019; 2018 MSFHR Research Leaders Forum). We also looked at the websites of the BC Academic Health Science Network (including the BC SUPPORT Unit), Institute for Health System Transformation & Sustainability, Genome BC, and BC Patient Safety & Quality Council to assess what KT resources they offer, and conducted key informant interviews with BC-based KT experts and practitioners including health researchers, trainees, health system decision-makers, and knowledge brokers from across the province.

⁸ MSFHR KT Publications; <https://www.mschr.org/mschr-kt-publications>. Accessed June 11, 2020

A synthesis of the data identified the following themes: the need for (1) better knowledge and understanding about KT by health researchers, research evidence users, and peer/merit reviewers of funding programs, (2) resources for interdisciplinary/inter-sectoral research teams to produce research in ways such that the evidence is used, (3) research related to evidence use, and (4) relevant, timely research evidence to inform health system decision-makers' evidence needs. There was also a fifth theme related to issues that could influence or possibly catalyze changes in the health research system in support of evidence production and use.

An additional theme related to KT for patient-oriented research (POR) was identified. However, as this is a focus of the BC SUPPORT Unit and is supported by MSFHR through our funding agreement with the BC Academic Health Science Network, it is not included as a focus for additional activity in our 2020-2025 KT strategic plan.

We reviewed the themes in the context of MSFHR's [conceptual model of the five functional KT areas](#) funders can work in, the functional areas and activities identified as being most effective towards achieving impact based on cost and time, and MSFHR's four strategic directions for 2020-2025 to determine where there was alignment (or not). We identified four KT strategic directions and developed the tactics to operationalize them.

This KT strategic plan is a living document. We recognize that our academic, health research system and funding partners within BC, across Canada (e.g., the Canadian Institutes of Health Research) and internationally (e.g., Wellcome Trust) are increasing their focus on KT (e.g., embedding it in their strategic plans; hiring KT staff; offering KT resources and supports to their staff and stakeholders) which will change the context in which we work. We will therefore be actively evaluating, learning from and adapting our KT initiatives as appropriate, in response to our own learnings and the ecosystem's changing needs in support of enhanced health research use in BC. To that end, we will be developing an evaluation plan for our MSFHR KT strategic plan 2020-2025.

MSFHR KT Strategic Plan 2020-2025

Our 2020-2025 KT strategy utilizes a two-pronged approach through, (1) a major focus on our own programs, and (2) a role in influencing (and potentially catalyzing) the BC health research system to build a provincial culture that embraces evidence production and use. Each of the following KT strategic directions enables one or more of the four strategic directions outlined in MSFHR's Strategic Plan 2020-2025⁹.

Successful KT initiatives require the buy-in and support of our academic and health system partners. Reflecting our recognition of the importance of partnerships and strategic convening in our conceptual model for KT, we will co-develop KT activities where appropriate and/or be informed by the BC health research community to ensure our KT work is relevant, useable and achieving intended impacts.

KT Strategic Directions

- Increase BC health researcher and research user knowledge and understanding of KT practice and science
- Catalyze health research system changes in support of evidence production and use
- Support the health research evidence needs of the BC government

Each KT strategic direction is described below including what we know about each (trends and key issues), and our goals and key tactics for addressing them. There may be opportunities under each strategic direction to build on existing MSFHR training and initiatives including [KT Pathways](#) and [Train-the-Trainer](#), especially in partnership with other organizations, towards building the BC health research community's capacity for KT practice and science.

1. Increase BC health researcher and research user knowledge and understanding of KT practice and science

What we know: Trends and Key Issues

⁹ The MSFHR 2020-2025 four strategic directions are, (1) developing the health research talent BC needs for the future; (2) strengthening health research capacity across BC; (3) optimizing impact through evidence-informed health research funding; and (4) fostering a more equitable, diverse and inclusive health research system.

- There is a desire for better understanding of KT (production and evidence use) by researchers, healthcare practitioners, health system decision-makers, and peer reviewers
- There is a desire for implementation science training, funding and resources
- 'A fundamental challenge is to overcome the misconceptions, silo-thinking and self-interests among stakeholders. '(Wensing & Grol, 2019, p.5)
- Discussions among and between inter-disciplinary/inter-sectoral teams for maximum sharing and learning are important
- Funders have a role to play in partnering with academic institutions to nurture the skills of researchers in shared goal and measurement setting as part of their work towards enabling more co-production
- Funders have a role to play in supporting peer and merit reviewers to increase their ability to assess the KT components of funding applications
- Funding program changes could make a difference in maximizing research's potential (e.g., providing time to allow interdisciplinary/inter-sectoral teams to form, build trust, identify knowledge gaps, prioritize activities; nurturing a young field like transformative science which often requires a more hands-on approach [e.g., training in implementation science]; funding longer-term program-level evaluations (i.e., what works and doesn't to effect system change))
- Wildcard driving forces identified by MSFHR's Research Leaders Forum (2018) include:
 - Training for managing and working as part of a research team is a priority for incoming researchers and faculty (i.e., as related to KT issues including unequal power dynamics in the team, who has decision making authority, and misaligned or differing goals and measurement settings)
 - Greater supports are needed for non-traditional scholarship and skill development
 - More embedded research is needed (e.g., clinician scientists)
- A gap exists between the translation of research evidence between pillars 1 and 2, 2 and 3

Relationship to MSFHR 2020-2025 strategic directions

Aligns with strategic directions 1, 2, 4.

Our goal

Between now and 2025, we will develop BC health researcher and research user knowledge and understanding of KT practice and science – including peer and merit reviewers – to increase the use of health research evidence.

How we'll get there

Strengthening and/or refreshing KT as part of our funding programs

We will review and audit our suite of funding programs as a key step towards understanding how best to strengthen their KT components and/or determine what new funding programs are needed to support research production and use in BC. For example, is there need for a prototype funding model in which MSFHR 'helps it happen' that takes advantage of the changing complex health system and health research environments and pushes back against the risk adverse nature of many health research funding review processes? What could such a program look like? Is there a need for a change in the award adjudication criteria - alongside KT training for reviewers - that would place an increased emphasis on KT (beyond publications and conference presentations) and potentially a separate score for KT to increase the rigor of assessment? There are synergies between this work and that under strategic direction #2 related to re-asking the question, 'what is research excellence' when it comes to increasing the use of health research evidence?

Develop KT training and resources for targeted stakeholders

To maximize the value and impact of our funding programs, we will work with academic partners to co-develop KT training and resources that support MSFHR-funded researchers, research users, peer reviewers and those applying to our funding programs. To do this we will support KT skill development for MSFHR-funded individuals and research teams to produce research in ways such that the evidence is used. Our training and resources will focus on areas where there are critical gaps in knowledge such as bridging the evidence gap between pillars 1 and 2, 2 and 3, using integrated KT principles to build research teams, and supporting reviewers who assess KT in funding applications.

Strengthening implementation science capacity in BC

While implementation practice and science fall under the umbrella of KT and KT science respectively, results from our scan revealed the desire to focus on implementation science specifically. We will look for opportunities to build implementation science capacity through our funding programs, for example, as part of regional capacity building awards that could build on regional strengths. We will aim to raise the profile of implementation science in BC and basic understanding and knowledge of IS for researchers through our ongoing projects (e.g., KT Connects webinars and Train-the-Trainer KT curriculum).

Increase KT capacity in BC through activities that support networking, learning and sharing between and among health researchers, research users, and KT practitioners

We will continue to offer the breadth of high-quality resources and successful activities that bring the BC health research community together for networking, sharing and learning aimed at individual, organizational and regional KT capacity building (e.g., KT Connects; Health xChange; KT Collaborative; a Train-the-Trainer community of practice).

2. Catalyze organizations for health research system changes in support of evidence production and use

What we know: Trends and Key Issues

- Integrated KT and other participatory methods (e.g., patient-oriented research) generally necessitates more time and resources than traditional research
- Researchers are not assessed and rewarded by funders and universities in ways that encourage optimal research production and use
- Funding and resources for research production and use through KT in the academic world and health research system could be increased
- The receptivity of policy-makers and the health system as a whole, to research and its use is uneven. Receptivity is impacted by multiple factors including: self-perceived lack of skill in relation to evidence appraisal; ease of access to timely, good quality and relevant research evidence; frequent opportunities for researcher/policy-maker interactions and collaborations; and working in organizations that are receptive to research.

Our goal

Between now and 2025, we will work with academic and health research system partners towards identifying and addressing key issues influencing the use of evidence in the health system in BC.

Relationship to MSFHR 2020-2025 strategic directions

Aligns with strategic directions 1, 2, 3 and 4.

How we'll get there

Work with academic partners and funders on addressing key issues related to KT

Health-related organizations - including academia and funders - are critical players towards needed health system changes for the production and use of research evidence. Universities are recognizing the importance of KT and hiring dedicated staff to support the KT activities of researchers, and conversations are happening among funders. For example, MSFHR is part of a cross-sector group of funders exploring what works to get research used and how to catalyze on these factors. While changes are happening, more needs to be done. We will work with academic partners and other funders locally, nationally and internationally to address key issues related to KT and evidence use that can inform our, our stakeholders' and other funders' work. For example:

- a. Redefining research excellence as the current definition is narrow and does not include KT (i.e., how research needs to be designed, produced, disseminated and implemented in a way that will increase the likelihood that it will be used).
- b. Addressing questions such as:
 - i. What types of activities in the health research system improve the use of research evidence?
 - ii. What incentives do funders and universities currently offer researchers to practice KT? To study KT science? Do incentives differ depending on the research pillar? If so, how? How do we measure the effectiveness of capacity building for decision-makers to work with researchers?

Convene conversations and work with health research system partners to address key issues related to KT and regional health research capacity building

Changes in how research is produced and used are critical to increasing evidence use to inform practice and policy. We will work with health research system partners to ensure a KT lens is included in the co-creation of MSFHR's regional health research capacity building initiatives – including an Indigenous health research capacity building initiative – in order to identify regional KT strengths and opportunities for improvement that will facilitate regional partners' evidence production and use.

3. Support the research evidence needs of the BC government

What we know: Trends and Key Issues

- Research evidence doesn't always address societal collaborators' needs and desires
- Government has challenges accessing research evidence to inform their policy decisions
- Funders should create spaces for mutual learning by all concerned with [the] societal change e.g., discussions with researchers/policy makers/public
- Research questions that policymakers and decision makers need answered are fitting less into a traditional funding model
- There is a need for space for policy, executive, practice, research to meet and talk about differences and develop common goals
- There is a perceived lack of skill of policy makers in relation to evidence appraisal, a key barrier to use
- The greatest barrier is the time needed to find, appraise, and synthesize research evidence when policy making has tight timelines

Our goal

Between now and 2025, we will work with the BC government towards addressing its key health research evidence needs, and to pro-actively identify issues – and possibly catalyze solutions - that we deem of importance on which we direct BC government focus.

Relationship to MSFHR 2020-2025 strategic directions

Aligns with strategic direction 3.

How we'll get there

Be pro-active and responsive to government's evidence needs

We will continue to respond to the BC government's need for research evidence through policy-maker/researcher health forums (e.g., our partnership with CIHR and the BC Ministry of Health on Best Brain's Exchanges (BBEs)), and through initiatives that address crisis-specific, time-sensitive emerging needs (e.g., the SARS accelerated vaccine initiative and the rapid review of jurisdictional responses to the province's overdose crisis). We will also look for opportunities to identify issues that may be of importance to the government where we can facilitate the development of research evidence to inform their work and/or facilitate a provincial response (e.g., the 2019/20 COVID-19 outbreak). This goal aligns with the BC Ministry of Health's (MoH) "[Putting our minds together: Research and knowledge management strategy](#)" (2018), that outlines the MoH's plans to build on existing internal organizational strengths through "programs at MSFHR, which the Ministry can access to advance its research and knowledge management culture and infrastructure...[including]...targeted research in priority areas (e.g., MSFHR's work on the opioid response)." Where necessary, we will work with the BC government for additional resources to manage and fund this work.

Appendix A - References

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