

MSFHR Knowledge Translation (KT) Program Evaluation Report Summary

September 2018

Acknowledgments

Our thanks to evaluation consultant Penny Cooper & Associates – their report provided the basis for this summary document. We would also like to thank all those who participated in the survey and the key informant interviews that informed this evaluation - we appreciate your time and valuable insights.

Purpose

The Michael Smith Foundation for Health Research (MSFHR) is British Columbia's health research funding agency. Funded by the province of BC, MSFHR helps develop, retain and recruit the talented people whose research improves the health of British Columbians, addresses health system priorities, creates jobs and adds to the knowledge economy.

As a funding agency, we feel we have a role to play in supporting our researchers and others in the health system to increase the production and use of health research evidence through knowledge translation (KT). KT activities aim to close the significant gap between research and implementation by improving the use of research evidence in practice, policy and further research. Since our founding in 2001, KT has been a component of the Foundation's organizational activities and awards. The implementation of our KT unit in 2010 allowed us to increase our KT activities and we are committed to ongoing learning and improvement to ensure we are focusing our efforts in the right areas.

In 2017, we developed an [initial framework](#) to guide the evaluation of our knowledge translation (KT) program. The two purposes of the evaluation were to enable us to report to external stakeholders about the impact of our investment in KT and to generate evidence to inform the development of future KT programs and activities. The evaluation was designed to allow for ongoing monitoring and reporting.

This report presents a summary of the results of the first year of the KT program evaluation and covers three years of KT activity (October 2015 - May 2018). It focuses on KT capacity-building activities¹, and to a lesser extent, KT-focused awards². It begins by providing background and an overview of our KT program, then presents high-level findings, recommendations and our response to them.

¹ Workshops, webinars, videos, blogs, events, consultations and publications.

² Reach, Convening and Collaborating (C²), Innovation to Commercialization (I2C), Health Professional Investigator and Implementation Science Teams.

Background: KT at MSFHR

To guide our KT program activities, we developed an evidence-based KT model that identified 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 (see Figure 1).

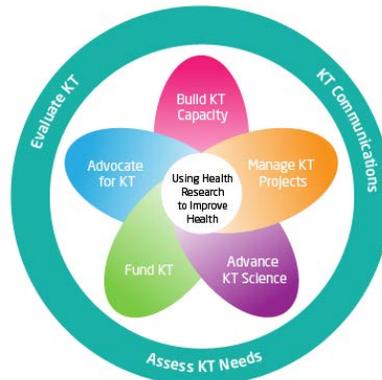


Figure 1 KT Model

The KT unit is responsible for supporting organizational activity in all five functional areas of the model. Its direct sphere of control lies primarily within the capacity-building function, managing KT projects, advancing KT science from a funders' perspective (e.g., publication of our KT work), and advocating for KT. The KT unit also supports MSFHR's strategy team which is responsible for funding KT (specifically, designing awards) and monitoring the impact of awards.

Evaluation scope, approach and limitations

Scope

In 2018 we began an evaluation of the last three years of the KT Unit's activities (2015 to 2018). The evaluation focused on KT capacity-building activities, and to a lesser extent, KT-focused awards. KT capacity-building activities covered in the evaluation included workshops, webinars, videos, blogs, events, consultations and publications. KT-focused awards that were covered in the evaluation included Reach, Convening and Collaborating (C²), Innovation to Commercialization (I2C), Health Professional Investigator and Implementation Science Teams. These elements were all at different stages of maturity and this was reflected in the questions that could be meaningfully posed of stakeholders and in the evaluation findings.

The evaluation didn't cover KT associated with MSFHR's other funding programs (e.g. Research Trainee, Scholar), as these are addressed through other organizational evaluation streams. It also didn't include partnerships with a KT component, or KT activities led by the CEO's office (although the latter were raised spontaneously by key stakeholders).

Approach

A phased, mixed methods approach was used to address the evaluation questions including:

1. A review and synthesis of monitoring data (existing data on program reach, usefulness and use as a foundation for subsequent phases of the evaluation).
2. Key informant interviews (n=20) to solicit in-depth feedback on MSFHR's overall KT program from external stakeholders identified by us as being most deeply engaged with, and knowledgeable about, the program and who could provide a primarily strategic lens and/or operational lens on the program. Key informants were BC-based, represented all regions of the province, and included health researchers, research users and knowledge brokers working in academia, government, health care and health authority settings.
3. A user survey (n=202) to quantify the results of the key informant interviews and obtain feedback on the reach and usefulness of the individual elements of our KT program. The survey was sent to 1,445 users, defined as all those who registered with MSFHR for a KT-specific activity or event between October 2015 and May 2018.

All data were collected and analyzed by an independent consultant with input from the KT and evaluation and impact analysis teams. This was particularly important for the key informant interviews as our aim was to collect unbiased data that we could use for learning and improvement purposes. As such, all data shared with MSFHR was anonymized.

We used a framework to shape the data collection and analysis that focused on concepts of awareness, reach, usefulness, use and impact which follow the logic of engagement with our KT program, and served as organizing principles for the findings. For the individual elements of our KT program, dimensions of usefulness that were measured reflect key outcome areas defined in our [KT program logic model](#). Use and impact were not measured for individual KT activities as these principles are not meaningful at that level for many of our KT activities (e.g. limited engagement activities such as blogs, videos or webinars). Impact was reported at the level of the whole KT program.

Enablers

A key enabler was the contracting of an external evaluation consultant to do the work. While MSFHR has an evaluation & impact analysis team, there were benefits to contracting this work out: (1) it enabled an independent, arms-length evaluation which was particularly important for the key informant (KI) interviews as it allowed KIs to provide anonymous positive and negative data about our KT program; (2) it enabled us to collaborate with an expert consultant on the development of the evaluation scope and questions; and (3) we couldn't have done this work ourselves due to the significant dedicated time needed.

Limitations

There were some challenges with the implementation of a robust methodology. The usefulness of the monitoring data collected was limited as the response rate for the survey was low (14 per cent). Survey respondents were unevenly distributed, especially geographically: 29 per cent of respondents were from outside BC, and 48% were from the Vancouver-Coastal region. We don't have other data available to establish whether, or to what extent, the respondent profile matches the profile of our KT program users. The sample sizes of our survey data did not support statistical exploration of responses by sub-group (e.g. role, organizational affiliation, KT experience). Finally, many survey respondents were not able to confidently answer outcome-related questions about newer elements of MSFHR's KT program (particularly awards) and there was no other data available to address outcome-related questions. For all these reasons, care should be taken with interpretation of quantitative results. These limitations were anticipated but will need to be addressed in future iterations.

The most robust data comes from the key informant interviews and the remainder of the report focuses on that data.

High-level findings

The evaluation suggests that overall, our KT program is working well. Stakeholders are very positive about the program's contribution to the health research ecosystem in BC and value both the capacity-building and award components of the program. The program is achieving its goals: this includes increasing awareness, knowledge and skills in KT; improving application of KT principles by researchers and research users; promoting/advocating for KT; increasing collaboration between researchers and research users; generating and disseminating new KT knowledge; and increasing the pool of KT experts in BC.

The evaluation also found that our KT program is having success in other ways that were not articulated in the original program logic. This includes:

- Positioning MSFHR as a provincial and national leader in KT
- Raising the profile of KT in BC
- Catalyzing a KT community of practice in BC
- Empowering KT practitioners (e.g. knowledge brokers, KT specialists, KT practice leaders) to do their job well
- Supporting the creation of common language and understanding of KT in the funding context.

The evaluation found that our KT program is reaching priority audiences, including early career researchers, KT practitioners and grant facilitators. Other key audiences such as health professionals and research users are starting to be reached. It has been less successful in reaching established researchers, and health authority decision-makers and clinical educators. There is also room for improvement in terms of geographical reach, as there is some perception among stakeholders that the program is somewhat Vancouver-centric. There is also room for improvement in terms of general awareness among stakeholders about the range of KT activities offered by MSFHR.

Key informants were very positive about the impact³ of our KT program, considering resource constraints and the magnitude of systemic challenges with moving evidence into practice. They identified six key enablers of our overall KT program impact. In order of decreasing thematic prominence these are: funding KT-specific awards; leadership activity; coordination; suite of flexible, high quality KT capacity-building resources; frequent communication; and seamlessness.

"I think one of the biggest impacts from my perspective is the legitimizing and prioritizing of knowledge translation in general. [The] Michael Smith [Foundation for Health Research] had a pretty good reputation prior to their KT initiatives. And then when they sort of revamped themselves and KT was one of their big focuses, I think it really opened up the potential in BC for people to start putting capacity in the KT area and to start prioritizing it."

Funding

The evaluation suggests that the most important KT-related activity for MSFHR is funding; this activity is perceived as being most aligned with our core mandate, and also as having the most potential for impact on culture change. Funding KT (activity) 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). This was particularly important in academic contexts where it's been traditionally difficult for researchers to link KT activity with opportunities for promotion and tenure. In our personnel awards (Scholar and Research Trainee), KT requirements were thought to have played a role in creating a common language and understanding of KT, at least in the context of funding. This is the most important pathway for our KT model as it applies to MSFHR.

"I think they're having a big impact on how research institutes value people that work in the area of IKT [Integrated Knowledge Translation] and KT. Because [the] Michael Smith [Foundation for Health Research] is funding things like implementation science, because they're funding things like KT science and scholars and IKT, the university is sort of looking and going oh, okay, so we need to have a KT focus if we want to be competitive for grants."

For BC-based survey respondents (i.e. those eligible for MSFHR awards) awareness of MSFHR's KT-focused awards was consistent at about 50 per cent. In every dimension measured, over 50 per cent of respondents indicated that the KT awards were potentially "very useful", with the highest ratings given to the awards' potential for advancing KT science. While encouraging, findings suggest that better communication of funding opportunities for our KT-focused awards is needed. Most key informants and survey respondents did not offer an opinion about how KT awards could be improved. The most consistent theme was that MSFHR should broaden the target audiences for its KT

³ In line with the Canadian Academy of Health Sciences (CAHS) model for measuring research impact, which serves as the foundation for MSFHR's organizational evaluation strategy, "impact" refers to a broad spectrum of outcomes, including short-, medium- and long-term.

awards including awards for practice-based researchers (i.e. non-academic), early career researchers (including non-PhD graduate students) and allied health professionals.

Leadership Activity

Leadership activity was identified as another important contributor to the success of our KT program, as demonstrated in several ways (in decreasing order of thematic prominence):

- MSFHR is perceived as first and foremost a funder of health research. Our KT awards and KT requirements in mainstream awards sends a clear message about the role funders can play in promoting KT.
- Our CEO is perceived to provide clear, credible and consistent messaging about the role and importance of KT through all available channels.
- Our track record of KT publications in highly credible journals (academic and practice) provides evidence of thought-leadership.
- MSFHR is also thought to drive innovation in KT in BC by sponsoring KT events that bring researchers and research users together (e.g. partnership with CIHR's Best Brains Exchange and BC Ministry of Health, FUSE conference, Health Xchange) and facilitates work to address KT gaps (e.g. KT Pathways).

"I think the Michael Smith Foundation [for Health Research] has been able to play the role (of a global leader in KT) and be a leader in the way it has in part because of the people they have, the expertise they bring, their commitment to KT and the overt dedication of KT resources."

Coordination

Our role as a provincial coordinating body for KT is highly valued. Having dedicated resources for KT through our KT Unit was perceived as unique and valuable for BC. It was perceived that our provincial lens enables us to catalyze and support initiatives that start as good ideas to progress towards concrete forms that make a difference for those trying to embed KT in large organizations and for facilitating progress on work to address important KT gaps.

"I think their [the Foundation's] impact is huge. They've been the primary catalyst for KT and the primary coordinating centre for KT activities in BC. For example, it's not just saying, "Okay let's do it", it's putting the resources, the time, the people in place to make it happen. Everybody else is doing it off the sides of their desk and I think the unique role of [the] Michael Smith [Foundation for Health Research] for KT is it's not off the side of their desk."

Suite of flexible, high quality KT capacity-building resources

Key informants indicated that it is our suite of KT resources that have enabled the success of our program, rather than any one activity. Our KT training offerings and resources are highly valued, considered to fill an important gap, and are thought to be very flexible and of a high quality. Some stakeholders questioned whether, and to what extent, we should continue to provide KT capacity-building activity, which reflects the current dynamic state of KT in BC. However, in the absence of another entity intentionally taking on this work it continues to be an important role for the Foundation.

“You have to have a smorgasbord because people have different tastes and you need a suite of options for people to select from.”

Frequent Communication

Key stakeholders identified that frequent updates (aimed at a wide audience) about our KT events and resources, as well as funded researchers' KT successes play a valuable role in keeping KT 'on the radar' and positioning the Foundation as an up-to-date, go-to place for information.

Seamlessness

Finally, from the outside, MSFHR's KT program is perceived as seamless and coherent, with no obvious gaps or inconsistencies between different parts of the organization that are involved in delivery of the KT program.

Areas for improvement

Key informant interviewees generally agreed the current KT priorities are correct, and did not propose significant changes of direction. A small number of key informants raised questions about whether KT capacity-building should continue to be such a strong focus for us; these stakeholders perceived funding to be MSFHR's primary role in the health research system and wondered whether this role might fit better with the mandate of other emerging entities (e.g. BC SUPPORT Unit); however, no specific entities were noted as being definitively more appropriate.

Implications for our KT Model⁴

We were interested to learn what the evaluation would indicate about our KT model. Although the evaluation appears to have focused on two key areas of our model, “building KT capacity” and “funding KT”, in reality all five functional areas were addressed. Stakeholder consultations confirmed that the five functional areas are intertwined. Depending on context, at least three are considered both activities and outcomes. Advancing KT science is both an outcome (by funding Implementation Science Teams, for example) and an activity (we publish about our KT work). Advocating for KT is both an outcome (the result of funding KT awards) and an activity (formal communications activities such as conference presentations and informal ones such as CEO networking conversations at non-KT events).

⁴ Conclusions presented in this section are drawn from the stakeholder consultations.

Building KT capacity is both an outcome (the longer-term result of advocating for KT) and an activity (training and resources).

The relationship between the functional areas of our KT model, as indicated from this evaluation, is shown in Figure 2. The most critical elements of the model are shown in bold, and the most important relationships are shown in large arrows.

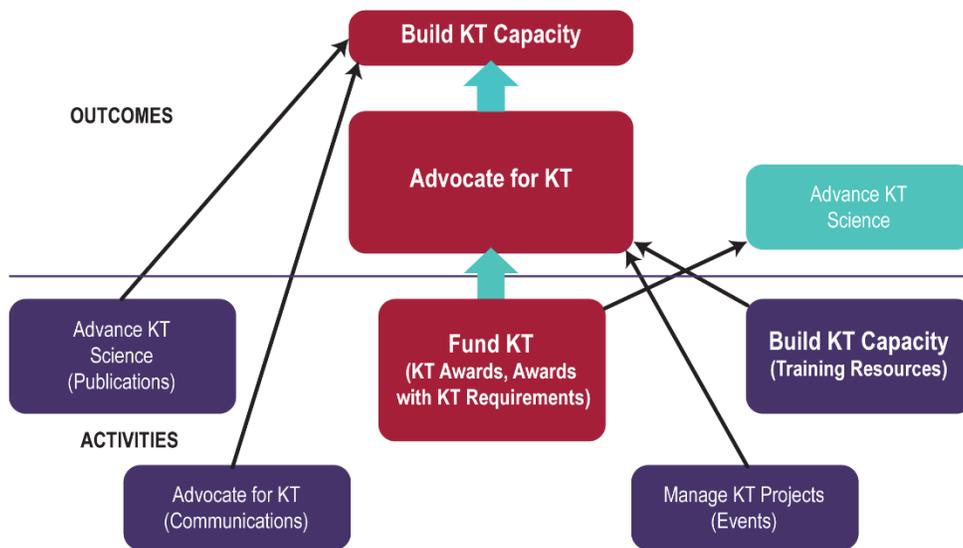


Figure 2

Recommendations and MSFHR's responses

The recommendations below were jointly developed between the independent consultant and MSFHR. We're in the process of implementing the majority of them and continue to explore others.

1. Continue to offer a suite of KT-focused awards

KT funding will continue to be a main focus for us. Findings suggest that better communication of KT award funding opportunities is needed and is being planned. The evaluation had limitations of particular issue for the KT awards – i.e., the survey only targeted those who had registered for a KT event in the past three years, which may have excluded relevant potential respondents. Key informants also included researchers who would likely want to see a continuation of a suite of KT-focused awards. However, this evaluation is only one source of data that informs our awards programs.

MSFHR has a robust [program learning and improvement cycle](#) that takes an evidence-informed and multi-stakeholder approach to program iteration to both advance and adapt our programs to the

changing research environment both in BC and nationally. Our ongoing review of all of our awards ensures that they will continue to meet the needs of BC-based researchers.

2. Continue to offer a suite of KT capacity-building activities

It was clear from the key informant interviews that our suite of KT resources, rather than one activity, has enabled the success of our program. They recognized the value of ensuring the suite continues to include high content activities (e.g. workshops, events), medium content/highly flexible and accessible activities (e.g. webinars) and activities that serve primarily to keep KT on the radar (e.g. blogs).

Stakeholder questions about whether, and to what extent, MSFHR should continue to provide KT capacity-building activity merits further thought. Firstly, it's important to note that stakeholders feel there is a continued critical need for KT capacity-building activity in BC, and that in the absence of another entity better placed to do it, MSFHR should continue to play this role, even if our primary role in the provincial health research ecosystem is as a funder. Furthermore, it can be argued that a continued, dedicated role around provincial capacity-building within a provincial funding agency ensures that KT continues to be integrated into the funding fabric.

Stakeholders' observations about a role for MSFHR in provincial KT capacity-building is more reflective of the changing context than about MSFHR per se. Mostly, it reflects stakeholders' observations that there are many moving parts in the KT landscape in BC, including multiple emerging communities of practice, and at least one new KT "entrant" – the BC SUPPORT Unit including its KT/Implementation Science Methods Cluster.

A second aspect of the changing context is the trend toward the implementation of learning health systems in the health authorities, which implies a different way of thinking about knowledge translation, and potentially a different role for MSFHR.

Informed by our organizational strategic planning process, annual review of our KT strategic plan, evaluation of our KT activities, and our understanding of the complex research environment, it will be critical for us to continue to collaborate with partners inside and outside BC to actively seek opportunities to increase the reach of our activities and to synergize efforts in the KT capacity-building space. For example, there are opportunities for us to focus on new areas such as implementation science and practice that can be cross-cutting across our programs (e.g. through awards, webinars, training resources) and will bring new KT resources to build this important area of research and practice in BC.

3. Continue to seek opportunities to expand the footprint for KT capacity-building outside of Vancouver

Key opportunities are to more actively promote "build your own" KT workshops to research support staff in health authorities other than Vancouver Coastal, and feature more non-Vancouver/UBC experts

in webinars. There may also be opportunities to address webinar topics that are of particular interest to audiences outside Vancouver.

We will be working with our KT Connects webinar partner (Arthritis Research Canada) to reach out to stakeholders in BC over the coming months for their advice on what the third year of the webinar series should look like (e.g., speakers they would like to see; what topics they want to hear about; how to expand our audience to reach new people and regions).

We've realized that while our KT workshops are popular and effective, continuing to offer one-off workshops may not be the best use of our resources. We have therefore shifted our focus to developing and implementing with our partner organizations, provincial KT resources that will increase KT learning and training opportunities in the province. The first is MSFHR's [KT Pathways](#), a digital tool designed to help users assess their current KT strengths and areas for development, and provides tailored training materials and supports based on the results. The tool was developed with health-care, health system and academic [partners](#) across BC and launched in May 2019.

4. Continue support for MSFHR's role as a provincial coordinating body for KT

We are pleased to hear that our role as a provincial coordinating body for KT is valued by our stakeholders. We look forward to continuing to work with our partners – at the individual, organizational and health system levels — to catalyze discussions, projects and initiatives to increase the uptake of research evidence in BC through KT.

5. Continue to seek opportunities for publication on KT topics

As a responsible and responsive health research funding agency, we recognize the importance of our role in sharing our learnings and experiences with other research funders not only [specific to KT](#) but also about [what to fund, how to fund, how to support and how to measure](#) all that we do.

6. Develop a KT communications plan

The key purpose of the plan is to raise awareness of MSFHR's KT capacity-building activities (training, resources) and awards. It could also include relevant activities of the CEO's office and KT-focused partnerships. We're working with our Marketing & Communications team to develop a KT communications plan for our work.

7. Develop and implement a set of consistent indicators and data collection mechanisms for KT capacity-building activity

While we were pleased that the evaluation confirmed the value and effectiveness of our KT program we also recognize that there were challenges achieving a robust data set. Moving forward we will work with our evaluation team to design ways of collecting data that is more meaningful and appropriate to the specific KT program or activity. These decisions will determine what indicators to collect going

forward. We believe this is realistic in terms of our available resources and will not overly burden our stakeholders who are a valuable source of our evaluation data.

8. Consider an evaluation reporting stream for the KT program as a whole

The evaluation focused on KT capacity-building activities⁵, and to a lesser extent, KT-focused awards⁶. Our KT program and KT-related activities are carried out across different departments at MSFHR. While all evaluation data rolls-up into our organizational evaluation plan, we will consider the benefits of an evaluation reporting stream for all MSFHR KT work, including KT capacity-building, KT awards, and potentially KT-related activities of the CEO's office, to better understand and report on its broad impact.

Conclusion

As a funding agency known for our work in supporting knowledge translation in BC, we're committed to continuous learning and improvement, and to working in a context- and evidence-informed way. In addition to implementing the recommendations described in this report, we'll build on what we learned through this evaluation by developing and collecting on key evaluation indicators and continuing to seek input from our stakeholders. We'll continue to engage in ongoing collaboration with our provincial and national partners and stakeholders, as well as continue to learn from others experiences and share our own through the evolving literature on KT evaluation.

⁵ Workshops, webinars, videos, blogs, events, consultations and publications.

⁶ Reach, Convening and Collaborating (C²), Innovation to Commercialization (I2C), Health Professional Investigator and Implementation Science Teams.