

THEME ARTICLES

Are we there yet? Evaluation and the Knowledge Translation Journey

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Abstract

Introduction: Critical to knowledge translation are organizations' efforts to evaluate their implementation of evidence-based practices (EBPs). Organizations face challenges in their ability to be aware of emerging practices, to measure their efforts against current evidence, and to adapt EBPs to their contextual environments. The Provincial Centre of Excellence for Child and Youth Mental Health has engaged in initiatives to increase the uptake of EBPs and mobilize knowledge by building capacity for evaluation and research in the sector. **Methods:** Consultation services and innovative grants to organizations with mental health programs and services, where the Centre acts as both knowledge and relationship broker, are contributing to organizations' capacity to do and use evaluation. **Results:** Case exemplars illustrate the processes, successes and challenges experienced by organizations in Centre-supported activities. The Centre's efforts to build organizations' skills in doing and using evaluation, promoting a learning-by-doing approach and fostering collaboration are described. **Conclusions:** Organizations with the capacity to conduct effective evaluations are better able to implement and assess EBPs, conduct quality evaluations, and contribute to research in the child and youth mental health sector. Widespread gains in mental health organizations' evaluation capacities will contribute to system innovations and the fostering of collaborative partnerships.

Key words: evaluation, knowledge translation, capacity building, collaboration

Résumé

Introduction: Les efforts des organismes pour évaluer l'application des pratiques factuelles jouent un rôle essentiel dans le transfert des connaissances. Les organismes doivent éprouver leur capacité à prendre conscience des pratiques émergentes, à mesurer leurs efforts, à les comparer et à adapter les pratiques factuelles à leur environnement. *Le Centre d'excellence provinciale au CHEO en santé mentale des enfants et ados* a adopté des mesures visant à adopter des pratiques factuelles et à mobiliser les connaissances en renforçant les capacités d'évaluation et d'analyse dans ce secteur. **Méthodologie:** Des subventions destinées à évaluer les programmes factuels et des prix de reconnaissance à la mobilisation communautaire – où le Centre fait office de courtier en connaissances et en contacts – encouragent les organismes à faire des évaluations et à les exploiter. **Résultats:** Des exemples illustrent les processus, les succès et les défis des organismes lors des activités subventionnées par le Centre. L'article explique que le Centre renforce les capacités des organismes à faire des évaluations en organisant des visites sur place, en fournissant du matériel didactique, en encourageant l'apprentissage par la pratique et en favorisant la collaboration. **Conclusion:** Les organismes qui procèdent à des évaluations efficaces sont mieux outillés que les autres pour appliquer et évaluer les pratiques factuelles, faire des évaluations de qualité et contribuer à la recherche en santé mentale des enfants et des adolescents. Les gains à tous les niveaux constatés dans les capacités d'évaluation des organismes du secteur de la santé mentale permettront d'innover dans ce secteur et de promouvoir les ententes de collaboration.

Mots clés: évaluation, transfert des connaissances, renforcement des capacités, collaboration

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Introduction

The evaluation of efforts to adopt evidence-based practices (EBP) is integral to knowledge translation. By evaluating their uptake of EBPs, organizations can examine the extent to which the implementation of an EBP in their setting is effective in achieving similar outcomes as in research settings (Kramer & Burns, 2008). Process evaluations of the implementation of EBPs can identify elements that may need to be adapted or further developed to better fit the organization's context, and identify facilitators and barriers to the uptake of an EBP (Cousins, Aubry, Smith-Fowler, & Smith, 2004;

Rushton, Fant, & Clark, 2004).

The integration of evidence into the delivery of care is best characterized as an iterative process rather than a discrete, one-time event (Graham et al., 2006; Tetroe, 2007). As new evidence emerges, organizations need to have processes in place to continually assess their practices against current information. Hence, an organization's capacity for evaluation is essential: staff need to be skilled in evaluation, and management systems need to be able to regularly capture data.

In this paper, we articulate the conceptual framework for our evaluation programs in

support of knowledge translation in the field of child and youth mental health in Ontario. We then present case studies to illustrate the interactive nature of evaluation and the knowledge translation journey.

The Provincial Centre of Excellence for Child and Youth Mental Health

The Provincial Centre of Excellence for Child and Youth Mental Health at the Children's Hospital of Eastern Ontario (the Centre) was created in 2004 under the newly formed Ontario Ministry of Children and Youth Services (MCYS). Its strategic goals are to: 1) support evidence-based knowledge and practice in use; 2) maximize capacity in training, research and evaluation; and 3) collaborate with stakeholders to make child and youth mental health matter across Ontario. With an annual budget of \$5.9 million, the Centre provides grants and awards to organizations and individuals, and is involved in various initiatives in partnership with other organizations on topics such as: youth engagement, stigma, psychotropic medication, information networks and communities of practice, family mental health in the workplace, credible evidence reviews, toolkits on knowledge mobilization and program evaluation, online learning tools on evaluation, interactive online health programs for youth, and mental health screening in primary care (The Provincial Centre of Excellence for Child & Youth Mental Health, 2007).

Since the Centre's inception, we have recognized that organizations providing mental health services to children and youth experience many demands to be accountable to funders and to the public, to demonstrate the effectiveness of their services, and to use EBPs. At the same time, agencies struggle with long wait lists, limited funding for programs and evaluation, and lack of staff skilled as clinician-researchers. Characterized as the "orphan's orphan" of the Canadian healthcare system, a reference to child and adolescent mental health's level of prominence within the mental health sector (Kirby & Keon, 2004), this sector faces complex tensions and competing demands.

Despite propositions for an ecological approach to implementing EBPs which involves multiple players such as funders and policy-makers (Kerber, 2006; Raghavan, Bright, &

Shadoin, 2008), there are few programs in existence that are designed to help build agencies' evaluation capacities (Kirsch, Krupa, Horgan, Kelly, & Carr, 2005). The Centre has responded to this need primarily by providing free consultation services on evaluation and offering program evaluation grants.

An evidence-based approach to evaluating programs and services

One of the main tenets in knowledge translation is the use of current evidence to inform practice. This principle applies to evaluation as well: Current evidence in evaluation research informed the Centre's approach to building evaluation capacity. In this section, we elucidate the current framework that guides our activities relating to evaluation and knowledge translation, together with the evidence that has informed elements of this framework.

While cognizant of various approaches to knowledge translation (KT), the Centre does not endorse a particular model. Rather, our focus is on assisting organizations define their own theory, as exhorted in the field of evaluation (Mayne, 2008), or work with the KT model an organization employs. We endeavour to apply the implications of elements specified within KT models (Levesque, Davidson, & Kidder, 2007).

Evaluation capacity building refers to the activities that improve organizations' ability to conduct appropriate and sustainable quality evaluation, and use evaluation findings (Cousins, Goh, & Clark, 2006; Preskill & Boyle, 2008; Stockdill, Baizerman, & Compton, 2002). This definition incorporates current standards for program evaluation adopted by both the Canadian Evaluation Society and the American Evaluation Association (The Joint Committee on Standards for Educational Evaluation, 2008). Appropriate and sustainable evaluation considers the feasibility and utility of the evaluation. Quality evaluation considers issues of validity, accuracy and ethics; methodological rigor is essential whether context-free or context-sensitive (Lomas, Culyer, McCutcheon, McAuley, & Law, 2005) approaches are used in the evaluation.

At the Centre, our evaluation capacity building activities emphasize the development of methodological and analytic skills in doing and using evaluation. The "doing" component includes assisting teams within organizations

to develop an evaluation framework, formulate key evaluation questions, develop appropriate methods and procedures, identify and select indicators, critically review measures, collect accurate and reliable data, and analyze qualitative and quantitative data. The “using” component includes supporting organizations in using evaluation findings to improve programs/services (i.e., instrumental use), to change attitudes about programs/services (i.e., conceptual use), and to make evaluation part of an organization’s culture (i.e., process use; Patton, 2001). The skills we target in the “using” component include interpreting data, developing recommendations, communicating evaluation findings to different audiences, and working with key stakeholders to act on the recommendations.

Since knowledge translation strategies require multiple methods (Barwick et al., 2006) the Centre employs a variety of tools to help build organizations’ knowledge and skills in evaluation. To accomplish our objective for organizations to mobilize the use of evidence-based practices and build capacity for research and evaluation, we provide program evaluation grants, individual/group professional development awards, community mobilization awards, and free consultation services. We produce educational materials, follow a learning-by-doing approach (Cousins et al., 2006), and encourage organizations to have staff participate in evaluation activities to ensure that evaluation capacity remains within an organization, regardless of staff turnover.

The Centre’s consultation services consist of assisting agencies in developing or reviewing their evaluation framework, initiated through onsite meetings with key stakeholders and followed through with teleconferences and occasional in-person meetings. The Centre has worked with 63 organizations in the past two years. Providing evaluation grants is another mechanism by which the Centre builds capacity for evaluation. For two fiscal years, the Centre adopted a traditional model of funding for program evaluation, providing 169 organizations with \$10,000 each to evaluate ongoing, evidence-informed programs over four months. The quality of the evaluations varied: Some organizations were able to extract data, analyze, and use evaluation findings, while

others lacked well-developed evaluation frameworks, deviated from their proposals, or hired consultants to conduct most of the evaluation and therefore did not develop internal capacity. Based on ongoing evaluation of our own services and our desire to be responsive in meeting the needs of the mental health sector, we have since re-structured the Centre’s programs and services on evaluation.

In 2008, after realizing through our consultations and our grants program that organizations are at different starting points in their capacities for evaluation, we created two funding streams: an evaluation capacity building (ECB) stream and an evaluation implementation (EI) stream. The ECB grants serve organizations that are in the initial stages of developing the skills, knowledge and infrastructure for sustainable evaluation activities. This grant provides \$10,000 for the planning and preparation of the evaluation over seven months. The EI grants are for organizations familiar with the process of evaluation and that have developed a feasible evaluation plan. The EI grants consist of \$30,000 for one year for the collection, analysis and knowledge sharing phases of evaluation (i.e., \$5,000 dedicated to KT activities). This fiscal year, 23 organizations were awarded ECB grants and 13 were awarded EI grants.

For both funded and unfunded organizations, the Centre employs various strategies for building evaluation capacity. Preskill and Boyle (2008, p.447) have listed the following ten strategies for evaluation capacity building: internship, written materials, technology, meetings, appreciative inquiry, communities of practice, training, involvement in an evaluation process, technical assistance and coaching or mentoring. Interestingly, the Centre currently employs 9 of these 10 strategies. We currently have not explored the use of internships, or supporting professionals in formal practicum programs similar to the Executive Training for Research Application (EXTRA) program of the Canadian Health Services Research Foundation (CHSRF, 2007).

Research on the factors that facilitate evaluation capacity, organizational learning and the uptake of EBPs highlight leadership, collaborative teamwork and establishing relationships as important factors in this process (Cousins,

Goh, Clark, & Lee, 2004; Gifford, Davies, Edwards, & Graham, 2006; Kitson et al., 2008; Lomas, 2007). Therefore, when reviewing applications for our grants and awards, when working with grant recipients during their award periods, and when examining readiness for evaluation among both funded and unfunded organizations, we consider characteristics of their leadership, teamwork and collaborative partnerships with stakeholders. For example, when beginning our consultations with an evaluation team, we assist in identifying their key stakeholders and in exploring how they can build on stakeholder support. We encourage evaluation teams to engage their stakeholders at all stages of the evaluation process to ensure buy-in from the outset.

Based on research on communities of practice as a tool for knowledge management (Wenger, 2004), the effectiveness of collaboratives in improving practice (Shouten, Hulscher, Everdingen, Huijsman, & Grol, 2008), and the importance of relationships in knowledge translation (Lomas, 2007), the Centre acts as both knowledge and relationship broker by maximizing opportunities to bring together organizations working on similar evaluation programs. In communities of practice, members share evaluation experiences and information, and seek solutions to common problems; in essence, members are conducting “practice-based research.” These are ongoing self-selected groups either within or across organizations, and are sometimes known as professional learning circles (Bolam et al., 2005) or quality circles (Beyer et al., 2003).

By adopting a more interactive, dynamic and supportive role with grant recipients, the Centre is using a funder-grantee model that recognizes the importance of partnerships and mentoring approaches. Rather than merely providing financial assistance, the Centre is an active participant in enhancing organizations’ capacity for evaluation.

Figure 1 summarizes how we use evaluation in fostering the use and spread of evidence-based practices in child and youth mental health. The Centre brings people and knowledge together, and fosters collaboration among various stakeholders. By building communities and partnerships, knowledge is further mobilized. Synergy across and within

organizations is thus enhanced, and in turn, contributes to the development of an organization with an evaluation and learning culture. Throughout this dynamic process new knowledge is generated and evidence gaps are identified, fostering further research and evaluation efforts in an iterative fashion. The long-term goal and shared vision is improved outcomes for children and youth.

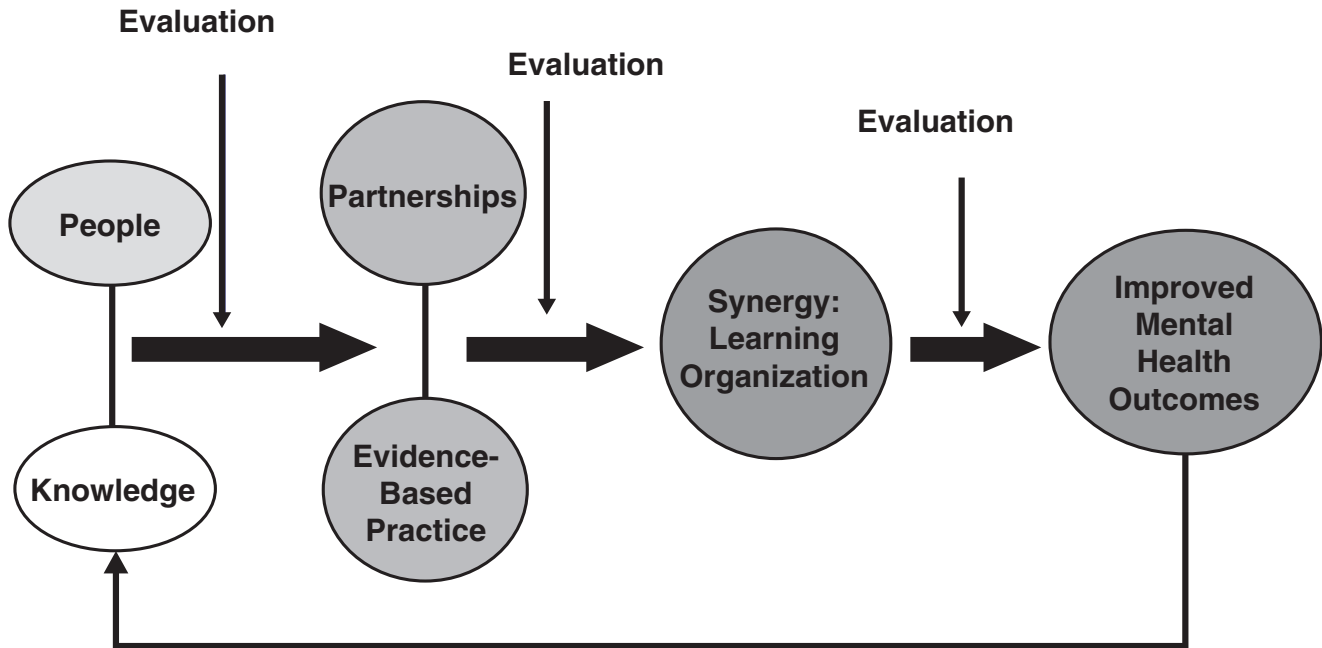
We now turn to a more in-depth description of our consultations and grants through case examples, to illustrate how evaluation is a key component of the knowledge translation journey for both funded and unfunded organizations.

Case 1: Evaluation of Teen Parenting Programs

The June Callwood Centre, Columbus House, and Services aux Enfants et Adultes de Prescott-Russell are three agencies that were awarded ECB grants from September 2008 to March 2009. These organizations are evaluating adolescent parenting interventions that focus on improving outcomes for mothers and children. One research associate at the Centre works with these agencies throughout the grant period for consistency and to build and maintain relationships. To obtain a more comprehensive understanding of each agency’s program, capacity to do evaluation, and role and expectations in developing the evaluation framework, our research associate visited each organization during the first two months of the funding period. Subsequent communications between the Centre and the agencies are conducted through monthly teleconferences or video-conferences.

As the three agencies begin designing their evaluation, the Centre is using a communities-of-practice approach (Wenger, 2004) so that they share evidence, program design, measures, and strategies to engage stakeholders. Each of these agencies is struggling with issues related to developing trust with clients, provision of childcare, and complications of mental health issues such as addictions and abuse. The Centre facilitates meetings among the agencies and encourages teams to share their evaluation challenges and successes on topics such as accessing EBPs, finding applicable evaluation design/procedures, and identifying appropriate evaluation measures. The Centre anticipates that the agencies will continue as a community-

Figure 1. The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO: A framework of evaluation and knowledge translation for improving outcomes



of-practice, and collaborate on solutions to improve program delivery as they move forward in their evaluation activities beyond March 2009.

Case 2: Evaluation of a school-based social skills training program

As part of a two-year pilot program funded by the Ontario MCYS, four community agencies within Eastern Ontario are implementing a school-based social skills program to target children at high risk of developing emotional and behavioural problems and/or complex needs. The agencies – Phoenix Centre (Pembroke), Crossroads Children's Centre (Ottawa), Services aux Enfants et Adultes de Prescott-Russell, and l'Équipe Psycho Sociale (Cornwall) – are implementing combined school and family programs. The student component, 'Skillstreaming', focuses on social skills, coping and planning skills, alternatives to aggressive behaviour, and stress management (Goldstein & Glick, 1994). The Community Parent Education (COPE) group parenting program (Cunningham, 2005) was also implemented in recognition of research that suggests that family-focused prevention efforts have a greater impact on multiple high-risk behaviours than strategies that focus only on parents or children (Greenberg et al., 2003; Kumpfer & Alvarado,

2003; Kumpfer, Alvarado, Tait, & Turner, 2002).

The Centre assisted the agencies in developing an evaluation framework to measure the effectiveness of these programs' implementation and outcomes. The overall strategy for the evaluation incorporated a collaborative approach with continuous feedback provided to key stakeholders including representatives from the MCYS, the Ministry of Education, designated leads from each of the four agencies, and representatives from the Catholic, French Catholic, and Public school boards. Despite having numerous stakeholders, consensus was achieved in developing a multi-method approach through numerous facilitated discussions.

The call for the EI grants occurred during the completion of the evaluation framework and this group was successful in their submission. The current evaluation of the school-based program presents a unique opportunity to document differences in program delivery of evidence-based programs, with each organization serving diverse population needs and having distinct organizational characteristics and capacities. Findings from the evaluation will be used prospectively to make formative changes to the delivery of the programs, with agencies learning from each other (e.g., strategies in dealing with barriers). Sustainability of the EBP is another

challenge. A follow-up study at 3 to 6 months post-intervention will assess outcomes for parents, children and/or youth who have completed the COPE and 'Skillstreaming' programs.

Case 3: Community Mobilization Awards

While our program evaluation grants are generally allocated to an organization, the Centre's Community Mobilization Award (CMA) is a unique grant that supports cross-sectoral collaboration between community groups and service providers to address a pressing local issue directly relevant to child and youth mental health at individual, community and systems levels. Funds are used to assist with the costs of bringing people together to discuss an issue, develop a community action plan to address that issue, and implement and evaluate the action plan. Consultants at the Centre provide logistic and practical support in organizing and mobilizing the community towards change that can be sustained beyond the life of the project.

Funding is distributed in two related phases. In Phase 1, groups review the evidence to identify best practices, conduct a scan of local strengths and resources, and develop an action plan. In Phase 2, groups implement the action plan and conduct a formal evaluation of both outcomes produced by the activities and the collaborative processes underlying the action plan.

Three pilot projects were funded during the 2008-2009 fiscal year. The first pilot project is taking place in Thunder Bay, and is a collaboration of a number of children's mental health service agencies and other related sectors working to develop a strategy for preventing, intervening, and responding to suicide among the community's youth. A second project involves a group of service providers at Nipissing First Nation working to promote wellness and respond to trauma among the community's young people. Finally, a group in York Region is working to reduce the stigma related to mental illness among South Asians, and to promote greater cultural sensitivity among service providers.

Knowledge translation is critical in shaping the group's activities when considering evidence of effective community-based interventions. Equally important is ongoing evaluation of the feasibility of the goals and the effectiveness of the activities. With information and new

evidence emerging constantly, the evaluation of project processes and shorter-term outcomes at several key points allow for the groups' goals and activities to be adapted as required.

For example, the pilot project in York region involves two committed organizations coming together to address mental health stigma within the South Asian Canadian community. Originally, the group had as its goal to reduce stigma by raising awareness about local resources and through education about mental health. After conducting preliminary focus groups with community members to understand how to go about doing this, it was recognized that change also had to happen at the level of the organization. The action plan was modified so that education and training at the service provider level could be incorporated.

Evaluation findings obtained throughout the CMA projects yield important information about knowledge-related issues, as well as relationship components related to collaborations among team members. In terms of the former, groups work closely with the Centre's consultant to develop a project logic model and establish a framework to guide the evaluation.

In each of the pilot sites, groups complete the Wilder Factors Collaboration Inventory (Mattesich, Murray-Close, & Monsey, 2001), a measure designed to assess the various aspects of the collaboration. The information is used to discuss what has and hasn't worked well, and serves as "lessons learned" for other groups wanting to take on similar projects. For example, the Thunder Bay and Nipissing First Nation communities have a long history of collaborative efforts to respond to challenges facing the community. Through their evaluation, the group is able to showcase their activities and provide evidence of the effectiveness of their collaboration, both in terms of the products generated and the nature of the relationships among group members.

Incorporating evaluation into the knowledge translation journey is clearly important, as project processes become more organic and responsive to shifting needs and conditions. This is particularly true with the Centre's CMA projects, as communities are rarely static entities that respond in predictable ways when interventions are introduced. Drawing on both knowledge and relationship components allows

for a richer understanding of how the project contributes not only to products generated, but also to strengthening the relationships among a community's service providers.

Limitations

We have articulated our current framework and presented case studies to illustrate our work in building evaluation capacity among organizations to foster evidence-based practice. The Centre is a young organization; our framework continues to evolve and is by no means informed by an exhaustive study of implementation science, organizational development or evaluation research.

Case studies provide real-world, context-specific information, and have been valuable in the management literature. However, case studies also selectively highlighted features of our framework. We have yet to systematically collect quantitative and qualitative long-term data to validate the impact of our strategies. We have developed our internal evaluation system (Danseco, Boudreau, Keilty, Kasprzak, & Manion, 2008) and hope to include more comprehensive data in our subsequent reports.

Lessons learned: Practicing what one preaches

As the Centre has embarked on this journey, we are testing new models, producing new processes, facilitating relevant outcomes and generating new knowledge. Accordingly, we must role model how to ground our activities in evidence, incorporate evaluation into our work, and commit ourselves to continuous knowledge translation and exchange. Indeed, our model borrows heavily from the empirical and theoretical work that has preceded us. Our own internal evaluation framework guides us as we assess (quantitatively and qualitatively), refine and improve our processes. As well, our knowledge translation activities reflect both traditional (e.g., peer reviewed publications and presentations and non-traditional) dissemination strategies (e.g., cross-sectoral and interdisciplinary regional presentations; training workshops; e-learning; information sharing through provincial, national, and international networks). The overall process is iterative and offers new learning opportunities throughout.

The journey itself provides many lessons

learned that can direct our future evaluation as well as inform the efforts of others. The approach requires us to ground our efforts not only in the best practices in knowledge translation and evaluation, but also in a thorough understanding of the realities of the individual organizations we wish to engage. This requires us to be patient as we establish strong relationships with agencies as well as to be willing to adapt elements of our programs and services. Considering such process variables has allowed us to help organizations build capacity, adopt a culture of inquiry, and move towards more meaningful integration of evidence into day-to-day practice. Demonstrating sensitivity and understanding unique organizational cultures positions us as a credible agent for change. As such we can be viewed as an "honest broker" that desires to work with others for the best outcomes for children and youth.

Implications and Conclusions

By building a culture of evaluation, organizations will have the capacity to implement and assess the impact of evidence-based practice changes. By learning the tools required to do appropriate and sustainable quality evaluations, organizations will be able to examine the effectiveness of current programs and emerging clinical innovations, and assess the implementation of newly adopted evidence-based practices.

Organizations that strengthen their capacities to conduct and use program evaluation will, in turn, enhance their ability to use EBPs and foster increasingly dynamic learning environments within their organizations. The Provincial Centre of Excellence for Child and Youth Mental Health can influence system innovation by providing organizations with the necessary mentorship, tools and opportunities to build their capacities in research, evaluation, and knowledge use, while fostering communities of practice.

The required cultural shift is not only at the individual agency level. A systemic shift toward a culture of inquiry is also necessary. Such a shift would include changes in policies and funding that would recognize and support the critical role of evaluation in the provision of quality care. We have begun to see such a shift in child and youth mental health in the province of Ontario. Continued innovative efforts like

those described will help to sustain real change with better outcomes for children, youth, and those who care for them.

Acknowledgements/Conflict of Interest

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