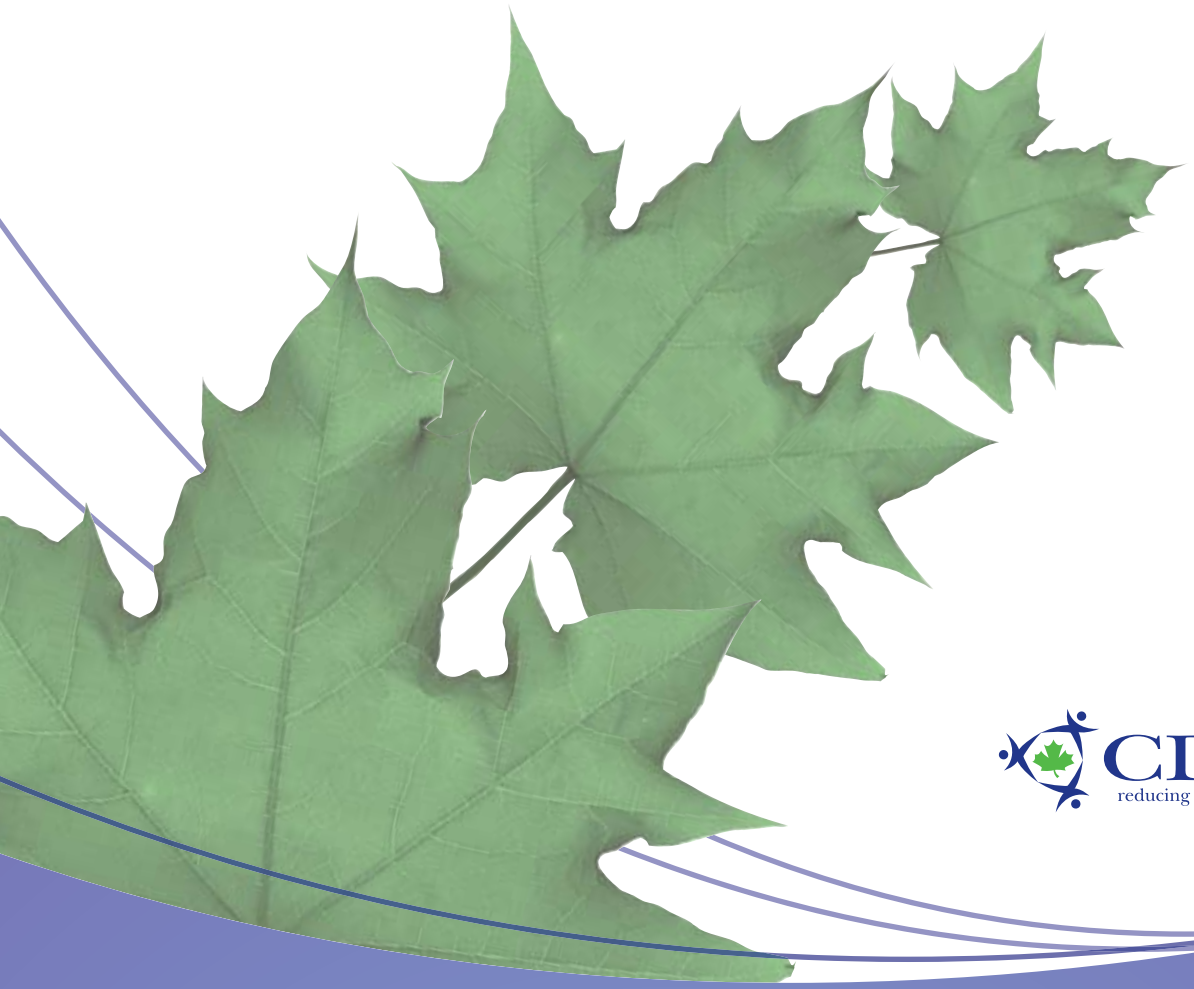
Collaborative Knowledge Exchange: Enhancing CDPAC's Capacity



CDPAC
reducing chronic disease in Canada

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The Chronic Disease Prevention Alliance of Canada (CDPAC) led this project. Anya Keefe, a CDPAC consultant, completed the research and writing and Janelle Witzel, CDPAC Manager, provided the project management.

CDPAC Contact Information
Bonnie Hostrawser
Executive Director
bhostrawser@cdpac.ca
www.cdpac.ca

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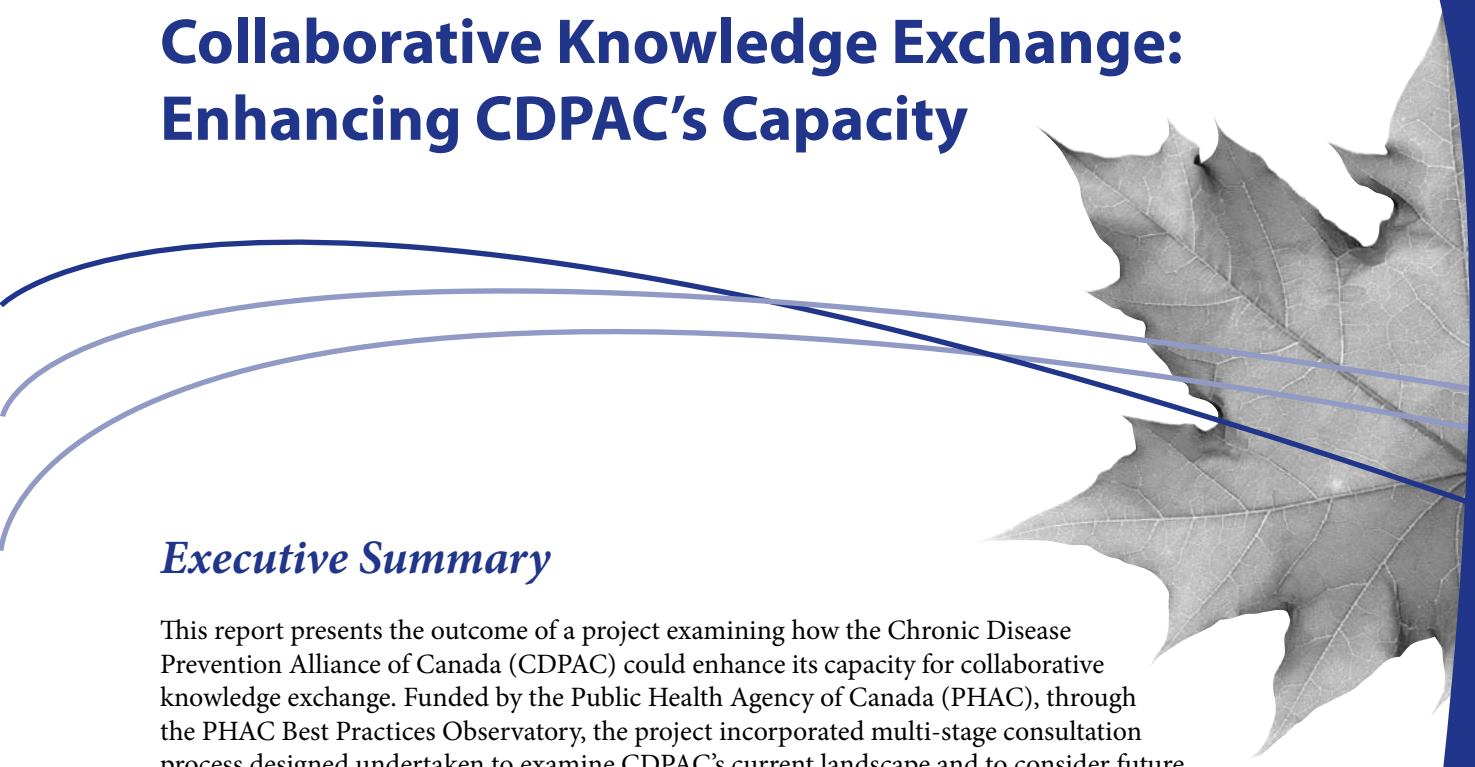


Executive Summary

This report presents the outcome of a project examining how the Chronic Disease Prevention Alliance of Canada (CDPAC) could enhance its capacity for collaborative knowledge exchange. Funded by the Public Health Agency of Canada (PHAC), through the PHAC Best Practices Observatory, the project incorporated multi-stage consultation process designed undertaken to examine CDPAC's current landscape and to consider future possibilities. Long-term outcomes of the project will include the development and piloting of web-based tools to enable CDPAC members to interact, collaborate and exchange knowledge and best practices in chronic disease prevention. Key findings are outlined below.

CDPAC currently engages in a broad range of knowledge exchange activities. It connects *people with information* through a variety of communication tools which include position papers, briefings, presentations, reports, conference proceedings and workshop reports, press releases, an electronic newsletter, and links to other resources. It connects *people with people*, facilitating exchange and sharing of knowledge through conferences, workshops, and meetings of the Network of Provincial/Territorial Alliances, through the Fireside Chats and through the partnerships it has forged with other chronic disease prevention organizations.

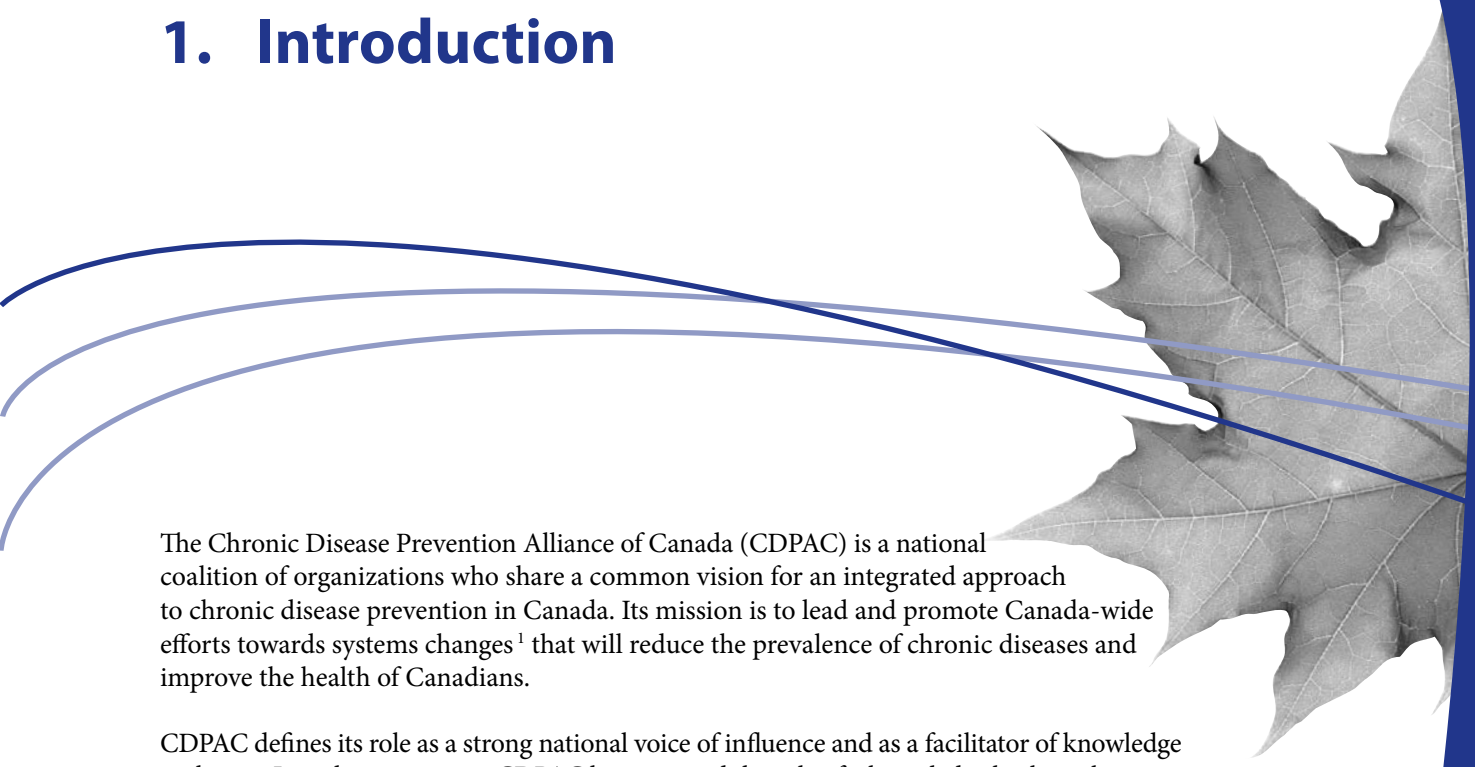
An online survey was undertaken to solicit feedback on CDPAC's current knowledge exchange activities, as well as to request input on possible future activities. In thinking about future activities, respondents were asked to consider these activities in light of whether they could enhance their ability to promote health systems change and to move chronic disease prevention policy forward. Key informant interviews were also undertaken to gain an understanding of current priorities for collaborative action and to enrich our understanding of the survey findings.

With respect to the current landscape, the survey findings indicate that respondents are aware of and participate in a variety of activities, with CDPAC's website, its conferences and fireside chats being the most widely known. There appears to be uptake of CDPAC knowledge and information products, although the degree to which they are used to inform policy and practice is unclear. Survey respondents clearly felt that CDPAC had a role in ensuring access to other resources and pan-Canadian chronic disease happenings, with the majority indicating a preference for CDPAC to act as a central coordinating body or a central hub for credible information on chronic disease prevention.

With respect to where CDPAC could go in the future, survey respondents identified a number of face-to-face activities, virtual activities, tools and mechanisms that they felt would enhance their ability to do their jobs and promote health system change. The most popular choices were: increased networking opportunities, communities of practice, online portal to themes and resources by topic area, synthesized research evidence with actionable evidence-based messages and plain language summaries of systematic reviews.

In moving forward to enhance its knowledge exchange capacity, CDPAC is encouraged to build on its strengths and minimize duplication of effort. CDPAC is also encouraged to engage with its primary "client" groups in a strategic visioning exercise to develop a vision for knowledge exchange within the context of its overall mission and mandate. Once the vision is clarified, CDPAC should then go on to enhance its knowledge exchange capacity through the implementation of a mixture of tools and mechanisms, such as those described above.

1. Introduction



The Chronic Disease Prevention Alliance of Canada (CDPAC) is a national coalition of organizations who share a common vision for an integrated approach to chronic disease prevention in Canada. Its mission is to lead and promote Canada-wide efforts towards systems changes [1] that will reduce the prevalence of chronic diseases and improve the health of Canadians.

CDPAC defines its role as a strong national voice of influence and as a facilitator of knowledge exchange. In its latter capacity, CDPAC has assumed the role of a knowledge broker – bringing together researchers, policy makers and practitioners and facilitating the exchange of knowledge and information, with the ultimate objective of improving population health. Alliance members and end users benefit from this exchange by an increased capacity for health systems change, more informed policy development processes, and improved evidence-based practice for chronic disease prevention.

In 2007, the Public Health Agency of Canada (PHAC) funded CDPAC, through the PHAC Best Practices Observatory, to undertake a project to examine how it could enhance capacity for collaborative knowledge exchange within CDPAC and its member organizations[2]. Key activities included conducting a membership survey and establishing an expert advisory group to help identify which types of tools are most relevant and have the greatest potential impact for CDPAC members. Long-term outcomes of the project include the development and piloting of web-based tools to enable CDPAC members to interact, collaborate and exchange knowledge and best practices in chronic disease prevention.

This report presents an overview of how the project was undertaken, summarizes the results of the multi-stage consultation process, and outlines a series of recommendations designed to move CDPAC's knowledge exchange activities forward. Section two begins with an overview of the methodology used. Section three provides some context for the project, with a brief description of the knowledge exchange cycle and the critical factors for success, along with a snapshot of CDPAC's current knowledge exchange activities. Section four presents the major findings of the project, beginning with the outcome of a focus group discussion and the findings from the survey and ending with the feedback from key informants identified by CDPAC. Section five discusses the findings of the project and section six presents recommendations to guide CDPAC in its next steps.

[1] In research, surveillance, policy and programs.

[2] The official title of the project is "Enhancing Capacity for Knowledge Development and Exchange (KDE) for Health Promotion and Chronic Disease Prevention".

2. Methodology

Data for this project were collected in three main phases. In the first phase, the consultant undertook a high level review of CDPAC's knowledge exchange activities to date and engaged in a focus group discussion with representatives of the Network of the Provincial/Territorial Alliances. The consultant also sat in on a focus group discussion led by the CDPAC Evaluation Consultants. Through those discussions, the consultant heard what the representatives liked (i.e., the specific CDPAC knowledge exchange mechanisms that worked for them) and what they thought would enhance their ability to effect system change (i.e., some of the tools and mechanisms they thought would make their jobs easier).

In the second phase, an online survey[3] was undertaken to solicit feedback on CDPAC's current knowledge exchange activities, as well as to request input on possible future activities. Survey questions were developed in consultation with CDPAC staff and were informed by focus group feedback. In the first part of the survey, information was sought on how respondents use CDPAC's knowledge products, how they engage in CDPAC's knowledge exchange activities and the degree to which they use information from other sources. In the second part of the survey, respondents were asked to think about a range of knowledge exchange tools and mechanisms and to indicate the likelihood that they would enhance their ability to promote health systems change and to move chronic disease prevention policy forward.

In the third phase of the project, eleven key informants were interviewed. The purpose of these interviews was to gain an understanding of current priorities for collaborative action and to enrich our understanding of the survey findings. Key informants were selected by CDPAC on the basis of their knowledge exchange expertise and represented a range of chronic disease prevention efforts in Canada[4]. Survey findings were used to develop a line of questioning in consultation with CDPAC. Key informants were provided with a copy of the questions, along with some background material to provide context, in advance of the interview. All interviews were conducted by telephone and were audio-taped (with the key informant's permission) to aid in transcription. The transcribed interviews were then analyzed to identify common themes and messages.

[3] Survey respondents were selected by CDPAC. The survey was open for two weeks and email reminders were sent twice during the survey period.

[4] Key informants represented cancer and chronic disease prevention efforts at the national and provincial levels, as well as public health more broadly at the federal and provincial/territorial levels.

3. Context

The Knowledge Exchange Cycle

Knowledge exchange is defined by the Canadian Health Services Research Foundation as collaborative problem-solving between researchers and decision-makers that happens through linkage and exchange. It is focused on bridging the gap between research evidence and practice and involves researchers and users throughout process of knowledge production, knowledge synthesis, and knowledge application.

The scope and tight timelines of this project precluded a comprehensive review of the literature on knowledge development and exchange. Therefore, recent publications commissioned by the Public Health Agency of Canada on knowledge exchange for chronic disease prevention and health promotion were reviewed, as were relevant publications of CDPAC, the Canadian Institutes for Health Research (CIHR), the Canadian Institute for Health Information (CIHI), the Canadian Health Services Research Foundation (CHSRF), and the National Collaborating Centres for Public Health (NCC). Other relevant websites with a focus on population health and/or chronic disease prevention were also consulted.

The Knowledge Exchange Cycle

Conceptually, the knowledge development and exchange process can be illustrated as a cycle which begins with the collection of data through research and surveillance activities. Through a process of exchange with end users, that data is synthesized into knowledge products that are, in turn, used to inform the development of programs, practices, and policies. See Figure 1.

Adapted from: Public Health Agency of Canada. (Amey et al, 2007)

An important consideration in the knowledge exchange process is that the cycle is not about disseminating more information, but about translating appropriate knowledge at the right time. The information must be *appropriate* (for example, evidence briefs for policy makers or, conversely, policy "maps" for researchers) and it must be *timely* (for example, policy position papers on issues currently before government). Ideally, this is a continuous improvement cycle. The implementation of programs, practices and policies in the Action phase then yield data – through a process of ongoing evaluation – which brings the cycle full circle again.

Key Success Factors for Knowledge Exchange

A 2007 CDPAC report on theoretical models for knowledge exchange in health promotion[5] noted the following examples of best practices in knowledge translation and exchange:

- employing multi-faceted, active dissemination strategies
- building relationships, trust, communication between researchers and end users
- involving end users at all stages of the cycle
- supporting knowledge sharing structures such as communities of practice and social networks
- utilizing appropriately skilled knowledge brokers & facilitators
- making evidence accessible through synthesis (including actionable, evidence based messages)
- developing capacity of users to access, evaluate, and appropriately implement evidence-based practices, and
- developing capacity of researchers to participate in knowledge exchange and research application[6]

Two recent CIHR publications[7] report on the lessons learned from successful (and some less than successful) knowledge exchange strategies. Key lessons learned include the following: effective, successful knowledge exchange

- requires long-term commitment and effort
- is nourished by face-to-face interaction, and
- must be tailored to the needs of the target community (i.e., it must be appropriate to its context)

In addition, there must also be user capacity to adopt the new knowledge and put it into action and there must be tangible benefits for all partners.

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5 Authored by Lynne Moffatt.

6 By addressing some of the systemic barriers that discourage researchers from engaging in the research activities of greatest relevance to practice (e.g., the academic merit system, making funds available for knowledge exchange, etc).

7 Casebooks of knowledge translation stories published by the CIHR Institute of Health Services and Policy Research and the CIHR Institute of Population and Public Health.

Identifying CDPAC's Current Knowledge Exchange Activities

CDPAC's role is to build and strengthen linkages among established, new and emerging chronic disease prevention initiatives in Canada[8]. It does so through advocacy and knowledge exchange. In the area of knowledge exchange, CDPAC acts as a facilitator, connecting people (i.e., researchers, policy makers and practitioners) and information together to support systems change in research, surveillance, policy and programs.

To identify CDPAC's current knowledge exchange activities, the consultant reviewed CDPAC's website. Information obtained from this review was supplemented by discussions with CDPAC staff and attendance at a Network of Provincial/Territorial Alliances meeting [9]. To put CDPAC's current activities into the broader context of other chronic disease knowledge exchange activities in Canada, the consultant also reviewed the Amey report[10].

Connecting People with Information

CDPAC connects *people with information* through a variety of communication tools. These include position papers, briefings, presentations, reports, conference proceedings and workshop reports, press releases, an electronic newsletter, and links to other resources. Mechanisms for linkage include face-to-face opportunities (e.g., conferences, workshops and meetings) and virtual activities (e.g., fireside chats, web links to other resources). CDPAC's primary vehicle for dissemination of information and linkage to other resources is electronic, through its website and through email.

Connecting People with People

CDPAC connects *people with people*, facilitating exchange and sharing of knowledge through conferences, workshops, and meetings of the Network of Provincial/Territorial Alliances. CDPAC also connects people with people through Fireside Chats[11], through its website[12] and through the partnerships it has forged with other chronic disease prevention organizations. Specific activities that CDPAC has undertaken to connect people with people include: convening groups to identify a vision for chronic disease prevention research, as well as to produce obesity policy priorities and draft regulations for advertising to children; and, maintaining a network of research users (and to a certain extent researchers)[10].

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8 Source: CDPAC website (http://www.cdpac.ca)

9 Meeting held in Ottawa, January 24th-25th, 2008.

10 Building a foundation for knowledge development and exchange about chronic disease: the results of an environmental scan. Amey et al. August 2006.

11 Pan-Canadian discussions on topical issues in chronic disease prevention via a toll free telephone and Internet conference.

12 One example is "Hot Topics", CDPAC's venue for partners to share concise summaries of topics with important highlights and links to further resources.

4. Major Findings

Focus Group Discussion

A brief focus group discussion was held at the Network of the Provincial/Territorial Alliances meeting in January 2008. Alliance members offered their perspective on CDPAC tools and mechanisms they liked and/or found useful and suggested tools and mechanisms that could assist them in doing their jobs. The specific mechanisms that they found useful included the conferences and subsequent conference products, the teleconferences, the fireside chats, and some of the knowledge products (such as the position papers and briefings). Some of the specific tools they identified as potentially being of use included: more information on how to use the products (for example, who to connect with in government, how to put the information into practice or action, how to position, how to disseminate and how to leverage the work of their stakeholders), tools and templates to help them work at being a better voice, and guidance on where else to go to involve others in the debate. This information was used to inform the development of the survey questions.

Survey

CDPAC emailed the survey to a total of 524 potential participants. A total of 67 respondents logged into the survey. Of these, 52 (10%) completed all questions. Respondents represented a variety of organizations across Canada, with 26 (41%) working at the national level, 20 (32%) working at the provincial level, and 17 (27%) working at the local level.

As shown in the table below, one third of the respondents worked in governmental organizations and two thirds worked in non-governmental organizations (both inside and outside the health sector). Those who selected "other" indicated that they worked in an academic setting, in public health more broadly, or in health care or health services.

Answer Options	Chronic disease-specific non-governmental organization	Health promotion non-governmental organization	Other non-governmental organization (outside of health)	Government
National	7	8	2	9
Provincial	6	8	1	5
Local	4	2	4	7

The Current Landscape

A series of questions sought information on how well CDPAC's current knowledge exchange activities are achieving their intended purpose of raising awareness and influencing system and/or policy change. Complete findings are presented in Tables 1 through 5 of Appendix 1.

Awareness

When asked to identify the activities, tools or mechanisms they were aware of, most respondents (56 of 57 who answered this question, or 98%) indicated that they knew about CDPAC's website, while 46 (81%) indicated awareness of CDPAC conferences. Approximately one half to two thirds of the respondents indicated an awareness of CDPAC resources on specific themes, written materials, press releases and fireside chats. Respondents indicated a lower level of awareness of CDPAC's other KE activities, with the lowest levels of awareness being about the briefings (5% of respondents) and member organization press releases (10.5% of respondents). Detailed results are listed in Table 1 of Appendix 1.

Of note is the discrepancy between the proportion of respondents who indicate awareness about CDPAC's face-to-face activities and those who indicate awareness about the follow-up products. For example, although 81% of respondents indicated awareness of CDPAC conferences, only 40% indicated that they knew about the conference products and proceedings. A similar trend is observed in respondents who indicated awareness about CDPAC workshops although the discrepancy is not as large (35% knew about the workshops, 25% knew about the workshop reports). This suggests that CDPAC could be doing more to promote awareness of its activities in this regard.

Use and Application of CDPAC's Information Products

When asked how they use CDPAC's knowledge and information products, most respondents reported that they used them for expanding their personal knowledge or sharing with internal and external colleagues. Some reported that they cited CDPAC's products in documents and reports[13] . There appears to be very limited use of the knowledge or information products in the development of policy briefs or position statements and in the development, implementation and evaluation of new policy. Detailed results are presented in Table 2 of Appendix 1.

Of note is the relatively high proportion of respondents who selected "none apply", indicating other possible ways of use and/or application that were not captured by the survey. It may also indicate that the respondents to the survey were not policy makers, rather that they worked predominantly "on the ground" delivering programs. Although the way in which this question was structured precluded our ability to examine this further, this may be an area for CDPAC to consider further exploring.

Face-to-Face KE Activities

Survey participants were asked whether they had ever attended a conference or workshop hosted by CDPAC, as well as their reasons for attendance or non-attendance. Of the 56 respondents who answered this question, 37 (66%) indicated that they had ever attended a CDPAC conference or workshop. The two most frequently cited reasons for attending were "opportunity to share and exchange knowledge" and "opportunity to learn new information" (51% and 30% of respondents who attended, respectively). Lack of financial support and lack of time were the two most frequently cited reasons for not attending (53% and 26% of respondents who did not attend, respectively). See Tables 3A, 3B and 3C in Appendix 1 for more detail.

Fireside Chats

In addition to attendance at conferences and workshops, the survey asked about participation in CDPAC's fireside chats. Of the 56 respondents who answered this question, 23 (41%) indicated they had ever participated in a fireside chat. The two most frequently cited reasons for participating were "opportunity to learn from experts without leaving my office" and "opportunity to share and exchange knowledge with colleagues across country" (52% and 26% of respondents who participated, respectively). Lack of awareness (i.e., not knowing what a fireside chat was) and lack of time were the two most frequently cited reasons for not participating (42% and 32% of respondents who did not participate, respectively). See Tables 4A, 4B, 4C in Appendix 1 for more detail.

[13] Information sources cited in documents and reports included the thematic resources, the written materials, and the background papers.

Comparing CDPAC to Other Sources of Information

Survey participants were asked about the range of information sources they use to move chronic disease prevention policy forward and about the frequency with which they use them. As expected, respondents indicated that they use a broad range of resources. Results are shown in Table 5A of Appendix 1.

To get a sense of how CDPAC compares to other sources overall, responses were dichotomized into two categories of "less than half of the time" and "more than half of the time"[14]. As shown below, a smaller proportion of respondents reported using CDPAC "more than half of the time". Respondents appear to rely mostly on information from their colleagues or their organization's website.

Information Source or Resource	Percentage of Respondents
CDPAC	12.5
Organization's local website	51
Information from colleagues	69
Public Health Agency of Canada	38
Canadian Institute for Health Information	29
Canadian Health Services Research Foundation	21

When asked about the other sources of information they use in their day-to-day work, survey respondents indicated that they rely on the following kinds of resources: academic and professional journals, scientific literature[15], government reports, national and international websites[16], universities and university libraries, and specific governmental agencies such as Health Canada and Statistics Canada. A list of the resources identified by respondents and frequency of use (where noted) is shown in Table 5B of Appendix 1.

CDPAC's Role in Ensuring Access

Of the 67 respondents who logged into the survey, 45 (67%) offered an opinion on CDPAC's role in ensuring access to other resources and pan-Canadian chronic disease happenings. The responses were grouped into the 8 categories shown in the table below. The percentage of respondents who suggested a particular role is also identified.

[14] "More than half the time" combines the responses to "half of the time", "most of the time" and "all of the time".

[15] Includes primary literature and synthesis documents.

[16] One respondent stated using Australian and UK websites, but none were specifically identified.

As shown, the participants who responded to this question were of the opinion that CDPAC does have a role in *offering* access, with the majority indicating a preference for CDPAC to act as a central coordinating body or a central hub for *credible* information. Linkage through electronic means (i.e., websites) was the most commonly suggested means of ensuring access.

Suggested Role for CDPAC	Percentage of Respondents
Link to other credible websites and resources (central coordinating body, central hub or portal with search engine)	62
Facilitate opportunities for people to interact, network and learn from each other	11
Ensure integration and coordination of chronic disease prevention strategies for planning, resource allocation and implementation	13
Identify gaps in the knowledge exchange process	2
Act as repository of position papers by various organizations	7
Promote "cutting edge" programming (for example, fireside chats)	7
Provide national overview of trends, key hot issues or developments (via links or other means)	9
Collaborate on creation and distribution of health promotion information	7

Looking Forward

To help CDPAC identify options for enhancing its knowledge exchange activities, survey participants were asked to think about the kinds of activities and tools that would best enable them to promote health systems change. They were then asked to rate a series of options on a 5-point scale ranging from "extremely likely" to "extremely unlikely". Complete results are shown in Tables 6, 7 and 8 of Appendix 1.

Face-to-Face Activities

Survey participants were asked to rate the likelihood that the following face-to-face activities would enhance their ability to promote health systems change: more networking opportunities, more national conferences, more workshops, and communities of practice. More networking opportunities and communities of practice were the preferred choices, with 74% and 67% of the respondents who answered this question indicating they felt that these options would enhance their ability to promote health systems change. Approximately half of the respondents who answered this question felt that more national conferences and workshops would have the same effect. See Table 6 for more detailed information.

Virtual Activities

Survey participants were asked to rate the likelihood that the following virtual activities would enhance their ability to promote health systems change: more webcasts and online chat sessions, interactive tools, online networks of researchers and policy makers, online communities of practice, online "clearing house" for topic-specific information, and a portal to online resources by theme or specific topic area. The online portal was the preferred option, with 92% of the respondents who answered this question indicating that this would enhance their ability to promote health systems change. Online "clearing house", online communities of practice and online networks of researchers and policy makers were selected by approximately three-quarters of the respondents. See Table 7 for more detailed information.

Tools and Mechanisms

Survey participants were asked to rate the likelihood that the following tools and mechanisms would enhance their ability to promote health systems change: briefing papers with a list of prepared questions, position statements with targeted messages, templates for targeted messaging, policy maps, mechanism to identify emerging issues and prepare "rapid response" policy statements, plain language summaries, synthesized research evidence with actionable evidence-based messages. For the purposes of describing the results, the responses were grouped into the following three categories: tools selected by 90% or more of respondents, tools selected by between 60 and 90% of respondents, and tools selected by less than 60% of respondents.

The top two tools that respondents who answered this question felt would most enhance their ability to promote health systems change were: synthesized research evidence with actionable evidence-based messages and plain language summaries of systematic reviews (94% and 92%, respectively). The next tier included: mechanism to identify emerging issues and prepare "rapid" response policy statements, policy maps explaining how policy is made and relevant government contacts, and position statements with targeted messages and dissemination strategies (80%, 75% and 76% of respondents who answered this question, respectively). In the lowest tier were templates for targeted messaging and briefing papers with a list of prepared questions to help members solicit feedback (59% and 58% of respondents who answered this question, respectively). See Table 8 for more detailed information.

Capacity for Knowledge Exchange

When asked whether they encountered barriers in accessing, applying or using CDPAC's knowledge products, 28% of the respondents who answered this question indicated that they felt they did not encounter barriers. Of those who did indicate that they encountered barriers, the most commonly identified barriers were: the lack of a knowledge exchange leader or champion (30%) and lack of resources to dedicate to knowledge exchange (lack of human resources: 28%, lack of financial resources: 23%).

Approximately 23% of respondents who answered this question selected "other". Analysis of their open-ended responses revealed the following "other" barriers: lack of time, information overload, lack of awareness[17], perceived lack of relevance. The breakdown of responses is shown in Table 9 of Appendix 1.

Priorities

Survey respondents were asked to identify the top two topics, issues or thematic areas they felt that CDPAC should focus its knowledge exchange activities on. In total, 41 respondents completed this question. Responses were grouped into the 15 broad categories listed below (shown in order of highest to lowest popularity).

1. Social determinants of health
2. Integrated approach to prevention
3. Healthy lifestyle initiatives
3. Risk factors for chronic disease
4. Research synthesis and systematic reviews
5. Management of chronic disease
5. Regulation and policy
5. Tools and/or strategies
6. Built environment
7. Best practices
8. Economic impact analyses
8. Secondary prevention
8. Social marketing
9. Funding
9. Special populations

The complete list of topics identified is set out in Table 10 of Appendix 1. Because respondents were not asked to rank their choices, the table makes no distinction between topics or issues that respondents identified as their first or second choice. Specific topics are identified under the broad headings, with the number of respondents noted in brackets.

[17] This encompassed not being aware of what was available through CDPAC, not sure where to find updated information on CDPAC's website, and not being clear on whether CDPAC information is as up-to-date as it could be.

Stakeholders

Survey respondents were asked to identify the top two stakeholder groups they felt that CDPAC should include in its knowledge exchange activities. In total, 40 respondents completed this question. Responses were grouped into the 17 broad categories listed below (shown in order of highest to lowest popularity).

1. Federal government
2. Provincial government
3. Non-governmental organizations
4. Practitioners
5. Municipal government
6. General public
6. Special populations
7. Academics and researchers
7. Health professionals
7. Knowledge exchange specialists
7. Education sector
7. Regional health authorities
7. Private sector
8. Public health specialists
8. Health promotion specialists
8. Social service providers
8. Funding organizations

The complete list of stakeholders identified is set out in Table 11 of Appendix 1. Because respondents were not asked to rank their choices, the table makes no distinction between groups or organizations that respondents identified as their first or second choice. Specific groups are identified under the broad headings, with the number of respondents noted in brackets.

Sustaining Interest

Survey respondents were asked to identify the top two things that CDPAC could do to ensure their sustained interest and engagement. In total, 39 respondents completed this question. Responses were grouped into the 13 broad categories listed below (shown in order of highest to lowest popularity).

1. Implement a variety of tools and mechanisms
2. Be strategic
3. Create more opportunities to meet
4. Link me to research and evidence-based practice
4. Make things happen
5. Stay topical and be relevant
6. Help me do my job
6. Send me more information
7. Create more learning opportunities
7. Enhance my ability to participate
8. Fill a gap
8. Help me link with other groups
8. Be an advocate

The complete list of responses identified is set out in Table 12 of Appendix 1. Because respondents were not asked to rank their choices, the table makes no distinction between suggestions that respondents identified as their first or second choice. Specific responses are identified under the broad headings, with the number of respondents noted in brackets.

Key Informant Interviews

To enrich our understanding of the survey findings and to guide the development of appropriate recommendations, eleven key informant interviews were conducted. Key informants were asked a series of questions to elicit information aimed at help CDPAC strategically plan its next steps for enhancing its knowledge exchange capacity[18]. These questions focused on potential areas of focus identified in the survey, the stakeholders who could be engaged (as identified in the survey), gaps and opportunities, linkage into existing initiatives, and factors influencing the uptake and utilization of CDPAC knowledge products. Although the interviews were structured around these core questions, key informants were also given the opportunity to speak about knowledge exchange more generally or about issues that they felt should be drawn to CDPAC's attention.

[18] A copy of the interview guide is included as Appendix 2. Key informants were asked not only questions about CDPAC's knowledge exchange capacity in general, but also about a proposed community of practice.

In analyzing the content of the key informant interviews, the following themes emerged: CDPAC's strengths, the need for a strategic thinking/planning exercise, the importance of minimizing duplication of effort and enhancing linkages, potential gaps and opportunities, and factors influencing success.

CDPAC's Strengths

The uniqueness of its position as a national body outside of government and its dual roles of advocacy[19] and knowledge brokering were consistently raised as two of CDPAC's key strengths. Many key informants also identified its independence as a core strength. Its ability to create partnerships and bring people together – especially around complex topics or controversial issues that others do not want to or cannot touch[20] – was noted as an area in which CDPAC particularly shines. CDPAC's strong links to non-governmental organizations (NGO) were also noted as ideally positioning it as a knowledge exchange broker for the NGO community. Although recognized as a credible source of information, at least two key informants noted that CDPAC is a bit of a well-kept secret.

The Need for Strategic Thinking

When asked to comment on potential knowledge exchange priorities and effective stakeholder engagement[21], key informants consistently stated the need for CDPAC to undertake a strategic thinking exercise at the Steering Committee level. Everyone felt that CDPAC – in consultation with the Steering Committee and the Provincial/Territorial Alliance – needed to think about a vision for knowledge exchange within the context of its overall mission and mandate. Once a vision was clarified, CDPAC could then go on to identify the strategic opportunities that would move the agenda forward.

[19] Several key informants noted the value of having a national body which could take on a role that people working within government could not.

[20] Government was cited as an example to illustrate a group that might be in the position of not being able to get involved in a particular issue.

[21] Key informants were asked to reflect on the question of stakeholder engagement and how to manage expectations, while at the same time ensuring that all relevant stakeholders are included.

Regarding the focus of such a strategic exercise, the key informants emphasized the importance that the following issues be considered:

- **CDPAC's role:** There was a sense that there may not be consensus about what CDPAC's role is in the knowledge exchange arena and that this would be a key question to examine. Related to that central question, key informants felt that there is a need for CDPAC to determine and clarify its niche relative to other chronic disease prevention organizations. The important questions that key informants felt should be considered were: what can CDPAC deliver that no one else can[22]; what are the things that can only be done at a national level[23]; and, if not CDPAC, then who.
- **Objectives and goals:** Before identifying specific mechanisms and tools to enhance knowledge exchange capacity, the key informants felt that there is a need to clarify what the goals and objectives are. Clarity around the objectives and goals will focus the priorities and determine who needs to be engaged and at what level (i.e., nationally, provincially, locally).
- **Clarity around "clients":** There was agreement that without clarity around who their "clients" are, CDPAC runs the risk of trying to be "all things to all people" and raising expectations that may be difficult to meet[24]. A scoping exercise to gain clarity around objectives and goals – and to articulate a vision for knowledge exchange – will also illuminate the stakeholder groups who need to be engaged and "invited to play in the sandbox". The central question that key informants felt needed to be resolved was: who is being served (i.e., who are the "clients", who are we setting this up for). Once the answer to that question is determined, the discussion should then consider: how might our "clients" be (better) served; where is the reciprocal value-add for our "clients" and for CDPAC; how might our "clients" be influenced in the knowledge exchange process; and, at what point does inclusiveness trump impact.

The key informants encouraged CDPAC to engage with its primary "client" groups – namely the Steering Committee, the Provincial/Territorial Alliance, and representatives of the disease-specific strategies – to grapple with these issues at a strategic level.

[22] Cited examples included: advocacy that can't be done within the government system and creating mechanisms for provinces to link together to be more effective at a national level.

[23] For example, a national body can't lead or control programming at a provincial or territorial body, let alone at a community level. Therefore, the focus should be on building a system at the national level that supports the provinces to accomplish what they need to at the provincial level. The provinces and territories, in turn, should then focus on building a system that supports the local authorities accomplish what they need to at a community level.

[24] For example, one key informant emphasized the importance of acknowledging that as a national body, CDPAC could not focus on interventions at the local level. Rather, that its role was to support the provinces and territories who, in turn, would support local authorities at the community level.

Minimizing Duplication of Effort and Enhancing Linkages

Key informants agreed with the survey respondents that it was important for CDPAC to not duplicate existing efforts[25] and that it was important for CDPAC to help people link into existing initiatives. Several key informants noted that, in an era of diminishing resources and increasing expectations, partnerships were the key to success. As part of a strategic exercise to define its role and clarify its knowledge exchange niche, CDPAC was encouraged to reflect on the following questions: what niche makes sense and how can CDPAC best connect with groups that need to be connected with. CDPAC was encouraged to consider these questions through the filter of: is this something that our members would benefit from.

Regarding the importance of linkages, feedback was grouped according to whether it focussed on enhancing linkages or on facilitating linkages. With respect to *enhancing* linkages, key informants offered CDPAC the following concrete suggestions: don't rely on the conferences or the website alone to get their messaging out; link up more closely with different groups who all have their own way of getting messages out; and, "advertise" on a variety of LISTSERVs. With respect to *facilitating* linkages, several key informants suggested that CDPAC consider paying for the cost, set up and technical support for mechanisms to bring people together across provincial boundaries (for example, teleconferencing[26], Microsoft Office Live Meeting™[27]).

One recommendation that emerged from the key informant interviews that might address the issue of duplicated effort across the country is the creation of a "map" or a flowchart to clarify what exists and where something links in with something else. Given CDPAC's position on the national stage, it was felt that CDPAC would be well positioned to scope out what is happening across the country and to create such a "map".

Gaps and Opportunities

Some key informants agreed with the survey respondents that a gap existed in the area of collection and dissemination of synthesized evidence (in particular, evidence-based practice). Tying in with the issue of duplication of effort mentioned above, there was a sense that groups across the country were likely wasting time and resources creating syntheses on the same topics. Several key informants suggested that there was an opportunity for CDPAC to address this gap by acting as a portal or a central hub or by creating a centralized living inventory of chronic disease prevention information and resources. For example, CDPAC could create a mechanism to provide easy access to categorized lists of recent evidence syntheses or literature reviews (and links to those that are publicly available) or it could create a centralized inventory of tools and strategies to help with decision-making. If CDPAC were to pursue this direction, key informants felt it was important to ensure that other similar initiatives (e.g., the Canadian Best Practices Portal) were not duplicated. One key informant cautioned CDPAC about the necessity of ensuring the resources and syntheses were credible, especially since the inclusion of a resource or a link on a portal would imply that it has CDPAC's endorsement.

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[25] One key informant noted that if another organization or group is doing a particular piece or has the mandate, then CDPAC should cross it off of its list.

[26] The work that CDPAC is currently doing to bring people together through teleconferences was acknowledged.

[27] Live Meeting™ enables online collaboration in real time, between individuals or large groups, with just a PC and an Internet connection. See http://office.microsoft.com/en-us/livemeeting/default.aspx.

Factors Influencing Success or Uptake

In reflecting on the uptake of CDPAC's current knowledge exchange activities, several key informants offered the perspective that in evaluating success, it is important to recognize that knowledge has to be socially constructed[28] and that the cycle of knowledge exchange is a gradual process. Users may not perceive that they are using CDPAC information products directly (i.e., they use them to expand their personal knowledge or they use them in conjunction with other resources) and, as a result, they may not appear to have a direct influence on policy or practice.

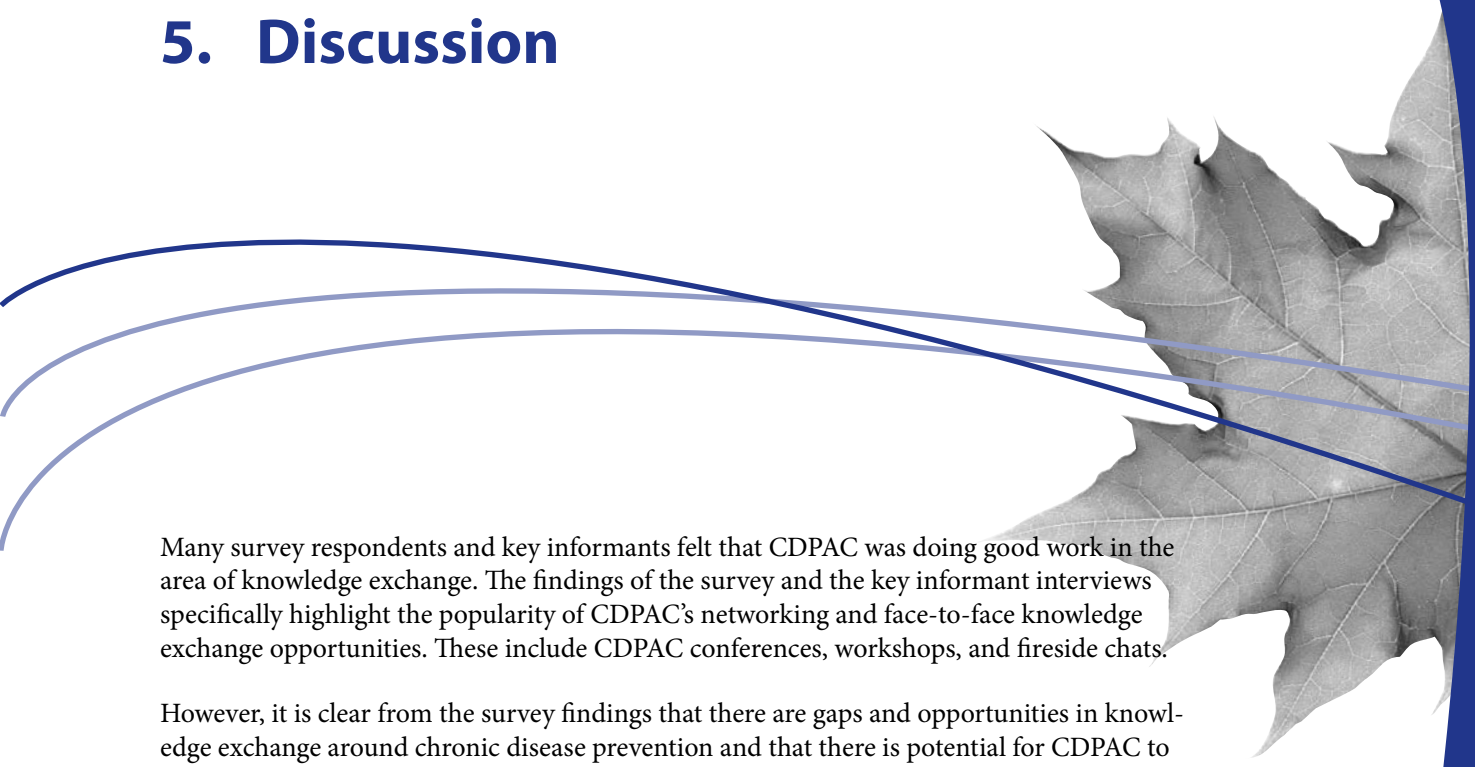
As CDPAC considers its next steps to enhance its knowledge exchange capacity, key informants encouraged it to stay connected with organizations doing similar work, to continue building partnerships and to build in an evaluation component (with clearly articulated indicators of success) up front.

With respect to increasing uptake of its information products, some key informants offered the following concrete suggestions:

- Make sure that information is *timely* and *relevant*.
- Be concise. For example, summarize key points into a concise readable document (2 pages maximum). Include a link to the website for those who wish to access the complete documentation.
- Use a variety of mechanisms. CDPAC should consult with the Steering Committee and the Provincial/Territorial Alliance to identify the most appropriate – and cost-effective – mix of face-to-face and virtual mechanisms.
- Don't send information products directly. When distributing electronically, send a link which then takes the reader to the website to get the goods.

[28] The point that was made by at least one key informant was that it is about taking information, understanding that information and then placing it into a social context so that people can act on it.

5. Discussion



Many survey respondents and key informants felt that CDPAC was doing good work in the area of knowledge exchange. The findings of the survey and the key informant interviews specifically highlight the popularity of CDPAC's networking and face-to-face knowledge exchange opportunities. These include CDPAC conferences, workshops, and fireside chats.

However, it is clear from the survey findings that there are gaps and opportunities in knowledge exchange around chronic disease prevention and that there is potential for CDPAC to play a greater role[29]. Survey respondents are clearly hungry for credible information on a wide range of topics and are looking to CDPAC and its partners to link them with credible resources and/or experts in the field. Survey respondents have expressed that CDPAC and its partners could better facilitate their ability to effect system change through the provision of synthesized research evidence with actionable evidence-based messages and plain language summaries of systematic reviews. The broad range of topics and stakeholder groups identified by survey respondents suggest that demand may exceed CDPAC's current capacity and in-house resources.

Moving forward, it will be very important for CDPAC to maintain a strategic focus and to ensure that its overall approach to knowledge exchange aligns with its mission and mandate. Wherever possible, CDPAC should build on its strengths and forge new partnerships as necessary to ensure that duplication of effort is minimized.

Limitations of the Project

One of the weaknesses of this project is the very low response rate to the online survey. Tight timelines resulted in the survey period coinciding with spring break, a time when many people across the country were away from work.

[29] This observation was also made in the Amey report (major study finding #8, page 14). Appendix E of the Amey report identified a range of gaps in knowledge development and exchange related to chronic disease.

6. Recommendations

Recommended Actions – "Quick Fixes"

Key informants identified some "quick fixes" that CDPAC could undertake in the short-term to improve its knowledge exchange activities.

1. CDPAC should explore a variety of dissemination strategies (such as "advertising" on a variety of LISTSERVs) to address the perception that it is a well kept secret and to promote awareness of its activities.

2. CDPAC should focus on improving the readability and uptake of some its knowledge products, such as lengthy discussion papers. CDPAC should summarize key points into a concise readable document (2 pages maximum) and disseminate via LISTSERVs, with a link to the website for those who wish to access the complete documentation.

The survey identified a discrepancy between the proportion of respondents who indicated awareness about CDPAC's face-to-face activities and those who indicated awareness about the follow-up products. This suggests a potential gap that CDPAC should address before its third national conference later this year.

3. CDPAC should promote awareness of its online national conference products at the upcoming national conference in November of this year. In addition, CDPAC should consider reorganizing its website to make these products more readily accessible.

Survey findings appear to suggest that CDPAC's knowledge or information products are under-utilized in the development of policy briefs or position statements and in the development, implementation and evaluation of new policy.

4. CDPAC should undertake a systematic survey of policy makers to find out what their needs are and to determine how they are informed. In doing so, it will be important for CDPAC to also find out what their process is for arriving at various policy options and whether CDPAC can serve them in an informing role.

Key informants and survey respondents unanimously commented on the need for CDPAC to minimize duplication of effort. One recommendation that emerged from the key informant interviews that might address the issue of duplicated effort across the country is the creation of a "map" or a flowchart to clarify what exists and where linkages already exist.

5. CDPAC should create a "map" or a flowchart to clarify existing linkages across the country and to identify where opportunities may exist for new linkages to be formed.

Recommended Actions – "Tools and Mechanisms"

Survey respondents felt that the following tools and mechanisms would be more likely to enhance their ability to promote health systems change:

- more networking opportunities
- communities of practice incorporating both face-to-face and online interaction
- a portal to online resources by theme or specific topic area
- online "clearing house" for topic-specific information
- synthesized research evidence with actionable evidence-based messages, and
- plain language summaries of systematic reviews

This was also borne out by their responses to the open-ended question asking what CDPAC could do to ensure their sustained interest and engagement. Three of the four most popular responses to this question were: implement a variety of tools and mechanisms (#1), create more opportunities to meet (#3), and link me to research and evidence-based practice (#4). The second most popular response to this question was that CDPAC be more strategic.

The following recommendations respond to these findings and are designed to enable CDPAC members interact, collaborate and exchange knowledge and best practices in chronic disease prevention:

1. CDPAC should explore the logistics of expanding its knowledge activities to incorporate the tools and mechanisms preferred by respondents in the survey. In doing so, CDPAC should consult with the Steering Committee and the Network of Provincial/Territorial Alliances to identify the most appropriate – and cost-effective – mix of face-to-face and virtual mechanisms.

2. Once CDPAC has identified the tools and mechanisms it will implement, it should build in an evaluation component (with clearly articulated indicators of success) up front.

3. To facilitate existing and future linkages, CDPAC should consider paying for the cost, set up and technical support for mechanisms that bring people together across provincial boundaries (for example, teleconferencing, Microsoft Office Live Meeting™).

In considering which tools and options to implement, CDPAC should be mindful of not duplicating existing initiatives. For example, with respect to the creation of synthesized research evidence, CDPAC does not need to take on this role if an alternative organization with that role already exists. CDPAC might be better positioned to take on the function of being a portal that links stakeholders to other portals of synthesized evidence. It could then, in conjunction with its stakeholders, systematically identify where gaps exist for knowledge development or synthesis and feed that information back to researchers or other groups, on an as needed basis. CDPAC should do the synthesis of research evidence itself only where appropriate (for example, marketing to children).

Recommended Actions – "Strategic Visioning Exercise"

Key informants agreed on the need for CDPAC to think about a vision for knowledge exchange within the context of its overall mission and mandate. Survey respondents also indicated that one of the top four things that CDPAC could do to ensure their sustained interest and engagement was to be more strategic. In light of this feedback, CDPAC is encouraged to consider and implement the following recommendations:

1. CDPAC should engage with its primary "client" groups[30] in a strategic visioning exercise to develop a vision for knowledge exchange within the context of its overall mission and mandate. This exercise should focus on clarifying CDPAC's role in the knowledge exchange arena [31], objectives and goals, and who their clients are.

2. CDPAC should stay connected with organizations doing similar work and continue to forge new partnerships to ensure that duplication of effort is minimized and that linkages are enhanced and facilitated.

3. Once CDPAC has clarified its vision, it should consider the value add of acting as a portal or a central hub or by creating a centralized living inventory of chronic disease prevention information and resources. This should be done in consultation with its primary "client" groups.

[30] In this context, CDPAC's primary client groups are the Steering Committee and the Network of Provincial/Territorial Alliances.

[31] Since it sets out and identifies pan-Canadian gaps in knowledge development and exchange as it relates to chronic disease prevention, Appendix E of the Amey report may be useful to incorporate into this discussion.

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Appendix 1: Survey Results

Table 1 – Awareness of CDPAC KE Activities

Specific Knowledge Activity	Percentage of Respondents	Number of Respondents
CDPAC website	98.2%	56
Definitions of common terms and phrases	38.6%	22
CDPAC resources on specific themes (eg, obesity, built environment, marketing & advertising to children, nutrition)	59.6%	34
Written materials distributed by CDPAC (eg, through email distribution lists, mail-outs, etc)	54.4%	31
CDPAC press releases	50.9%	29
CDPAC "Newsbytes"	40.4%	23
Member organization press releases	10.5%	6
Background papers	31.6%	18
Conferences	80.7%	46
Workshops	35.1%	20
Conference products & proceedings	40.4%	23
Workshop reports	24.6%	14
Hot Topics	22.8%	13
Briefings	5.3%	3
Fireside chats	64.9%	37
Other	0.0%	0

Note: 57 respondents answered this question.

Table 2 – How CDPAC's Knowledge and Information Products are Used and Applied

CDPAC Knowledge or Information Product	Expand my personal knowledge	Share with colleagues in my organization	Share with colleagues in other organizations	Cite in reports and documents	Develop policy briefs or position statements	Develop, implement or evaluate new policy	None apply	Response Count
CDPAC website	46	26	17	11	4	2	4	54
CDPAC definitions webpage	19	11	9	9	2	1	12	33
CDPAC thematic resources	11	8	7	11	2	1	16	32
CDPAC written materials	27	22	14	11	7	2	12	42
CDPAC press releases	15	11	10	2	0	0	12	31
CDPAC "Newsbytes"	20	13	6	0	0	0	11	33
Members' press releases	2	0	0	0	0	0	20	22
Background papers	18	16	8	13	8	2	10	35
Conferences	34	24	16	3	2	2	5	45
Workshops	13	8	6	2	2	1	17	31
Conference products	16	11	7	4	1	1	15	33
Workshop reports	12	9	7	4	2	2	16	29
Hot Topics	8	5	3	1	0	0	15	23
Briefings	4	2	1	1	1	0	19	24
Fireside chats	22	17	13	1	0	0	15	39

Note: 55 respondents answered this question.

Tables 3A, 3B & 3C – Participation in CDPAC Conferences or Workshops

	Percentage of Respondents	Number of Respondents
Have not attended conference or workshop	33.9%	19
Have attended conference or workshop	66.1%	37

Note: 56 respondents answered this question.

Reasons for Attending	Percentage of Respondents	Number of Respondents
Opportunity to network with my colleagues	13.5%	5
Opportunity to meet new people	2.7%	1
Opportunity to learn new information	29.7%	11
Opportunity to share and exchange knowledge	51.4%	19
Other (all of the above)	2.7%	1

Reasons for not Attending	Percentage of Respondents	Number of Respondents
The topic or theme was not relevant to my work	10.5%	2
I have no interest	0.0%	0
I am interested, but have no time	26.3%	5
My organization does not support my attendance	0.0%	0
My organization does not have enough financial resources to support my attendance	52.6%	10
Other (new to field, distance)	10.5%	2

Tables 4A, 4B & 4C – Participation in a Fireside Chat

	Percentage of Respondents	Number of Respondents
Have participated in a fireside chat	41.1%	23
Have not participated in a fireside chat	58.9%	33

Note: 56 respondents answered this question.

Reasons for Participating	Percentage of Respondents	Number of Respondents
Opportunity to gain new knowledge	13.0%	3
Opportunity to share and exchange knowledge with colleagues across country	26.1%	6
Opportunity to learn from experts without leaving my office	**52.2%**	**12**
No cost to my organization for me to participate	8.7%	2
Other	0.0%	0

Reasons for not Participating	Percentage of Respondents	Number of Respondents
I don't know what a fireside chat is	41.9%	13
The topic or theme was not relevant to my work	0.0%	0
I have no interest	0.0%	0
I am interested, but have no time	32.3%	10
My organization does not support me taking time out of my day to participate	0.0%	0
Other (lack of time, lack of awareness, technical problems, not sure if time well spent)	25.8%	8

Table 5A – Preferred Sources of Information and Frequency of Use

Sources of Information	Not at all	Some of the time	Half of the time	Most of the time	All of the time	Response Count
CDPAC	6	36	3	3	0	48
My organization's national website	11	9	4	8	4	36
My organization's local website	7	13	5	7	9	41
Information from my colleagues	1	15	10	20	5	51
Public Health Agency of Canada	1	32	7	9	4	53
Canadian Institute for Health Information	4	33	7	6	2	52
Canadian Health Services Research Foundation	19	18	7	3	0	47
SEARCH Canada website	34	10	0	0	0	44
National Collaborating Centres	27	13	3	1	1	45
Health Evidence website	26	15	3	6	0	50
Other	3	4	2	6	2	17

Note: 53 respondents answered this question.

Table 5B – Other Sources of Information and Frequency of Use

Source	Website Address	Frequency of Use
BC Government Stats	http://www.bcstats.gov.bc.ca/	
Canadian Best Practices Portal	http://cbpp-pcpe.phac-aspc.gc.ca/	half of the time
Canadian Cancer Society	http://www.cancer.ca/	most of the time
Canadian Council for Tobacco Control	http://www.cctc.ca/	most of the time
Canadian Diabetes Association	http://www.diabetes.ca/	most of the time
Canadian Evaluation Society.	http://www.evaluationcanada.ca/	
Canadian Health Network	http://www.canadian-health-network.ca/	most of the time
CDC (website and Community Guide)	http://www.cdc.gov/ or http://www.thecommunityguide.org/	some to all of the time
Click 4 HP		
Dietitians of Canada	http://www.dietitians.ca/	
E-Watch on Innovation in Health Services	http://kuuc.chair.ulaval.ca/english/master.php?url=bulletin.php	
GlobaLink	http://www.globalink.org/	most of the time
Google Scholar/Google	http://scholar.google.ca/	often
Health Canada	http://www.hc-sc.gc.ca/index_e.html	most to all of the time
Health Communication Unit	http://www.thcu.ca/	all of the time
Health Council of Canada	http://www.healthcouncilcanada.ca/splash.htm	
Healthy NB (Dept. Wellness Culture and Sport)	http://www.gnb.ca/0131/Healthy-NB-en_sante/mental_fitness-e.asp	some of the time
HELP data base	http://www.earlylearning.ubc.ca/	
Institute for Healthcare Improvement	http://www.ihi.org/ihi	
Institute for Clinical and Evaluative Science	http://www.ices.on.ca/webpage.cfm	
Listserve via Sebastian Levesque:		
NCI	http://www.ncic.cancer.ca	

Table 5B – Other Sources of Information and Frequency of Use *(continued)*

Source	Website Address	Frequency of Use
Non-Smokers' Rights Association	http://www.nsra-adnf.ca/cms/	some of the time
Ontario Prevention Clearinghouse	http://www.opc.on.ca/	
Ontario Tobacco Research Unit	http://www.otru.org/	some of the time
PAHO Health Equalities Subscription list	http://www.paho.org/	
Public Health Agency of Canada (exc. CBPP)		rarely
RIN Innov Newsletter	http://rqsi.ulaval.ca/ang/bulletin.php	
Rudd Centre	http://www.yaleruddcenter.org/	
Social Determinants of Health List Serve	https://listserv.yorku.ca/cgi-bin/wa?A0=sdoh	
Stanford University self management website,	http://patienteducation.stanford.edu/programs/	
Stats Can	http://www.statcan.ca/	
WHO resources	http://www.who.int/en/	

Table 6 – Likelihood of Specific Face-to-Face Activities Enhancing Ability to Promote Health Systems Change

Face-to-Face Activity	Extremely likely	Likely	Not sure	Unlikely	Extremely unlikely	No opinion	Rating Average	Response Count
More networking opportunities	10	29	11	2	1	0	2.150943	53
More national conferences	4	22	19	6	0	1	2.529412	52
More workshops	8	23	17	4	1	0	2.377358	53
Communities of practice	9	26	13	3	1	0	2.25	52

Note: 53 respondents answered this question.

Table 7 – Likelihood of Specific Virtual Activities Enhancing Ability to Promote Health Systems Change

Virtual Activity	Extremely likely	Likely	Not sure	Unlikely	Extremely unlikely	No opinion	Rating Average	Response Count
More webcasts and online chat sessions	9	26	7	8	2	1	2.384615	53
Interactive tools (eg, interactive CD-Rom)	6	20	16	5	3	2	2.58	52
Online networks of researchers and policy makers	10	25	11	3	0	1	2.142857	50
Online communities of practice	14	21	11	1	1	1	2.041667	49
Online "clearing house" for topic-specific information	15	25	8	4	0	1	2.019231	53
A portal to online resources by theme or specific topic area	21	27	2	2	0	0	1.711538	52

Note: 54 respondents answered this question.

Table 8 – Likelihood of Specific Tools or Mechanisms Enhancing Ability to Promote Health Systems Change

Tools or Mechanisms	Extremely likely	Likely	Not sure	Unlikely	Extremely unlikely	No opinion	Rating Average	Response Count
Briefing papers with a list of prepared questions to help members solicit feedback	9	20	14	4	1	2	2.333333	50
Position statements with targeted messages & dissemination strategies	10	29	4	5	1	2	2.142857	51
Templates for targeted messaging	11	19	16	4	1	0	2.313725	51
Policy maps explaining how policy is made and relevant government contacts	14	24	8	5	0	0	2.078431	51
Mechanism to identify emerging issues & prepare "rapid response" policy statements	13	28	7	2	1	0	2.019608	51
Plain language summaries of systematic reviews	20	28	1	2	1	0	1.769231	52
Synthesized research evidence with actionable, evidence-based messages	24	25	2	1	0	0	1.615385	52

Note: 52 respondents answered this question.

Table 9 – Respondents' Self-Declared Capacity for Knowledge Exchange

Potential Barriers	Percentage of Respondents	Number of Respondents
I don't feel I encounter barriers.	28.3%	15
My organization lacks appropriately skilled people in knowledge exchange.	9.4%	5
My organization lacks commitment to knowledge exchange.	7.5%	4
My organization does not have enough human resources to dedicate to knowledge exchange.	28.3%	15
My organization does not have enough financial resources to dedicate to knowledge exchange.	22.6%	12
My organization does not have a knowledge exchange leader or champion.	30.2%	16
The communication channels or processes in my organization do not support effective knowledge exchange.	18.9%	10
Knowledge exchange is not a strategic goal or priority for my organization.	9.4%	5
I cannot comment on this issue.	18.9%	10
Other (lack of time, lack of relevance, information overload, lack of awareness)	22.6%	12

Note: 53 respondents answered this question.

Table 10 – Respondents' Top Priorities for Knowledge Exchange

Best Practices (3)	
	Methodologies for innovative operations
	Evidence based interventions that work to reduce/manage chronic disease
	Develop model(s) to emulate.
Built Environment (4)	
	Community design for healthy living
	Built Environment and role of Public Health
	Influencing the built environment
	Creating supportive environments for health (including good urban planning)
Economic Impacts (2)	
	Economic impacts of various policy approaches and policies to prevent chronic disease
	Burden of chronic disease
Funding (1)	
	Realistic funding of healthcare support services
Healthy Lifestyle Initiatives (vs. to Disease- or Risk Factor-based Focus) (9)	
	Take focus off of weight and put it onto health
	Workplace health initiatives
	Physical activity
	Role of fitness in preventing musculoskeletal disorders, including osteoarthritis
	Diabetes (relation to other chronic diseases, prevention through proper nutrition & physical activity)
	Making Healthy Change at the Individual, Neighbourhood, and National Levels
	Public health

Table 10 – Respondents' Top Priorities for Knowledge Exchange *(continued)*

Integrated Approach to Prevention (10)	
	Working together to influence the larger population
	Development of common strategies to support CDPM
	Coordinating activities around common risk factors
	Community sector partnerships
	Promoting translation of knowledge of chronic disease management strategies (e.g. Healthy lifestyle) from specific disease specific strategy initiatives
	Intersectoral engagement
	Bridging prevention efforts across disease strategies
	Integration of chronic disease prevention
	Developing common messages
Management of Chronic Disease (2)	
	Self management
	Promoting the profile of chronic disease management and prevention with policy-makers
Prevention Focus (2)	
	Reorienting the health system to preventing chronic disease and its complications
	Secondary prevention
Regulation and Policy (5)	
	Policy interventions for social change
	Food industry regulation
	Policy interventions to address SDOH
	Affecting change in policy/practice
	Economic impacts of various policy approaches and policies to prevent chronic disease

Table 10 – Respondents' Top Priorities for Knowledge Exchange *(continued)*

Research Synthesis & Systematic Reviews (8)	
	Synthesized research
	Providing credible, evidence-based knowledge
	Synthesis of research into usable, practical formats
	Evidence based prevention interventions in chronic disease
	Current research
	Evaluation of health promotion, leading to best practices evidence
	Better and more timely surveillance
Risk Factors for Chronic Disease (9)	
	Obesity/nutrition
	Obesity prevention & control
	Risk factors
	Tobacco as a risk factor for chronic disease
	Integrating other issues into chronic disease prevention such as air quality
	Depression and substance abuse
Social Determinants of Health (12)	
	Policy interventions to address SDOH
	Determinants of health
	Poverty and chronic disease
	Socioeconomic determinants of Health
	Poverty as a social determinant of health
	Health inequities
	Food security
	Aboriginal health
	Links between SDOH and chronic disease

Table 10 – Respondents' Top Priorities for Knowledge Exchange *(continued)*

Social Marketing (2)	
	Social marketing to reduce disability mentality with common musculoskeletal disorders, eg. Low back pain
	Consumer communications
Special Populations (1)	
	Specific needs of various populations
Tools and/or Strategies (5)	
	On-line communities of practice
	Use of technology in CDPM
	Providing opportunities for networking and transfer of KE skills building
	Opportunities for increased on-line sharing
	Connecting groups across Canada doing similar work

Table 11 –Stakeholders Identified by Survey Respondents

Academics & researchers (2)	
	Researchers
	Researchers – university. Government, international
Education sector (2)	
	Elementary and High School populations
	School Divisions
Federal government (18)	
	Best Practices Portal (especially their KE elements)
	Decision Makers & Influencers
	Federal government departments (not just health)
	Federal Health Portfolio (CIHR, HC, PHAC)
	Federal politicians
	Government leaders
	Planners
	Policy Makers and Decision Makers
	Politicians
	Public Health Agency of Canada
Funding organizations (1)	
	CIHR
Health professionals (2)	
	Family physicians
	Health Professionals
Health promotion specialists (1)	
	Health promoters
Knowledge exchange specialists (2)	
	Librarians / information workers
	Those who can help translate research into practise

Table 11 –Stakeholders Identified by Survey Respondents *(continued)*

Municipal government (4)	
	Local City Councils
	Planners
Non-governmental organizations (11)	
	Advocates
	Agricultural and Environmental ngos
	Canadian Partnership against Cancer
	CIHR
	CPHI
	Disease specific national organizations
	Local organizations
	National health agencies (ngos)
	NCCMT (especially their CDP-relevant KSTE elements)
	Organizations acting on SDOH (chcs, food security, housing, social policy and planning, anti-poverty)
	P/T non – government organizations
	Tobacco control community (e.g. Canadian Council for Tobacco Control (Provincial Councils and Coalitions Network), Non-Smokers' Rights Association, Physicians for a Smoke Free Canada…)
Practitioners (6)	
	Community health care practitioners
	Eating disorder specialists
	Front line
	Health promotion practitioners
	Practitioners, particularly program delivery specialists

Table 11 –Stakeholders Identified by Survey Respondents *(continued)*

Provincial government (14)	
	Decision Makers & Influencers
	Government leaders
	Ministries of Health (Provincial)
	Planners
	Policy Makers and Decision Makers
	Politicians
	Senior policy-makers and planners in provincial ministries of health and regional health authorities with shared responsiblity for chronic disease
General public (3)	
	Community members
	General public
Private Sector (2)	
	CEOs
	Funders
Public health specialists (1)	
	Public health departments – frontline and managerial staff
Regional health authorities (2)	
	Health Region Administrators
	Regional health planners
Social service providers (1)	
	Social Services Providers
Special populations (3)	
	Aboriginal Canadians (First Nations, Metis and Inuit)
	Children & youth

Table 12 – Top Ways CDPAC Can Sustain Stakeholder Engagement

Be an advocate (1)	
	Continue in advocacy and creating discussion for change.
Be strategic (10)	
	Integrated Strategy for Chronic Disease Prevention
	Active advocacy for comprehensive federal CDP strategy, infrastructure and funds to support PT and regional efforts
	Collaboration across sectors and alignment of efforts
	Coordinated plan
	Facilitating collective action on common risk factors from chronic disease and their underlying determinants
	Find ways to promote greater involvement of a range of chronic disease groups
	Focus on policy
	Keep a national focus, so I know what's going on elsewhere in Canada
	Promote system change
	Talk about all chronic diseases, not just cancer, CVD and diabetes.
Create more learning opportunities (2)	
	Online courses relating to Chronic Diseases
	Speakers on CDPI topics that groups can tap into
Create more opportunities to meet (8)	
	Arranging workshops/meetings with enough warning to fit in a busy schedule
	Conferences and workshops including fireside chats
	Continued Events & Activities
	More local workshops
	Networking opportunities (e.g. Conferences, communities of practice)
	Networking opportunities with other like minded individuals and organizations
	P/T Alliance Network meetings

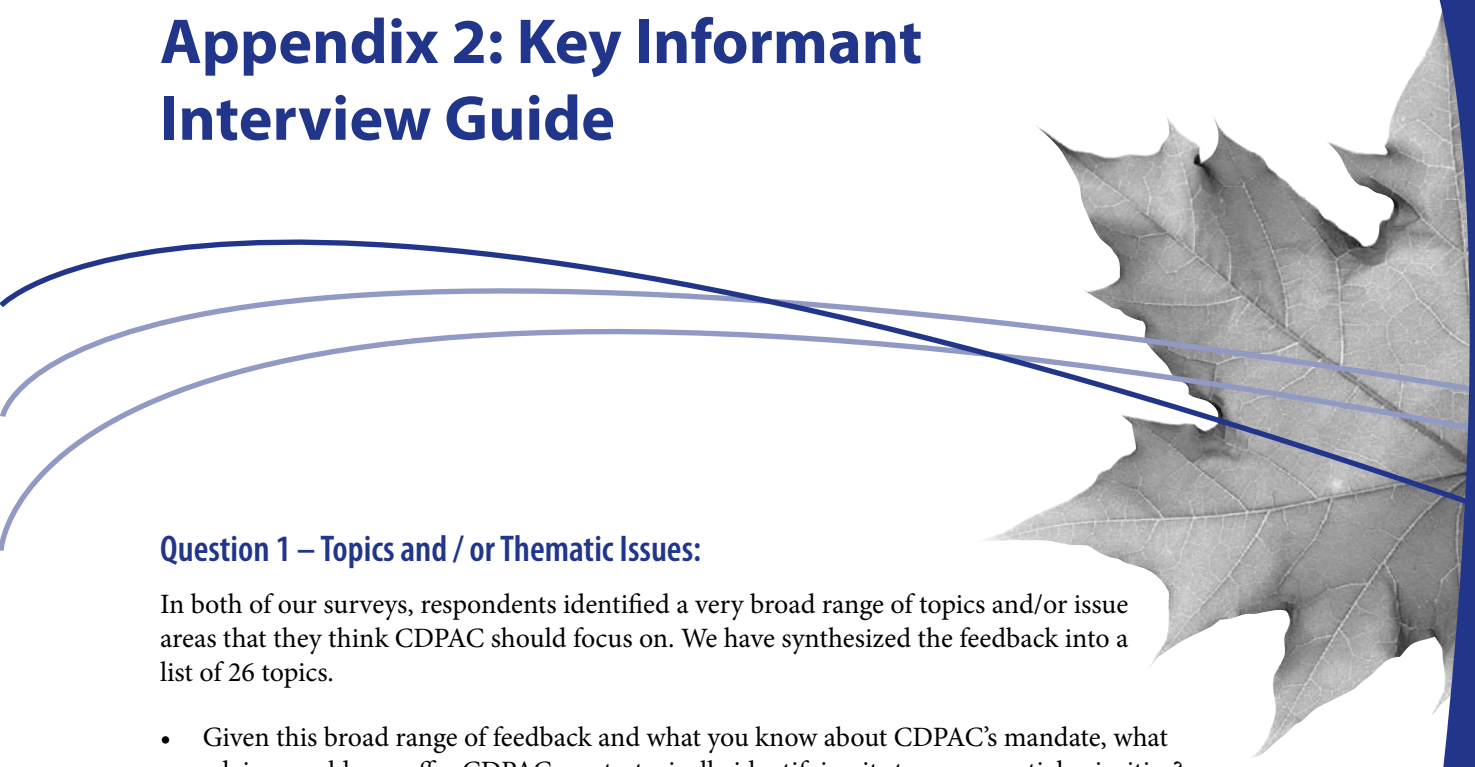
Table 12 – Top Ways CDPAC Can Sustain Stakeholder Engagement *(continued)*

Enhance my ability to participate (2)	
	Financial support to attend events crucial
	Opportunities for involvement in CDPAC activities
Fill a gap (1)	
	Fill a gap; not duplicate KE strategies of others (e.g. Plain language of SR)
Help me do my job (3)	
	Clearly outlining what I can do "on the ground" that links with broader CDPAC initiatives
	I need to know more about it and how it can help me in my work.
	Have something that is easy to share with staff, so that they can benefit from the work of CDPAC
Help me link with other groups (1)	
	Provide venues for CDPI groups to exchange
Implement a variety of tools and mechanisms (13)	
	Access to evidence based knowledge translation tools
	Access to information sharing tools
	Accessible, share-able online information
	Distribution of relevant material and tools
	E-mail notification
	Expand content of notifications to drive me to your website
	Fireside chats, workshops all engage.
	Listserve sent directly to email to notify of updates or information
	Provide a "year in advance" calendar of all opportunities
	Provide me with useful tools/information
	Resources Database
	Short, easy to read e-bulletins with links to appropriate resources
	Webinars and other low-cost, time sensitive opportunities

Table 12 – Top Ways CDPAC Can Sustain Stakeholder Engagement *(continued)*

Link me to research and evidence-based practice (5)	
	Cutting edge research
	Evidence based decisions rather than decision based evidence gathering
	Practical evidence based practice ideas
	Provide evidence-based material
	Links to Research and best practices for emerging issues
Make things happen (5)	
	Address the priorities and make things happen
	Address tobacco and its' link to chronic disease with the same fervor that is being applied to healthy eating/physical activity/obesity.
	Develop resources, chats etc. That move beyond blaming people for being fat and instead look at how we can help people eat well and be physically active at whatever size they are
	Implement some of the knowledge exchange ideas you have listed in this survey
	Real action and engagement on SDOH
Other (4)	
	Active at local level
	Contact people
	Common messages
	Get out of programming
Send me more information (3)	
	Keep communication flowing
	Perhaps sending occasional updates on the projects CDPAC has been involved in Regularly disseminated information (through emails and website)
	Up to date inside policy info and trends/hot issues
Stay topical & be relevant (4)	
	Keep your work relevant to my work
	Relevant and timely information to inform policy
	Relevant topics
	Remain on top of latest developments

Appendix 2: Key Informant Interview Guide



Question 1 – Topics and / or Thematic Issues:

In both of our surveys, respondents identified a very broad range of topics and/or issue areas that they think CDPAC should focus on. We have synthesized the feedback into a list of 26 topics.

- Given this broad range of feedback and what you know about CDPAC's mandate, what advice would you offer CDPAC on strategically identifying its top or essential priorities?
- Do you have any thoughts on where the gaps and opportunities might be for CDPAC in relation to (a) knowledge exchange in general; and, (b) a community of practice in particular?

Question 2 – Stakeholder Engagement:

In both of our surveys, respondents identified a very broad range of stakeholders they believe CDPAC should engage with. We have synthesized the feedback into a list of 20 possible stakeholder groups.

- Thinking about a community of practice, is it possible to have such a broad range of stakeholders involved at a meaningful level?
- Thinking about either a community of practice specifically or about knowledge exchange in general, what are your thoughts on how CDPAC can manage expectations and at the same time ensure that all relevant stakeholders are included?
- What criteria would you suggest CDPAC use to ensure that all relevant stakeholders are included?

Question 3 – Linking with Other Initiatives:

Some survey respondents noted that there are other knowledge exchange activities in the area of chronic disease prevention (including communities of practice) occurring across Canada. They specifically requested that CDPAC not duplicate existing efforts, but that they help people link into existing initiatives.

- In your opinion, what is CDPAC's role in ensuring access to other knowledge exchange resources and pan-Canadian chronic disease happenings?
- What advice would you offer CDPAC to ensure its success in this regard?

Question 4 – Possible Future Action:

One possible recommendation for future action on a community of practice is that a planning workshop be hosted before attempts are made to implement. Based on the survey findings, the workshop could focus on the following aspects of a community of practice:

- format
- core membership
- charter or purpose statement
- technological issues

If such a workshop were to be hosted, what do you think should be on the agenda and who do you think should be invited to attend?

Question 5 – Uptake of CDPAC Knowledge and Information Products:

The knowledge exchange survey asked respondents how they currently use knowledge or information provided by CDPAC. Survey findings indicate that the majority of respondents use it to expand their personal knowledge. Some may share it with their colleagues or cite it in reports and documents. There appears to be very limited use of the knowledge or information in the policy development process (including implementation and evaluation).

- From your perspective, can you offer some insights into why that might be the case?
- What do you think CDPAC can do to address this?