spindle
Science for the Public Good.

SPOR Evidence Alliance Summative Evaluation 2018-2023

PREPARED BY
Spindle Strategy

DATE
March 29, 2024

Executive Summary

Purpose

Carry out a summative evaluation of SPOR Evidence Alliance's activities, outcomes and impacts, from January 1, 2018 to March 31, 2023 using quantitative and qualitative approaches; determine the program's success in fulfilling its core mission and delivering value to its target audiences which include patient and public partners, the research community, and health system knowledge users.

Evaluation Design

Developed and applied a logic model as the foundational evaluation framework outlining the outputs, outcomes, and impacts of the following core activities of the Strategy for Patient-Oriented Research (SPOR) Evidence Alliance:

research query services
To provide demand-driven context-sensitive research to knowledge users

training and capacity development
To foster a culture of learning and innovation

seed grant funding
To support the next generation of research in Canada

Identified performance indicators including both qualitative and quantitative data to assess the effectiveness of the activities related to:

01 **INTENSITY** number of instances

02 **REACH** breadth and depth of audience engagement

03 **QUALITY** character and attributes

Data Collection

Collected quantitative and qualitative data using the following strategies:

online survey
No. of questions: 53
Duration: 15-20 minutes
87 respondents out of 416 (21% response rate)

key informant interviews
No. of questions: 10-15
Duration: 45 mins
36 interviewees (19 one-on-one & 5 focus groups)

document & bibliometric review
62 documents reviewed
62 publications analyzed

Executive Summary

Results

Inputs

01 Core Team (1 nominated principal investigator; 13 co-principal investigators; 3 coordinating staff) is operationally efficient; has friendly and respectful personnel; knowledgeable and responsive team

02 Members (225 researchers; 79 trainees; 64 knowledge users; 48 patient/public partners) exhibit geographical diversity across Canada

03 Governance Structure (6 committees; 62 members including 13 patient/public partners, 8 knowledge users, 7 trainees, and 34 researchers) merits further streamlining

04 Funding and Sponsors ($5.5M CIHR, $6.7M cash and in-kind from partners) peaked in 2020-2021; partner cash contributions were at an all time low, and partner in-kind contributions were at an all time high in 2022-2023

Research Query Services

Reach	Intensity	Outputs	Outcomes
252 query submissions across Canada and internationally	225 projects completed; 989 members involved in projects (320 patient/public partners)	263 technical reports; 79 peer-reviewed publications; 267 other knowledge products	enabled individuals' work and built knowledge translation (KT) capacity at scale

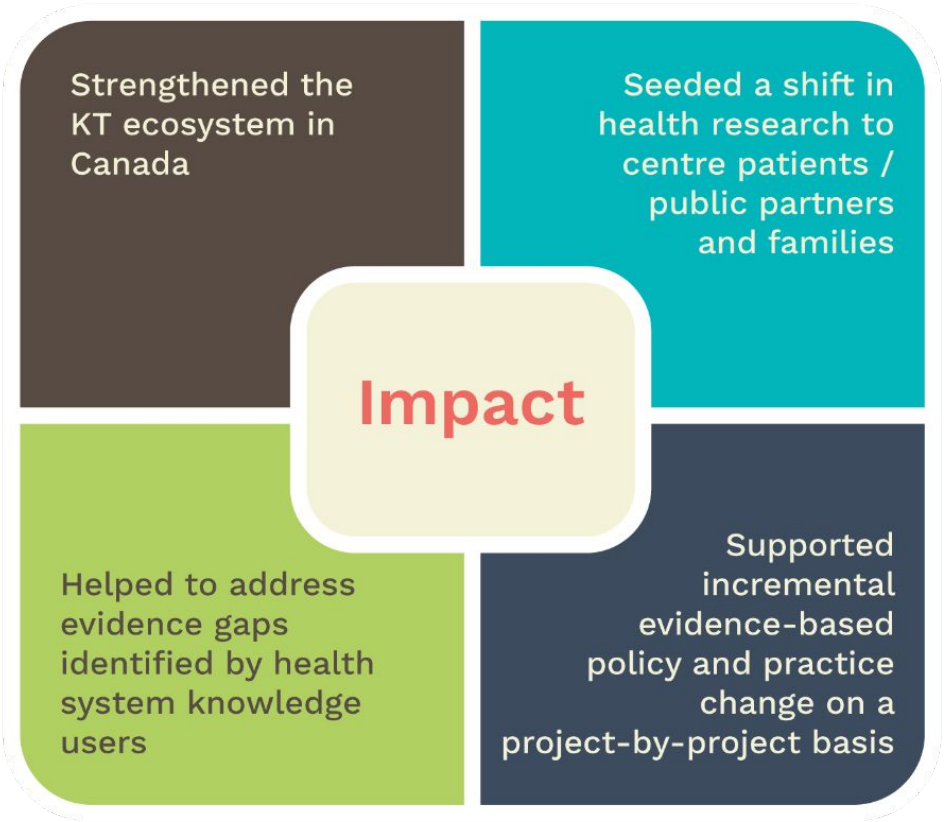
Training and Capacity Development

Reach	Intensity	Quality	Outcomes
4,577 individuals engaged across all capacity building events (419 patient/public partners); 2,090 X followers; 566 newsletter subscribers	295 total instances of activity	engaging, relevant and accessible for all audiences	strengthened KT practices allowing participants to better inform practice or policy change

Seed Grant Funding

Reach	Intensity	Outcomes
66 applications received	8 seed grants (each $10,000) awarded	supported downstream patient-partnered research, anchored trainees into the knowledge synthesis field and increased awardees' ability to secure further funding

Executive Summary



Additional Value-Adds

- The Evidence Alliance is addressing a real gap in the evidence-to-practice pipeline across Canada
- The Evidence Alliance has become a baseline resource for the entire SPOR family

Recommendations

1. Continue baseline funding to Evidence Alliance to deliver cost-effective expert knowledge synthesis services
2. Formalize and finance the Evidence Alliance's function as a resource for the CIHR SPOR ecosystem
3. Enhance resourcing to the central coordinating office to expand outreach and communications
4. Consider formal linkages and streamlining of services and strategies with pan-Canadian health organizations such as Healthcare Excellence Canada
5. Simplify and fine-tune Evidence Alliance's governance structure in accordance with any future modifications to mandate and offerings

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1 Context

Purpose

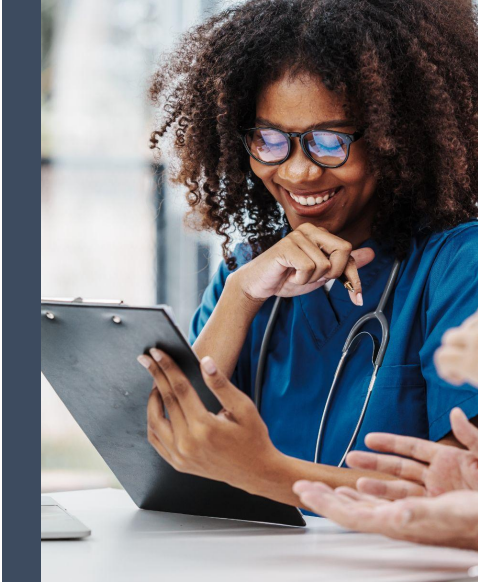
In the summer of 2023, the **Strategy for Patient-Oriented Research (SPOR) Evidence Alliance (the Evidence Alliance)** engaged Spindle to conduct a summative evaluation of its activities, outcomes and impacts, from January 1, 2018 to March 31, 2023 using quantitative and qualitative approaches. The evaluation was intended to highlight the program's achievements in fulfilling its core mission and delivering value to its target audiences which include patient and public partners, the research community, and health system knowledge users.

Program Description

Established in 2017, the Evidence Alliance is a pan Canadian research initiative funded by the Canadian Institutes of Health Research (CIHR) that informs evidence-based health policy and practice changes. The Evidence Alliance is led by Dr. Andrea Tricco and 13 co-principal investigators from across Canada, and brings together a network of over 400 researchers, trainees, patient/public partners and knowledge users to support evidence generation, knowledge synthesis, knowledge translation (KT) as well as learning and capacity development.

The Evidence Alliance promotes inclusivity, diversity and equity in all its activities, engaging in authentic patient and public partnership in every aspect of its work and utilizing the integrated KT framework to incorporate knowledge users throughout the research process.

The Evidence Alliance prioritizes transparency and collaboration, making a conscious effort to strengthen existing partnerships and foster new relationships. This involves actively engaging a multidisciplinary group of knowledge users, including patient/public partners, researchers and trainees in governance, research priority setting, and research conduct, both nationally and internationally.



2 Methodology

Theoretical Framework and Evaluation Approach

We used the **"Theory of Change"**[1] approach to conduct a summative evaluation of the Evidence Alliance – i.e. to assess and demonstrate the degree to which the Evidence Alliance has successfully achieved its intended benefits at the end of its first cycle of funding. This approach relies on the articulation and analysis of the core value proposition of the program being studied, through the development of a **logic model**. The logic model outlines in specific terms, which audiences the program is targeting, what shorter-term and longer term benefits it hopes to bring about for these audiences (denoted as "outcomes" and "impacts" respectively), what activities it will carry out to achieve these benefits and what types of inputs or investments it will deploy to conduct the activities. In a Theory of Change evaluation approach, the logic model is applied as a **foundational evaluation framework** for assessing the initiative's success in achieving its intended results.

[1]https://www.canada.ca/en/treasury-board-secretariat/services/audit-evaluation/evaluation-government-canada/theory-based-approaches-evaluation-concepts-practices.html#toc4

Evaluation Objectives and Focus

In consultation with the Evidence Alliance, and in reviewing the Evidence Alliance's vision, mission and key goals, as well as the overarching logic model of the CIHR Strategy for Patient-Oriented Research, we identified **four impact areas**, around which to focus our evaluation of the Evidence Alliance:

1. Knowledge Translation

Strengthening the KT ecosystem in Canada and improving visibility of Canadian KT research

2. Patient Engagement

Shifting the culture of health research to meaningfully engage patients and public partners

3. Knowledge Gap

Addressing the gap in the production of needed knowledge

4. Knowledge Uptake

Improving the uptake of scientific evidence in practice and policy

Understanding that the Evidence Alliance's target audiences are patient and public partners, the research community as well as health system knowledge users, we worked backwards from these four desired impacts to identify medium-term values (termed "outcomes") that the Evidence Alliance is intending to generate for its audiences as stepping stones to the ultimate benefits. In collaboration with the Evidence Alliance we delineated a **set of outcomes that centre around the gain of new capabilities** on the part of audience groups (e.g. new knowledge, networks etc.), as well as **their enhanced ability to apply these capabilities in their practice and work**.

Next, we identified the Evidence Alliance's activities and the resulting outputs from the activities that are helping to bring about these outcomes. We delineated three core lines of activity including **Research Query Services** (resulting in knowledge product and knowledge exchange forum outputs); **Training and Capacity Development** (resulting in outputs such as webinars, courses, workshops), as well as **Seed Grant Funding** (resulting in the distribution of dollar amounts to support small-scale research projects). Our evaluation of the Evidence Alliance's activities and outputs focused on **intensity (number of instances)**, **reach (breadth and depth of audience engagement)** and **quality (character and attributes)**.

Logic Model & Evaluation Framework

The following logic model was created in collaboration with the client to articulate and subsequently measure the inputs, activities, outputs and intended outcomes and impacts of the Evidence Alliance.

The logic model was used to develop a more nuanced evaluation framework with specific quantitative and qualitative indicators that were iteratively enriched throughout the course of the evaluation as consultations with key informants, survey responses and review of the Evidence Alliance's internal databases were completed.

Inputs

- People and expertise
- Governance structure and mechanisms
- Financial resources

Activities

- Research query services
- Training and capacity development
- Seed grant funding

Reach/Awareness

- Visibility of activity
- Degree of reach of activity/service offerings amongst intended audience groups

Intensity and Quality

- Instances of activity completed
- Degree of participation of intended audience groups in activity
- Quality of activities and services

Outputs

- Instances and types of outputs (e.g. knowledge products or exchange forums) resulting from activities and services

Outcomes

- Degree to which activities and outputs have helped to enhance the knowledge or capabilities of intended audiences

Impacts

- Shifting the culture of health research to meaningfully engage patients and public partners
- Strengthening the KT ecosystem in Canada and improving visibility of Canadian KT research
- Addressing the gap in the production of needed knowledge
- Improving the uptake of scientific evidence in practice and policy

Data Collection Methods

We reviewed documents and resources shared by the Evidence Alliance to retrieve and collate data against the **quantitative indicators**. To gather information against the **qualitative indicators**, we formulated relevant **evaluation questions** which were incorporated into a survey and key informant interview guides.

Documents and Data Provided by Evidence Alliance

We extracted quantitative performance indicators related to intensity and reach from our document review and databases shared by the Evidence Alliance. These included annual performance reports, financial spreadsheets, impact statements from seed grant recipients and operational tracking databases. Documents and data provided by the Evidence Alliance as well as key indicators that were extracted from these materials are outlined below:

Annual performance reports

- Governance and membership makeup
- Instances and types of education and capacity building activities
- Total amounts of funding received and distributed (i.e. seed grants)

Financial spreadsheets

- Core expenditures
- Funding and revenues

Operational tracking databases

- Number of research and evidence requests received
- Types of requests and requestors
- Jurisdiction of query requestors
- Number of trainees and patients/public partners engaged in query responses
- Number and types of knowledge products produced

Impact statements

- Seed grant recipient outcomes

Survey

We distributed an online survey to 416 members of the Evidence Alliance network, including researchers, trainees, knowledge users and patient/public partners. The survey contained 53 questions and the estimated completion time for the survey was 15 to 20 minutes (see Appendix). We built and administered the survey on a secure page on Spindle's website using the Typeform application and shared the survey link via email invitations. No incentives were offered or provided to survey invitees.

We designed the survey questions to collect data in alignment with the quantitative and qualitative indicators identified in the evaluation framework. We designed the survey logic to tailor the questionnaire according to the respondent's interactions with the Evidence Alliance. For example, audience groups that indicated they had interacted with the Evidence Alliance to access their research query services, were only asked specific questions regarding the quality, outcomes and impacts of that particular offering.

All questions in the survey were optional and therefore the number of respondents varied from question to question. The survey was open for the duration of 8 weeks (opened on July 27, 2023 and closed on Sept 15, 2023) and one reminder was sent at the halfway point.

Interviews and Focus Groups

We also carried out one-on-one interviews and focus groups with Evidence Alliance members to deepen our understanding of the Evidence Alliance's activities, outcomes and impacts from a qualitative perspective. We collaborated with the Evidence Alliance central coordinating office to identify key representatives from various audience groups to be invited for interviews. The Evidence Alliance co-principal investigators, select researchers and key knowledge users including health system knowledge users and patient/public partners were invited for one-on-one interviews. Representatives from the Evidence Alliance's governance committees, trainees and early career investigators as well as some patient/public partners were invited to participate in focus groups.

We conducted 24 consultation sessions (19 one-to-one interviews and 5 focus groups) speaking with 36 individuals to gather insights on the Evidence Alliance's activities, outcomes and impacts.

Using the survey as a foundation, we customized interview questions to each person or group depending on their role with respect to the Evidence Alliance. For instance, knowledge users who had engaged with the Evidence Alliance in a research project, were asked variations of survey questions 17 to 22 and 47 to 52. A total of 10-15 questions were posed at each consultation session and the duration of each session was 45 mins for one-on-one interviews, or 60 mins for focus groups.

Data Analysis and Synthesis Methods

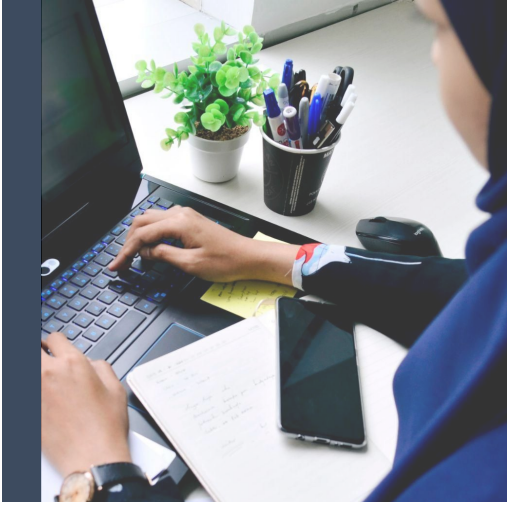
We performed descriptive analysis of quantitative indicators, primarily focusing on the reach and intensity of activities.

For bibliometric analysis of publications from the Evidence Alliance, we utilized **iCite**[1]**,** a free online tool developed by the National Institutes of Health Office of Portfolio Analysis. This tool provides bibliometric information for journal articles in the PubMed database. We retrieved PubMed IDs for 79 Evidence Alliance publications from a client-shared database. After excluding 17 papers without PubMed IDs, we entered the PubMed IDs of the remaining 62 papers into iCite. The resulting citation metrics were then descriptively analyzed.

Text responses from surveys, as well as transcript-level notes from interviews and focus groups were cataloged in the qualitative research platform **Dovetail.** Using Dovetail's "tag" function, we coded all entries and grouped qualitative insights into themes.

Our evaluation results are presented in alignment with the predefined logic model (from inputs to impacts), and are supported by a combination of quantitative and qualitative evidence obtained through the data analysis methods described above. Additionally, we have compiled case studies to showcase the Evidence Alliance's impacts within specific projects, drawing on both qualitative and quantitative data.

[1]icite.od.nih.gov/analysis



3 Results

INFORMATION GATHERING

Survey

Before delving into the results of the evaluation itself, below we characterize the results of the data collection exercise, specifically the rate and diversity of survey responses.

Our survey received 87 responses. Survey respondents are categorized in the chart below according to their role within the Evidence Alliance. 50 (57.5%) of the total 87 respondents identified as patient and public partners, 52 (59.8%) as researchers and 11 (12.6%) as trainees.

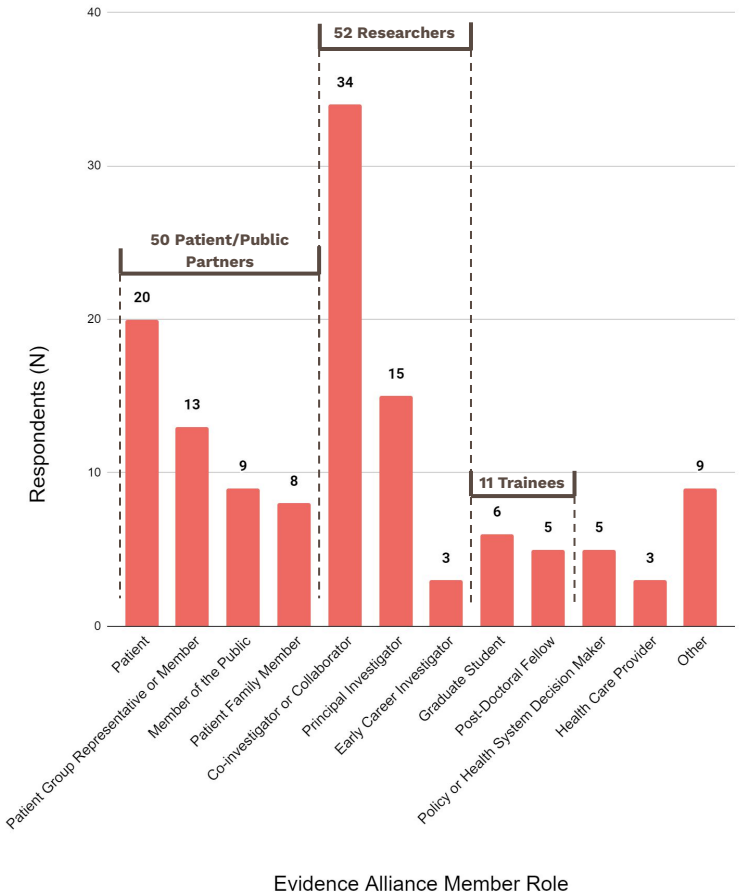


Figure 1. Bar chart showing survey respondents according to their role in the SPOR Evidence Alliance network (n=87).

"Other" includes those who have interacted with the Evidence Alliance in their role as committee members, research staff or through training and capacity development activities.

The majority of survey respondents were located in Canada and a small number were internationally-based (n=2). The largest representation is from Ontario with 30 respondents (36.1%).

(N=83; as all survey questions were optional, 4 respondents chose not to disclose their location)

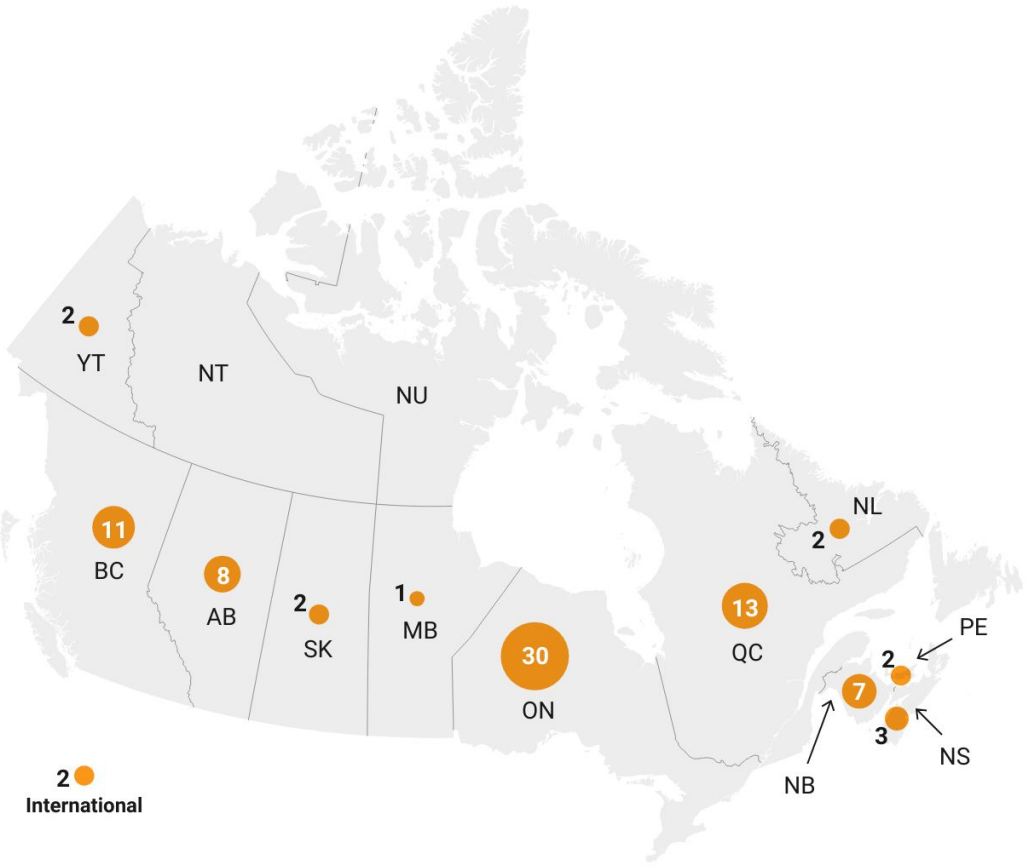


Figure 2. Map showing survey respondents' primary jurisdiction (n=83). Respondents are distributed across Canada.

***NOTE:** this data is not representative of the Evidence Alliances full membership makeup.

People and Expertise

As a first step in evaluating the Evidence Alliance, we examined the breadth, depth and efficiency of the resources that the Evidence Alliance has invested into its activities. One of the key inputs we considered is people and expertise.

Core Personnel

The Evidence Alliance is led by a nominated principal investigator (Dr. Andrea Tricco) and 13 co-principal investigators from across Canada. A central team of three professionals coordinate its activities and offerings.

Membership Base

The Evidence Alliance has established a cross-Canada network of researchers, trainees, knowledge users and patient/public partners:

416 members

as of July 2023

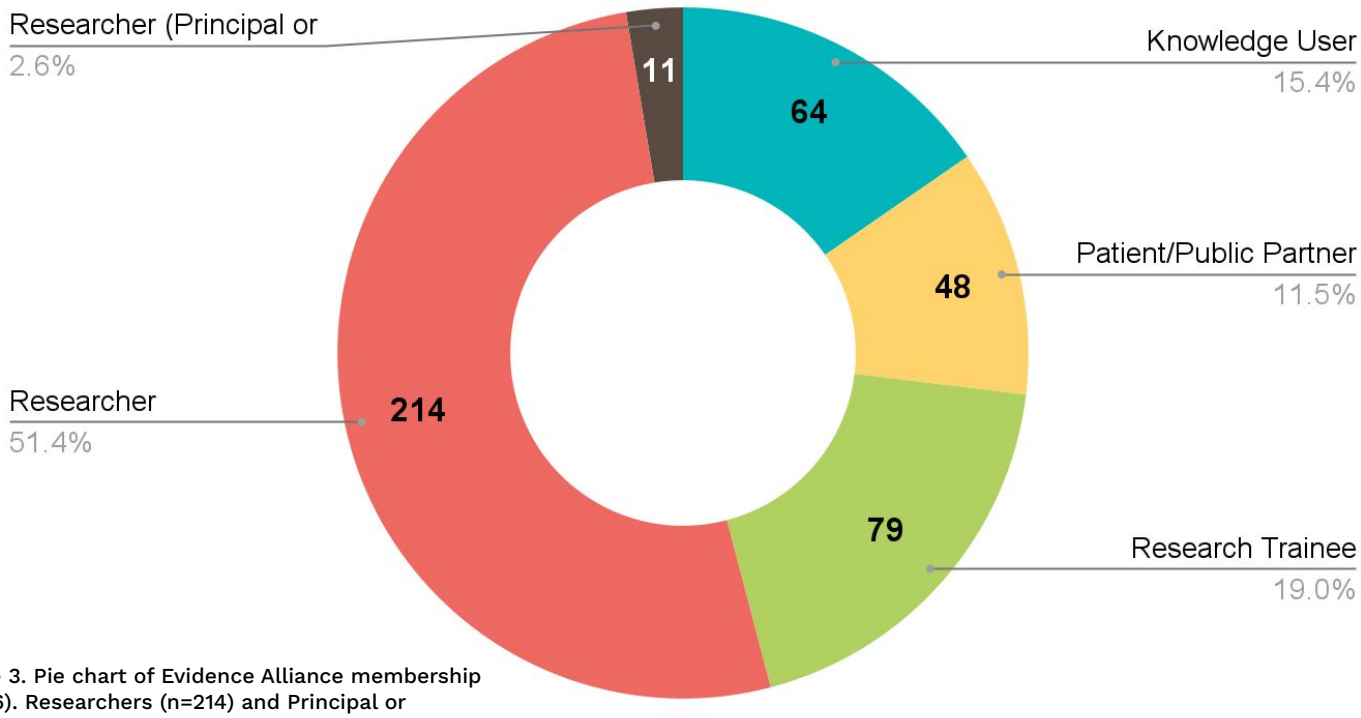
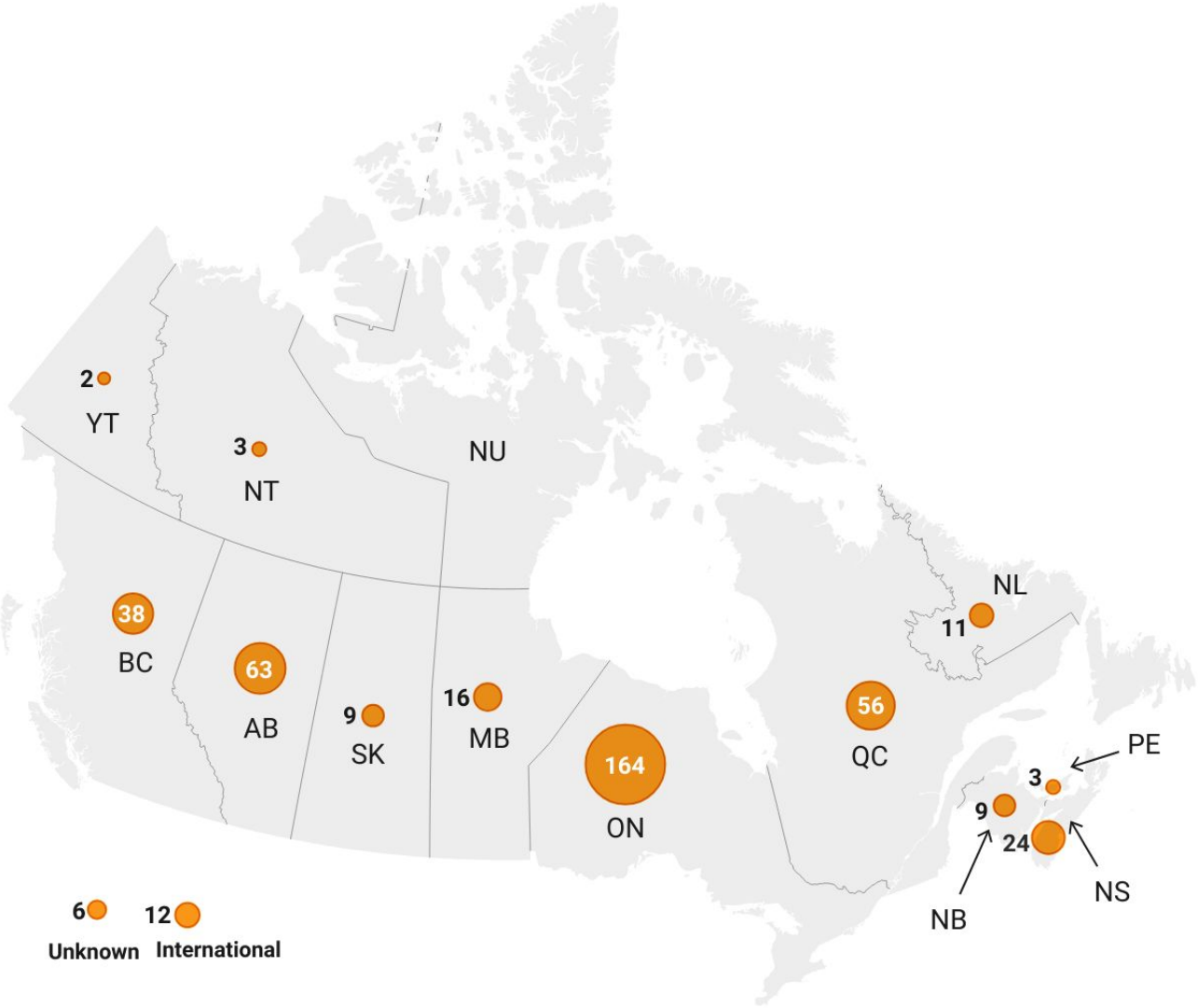


Figure 3. Pie chart of Evidence Alliance membership (n=416). Researchers (n=214) and Principal or Co-Principal Investigators (n=11) make up the largest portion, a total of 54% of the membership. Research trainees represent 19% (n=79), Knowledge Users makeup 15.4% (n=64) and Patient/Public Partners are 11.% of the membership (n=48)

Geographical Distribution of the Evidence Alliance Membership



The Evidence Alliance's membership base exhibits geographical diversity across Canada.

Figure 4. Map showing geographical distribution of the Evidence Alliance membership across Canada (n=416). Ontario has the highest representation (n=164). Alberta (n=63) and Quebec (n=56) are the second and third most represented respectively. A total of 12 members are based outside of Canada.

Knowledge Users

The Evidence Alliance's **64 knowledge user members** are primarily from academic and healthcare organizations:

Organization Type	Number of Knowledge User Members
Academic Publishing Organization	1
Federal Government	1
Healthcare Organization	13
Health Charity or Medical Association	12
Provincial or Territorial Government	3
Research Institute or Centre	7
SPOR Entity	13
University	14

Survey respondent and key informant insights regarding the Evidence Alliance's people and expertise centred around three key themes:

Operational efficiency

"The ship runs smoothly. They are a pleasure to work with, everyone is friendly, highly trained, efficient, keep us up to date, they are doing a superb job. Very happy... collaboration has been excellent." **(Researcher)**

Friendly and respectful personnel

"The SPOR Evidence Alliance is a wonderfully run program in my area of interest (knowledge synthesis) and they are a joy to work with" **(Researcher)**

"I hope we get to work with them again. They were awesome." **(Knowledge User)**

Knowledgeable and responsive team

"I don't know how they do it. They keep everything well organised, respectful, responding to questions and anything we need really quickly. They do that for every project." **(Researcher)**

"Knowledgeable and efficient team that are great to work with." **(Researcher)**

Governance Committees and Mechanisms

As a foundational structure, the Evidence Alliance has put in place a number of intentional governance committees with clear objectives and inclusive and diverse membership.

Committee	Member Count	Mandate	Meeting Frequency
Executive Committee	**10**	Provides advice on the query intake and research priorities of the Evidence Alliance through recommendations to query research teams (budget, timeline, deliverables and patient engagement) as well as the day-to-day operations of the Evidence Alliance. The Executive Committee makes specific recommendations in the development of a sustainability plan beyond the 5-year grant period of the Evidence Alliance.	**Quarterly**
Steering Committee	**13**	Provides advice on the overall Evidence Alliance initiative, including research partnerships, dissemination strategies, training and capacity-building, and query services as well as budget and resource allocation, making recommendations regarding the overall sustainability plan of the Evidence Evidence Alliance beyond the 5-year grant period.	**Quarterly**
International Advisory Committee	**12**	Provides advice on the strategic direction of the Evidence Alliance based on the overall progress and impact made, as well as the overall sustainability plan of the Evidence Alliance beyond the 5-year grant period.	**Annually**
Knowledge Translation Committee	**12**	Provides advice on the dissemination strategy of the Evidence Alliance's research outputs to reach various target audiences when new knowledge is synthesized.	**Triannually**
Partnerships Committee	**7**	Provides advice on meeting the needs and expectations of query service requestors, increasing awareness of the research and evidence query offering, as well as enhancing patient and community engagement in research and the Evidence Alliance's governance. The Partnerships Committee provides advice on existing partnerships and potential new partners to sustain the Evidence Alliance beyond the 5-year CIHR grant period.	**Triannually**
Training & Capacity Development Committee	**11**	Provides advice on the various capacity-building initiatives and trainee experiences of the Evidence Alliance (mentorship program, fellowship program, seed grant competition and other funding opportunities) as well as the expansion and sustainability of the Evidence Alliance's capacity-building efforts.	**Triannually**

Qualitative Insights Regarding Governance Structure

Our consultations indicate that the Evidence Alliance would benefit from a review and potential streamlining of its governance structure in order to:

Reduce the number and size of committees

"In terms of committees - there are a lot. Part of that was quite deliberate to begin to help include and grow the network. But, as we have evolved as a network, is there space to look at those and see which we actually need? Are they the right size? Do we have the right diversity? And are people still engaged? As we move forward, what are the crucial roles we need? We should move away from engaging big committees, but slim down and rotate people around the committees." **(Researcher)**

"There are too many committees and they are too big. I think we are creating more silos - we need to lean that process and connect more." **(Researcher)**

Achieve a finer balance between inclusivity and efficiency

"One thing I have really appreciated is the way patients are embedded in the governance structure." **(Researcher)**

"It does make sense for the governance team to be quite broad - it's the balance between efficiency and inclusiveness that needs to be addressed." **(Health System Knowledge User)**

Financial Resources

Funders and Sponsors

Between 2018 and 2023, over **$5.5M of funding** from CIHR was invested in SPOR Evidence Alliance activities. In the same period, other **partners** (listed below) have contributed a total of **$6.7M** (~$4.3M cash and ~$2.4 in-kind) in funding.

- **Disease charities and networks:** e.g. Arthritis Research Canada, Diabetes Action Canada, etc.
- **Academic institutions:** e.g. Ottawa Health Research Institute, Newfoundland & Labrador Centre for Applied Health Research, etc.
- **Public sector:** World Health Organization, government agencies and ministries, etc.

While the Evidence Alliance's overall funding peaked in the 2020-2021 fiscal year, partner cash contributions were at an all time low, and partner in-kind contributions were at an all time high in the 2022-2023 fiscal year.

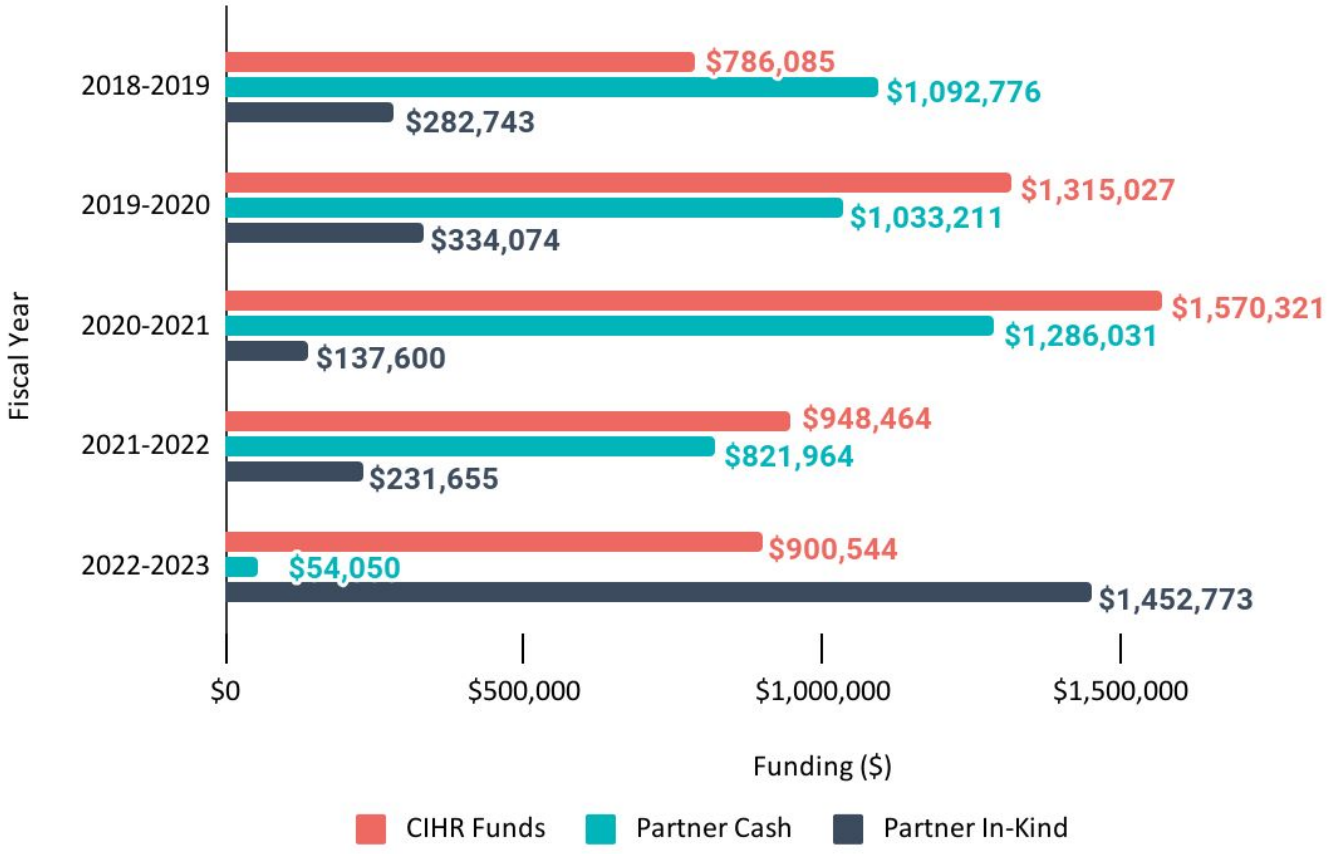
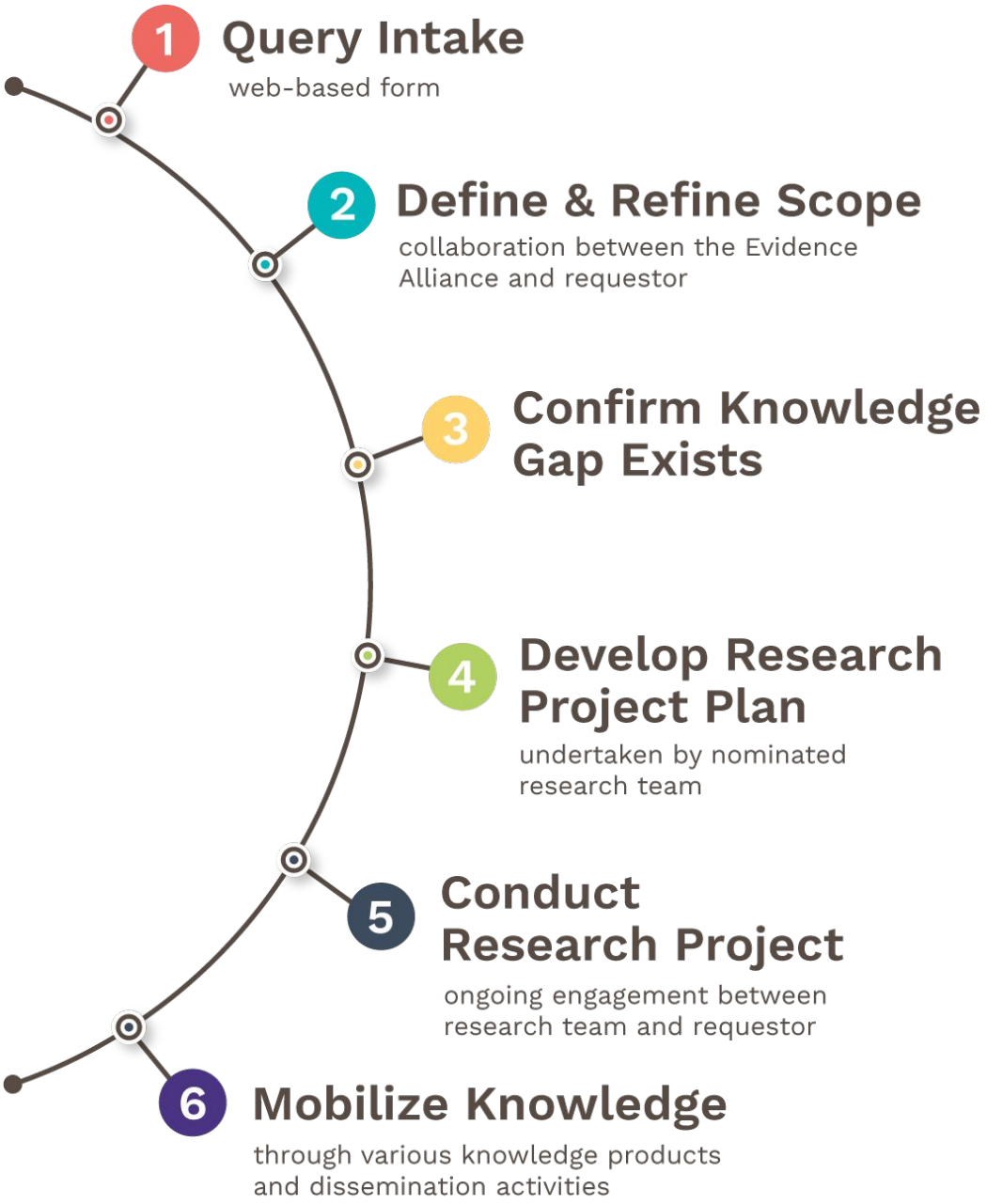


Figure 5. Horizontal bar chart of the Evidence Alliance's funding types and values between 2018 and 2023. CIHR funds peaked in 2020-2021 at $1,570,321. Partner cash stayed above $1 million between 2018 and 2021 but dropped to $54,050 in 2022-2023. Partner in-kind contributions were below $350,000 during 2018-2022, jumping to $1,452,773 in 2022-2023.

Research Query Services

One of the Evidence Alliance's key activities is research query services. An online central intake process, launched in April 2018, allows policy makers, health system managers, healthcare providers, patient/public partners, and other knowledge users to submit queries to the Evidence Alliance. Query submitters seek the current state of knowledge to support evidence-informed policy decisions or the development of practice guidelines.



Reach

Between 2018 and 2023, the Evidence Alliance received query submissions from a diverse group of knowledge users, the majority being policy makers. Research query submissions peaked in 2022.

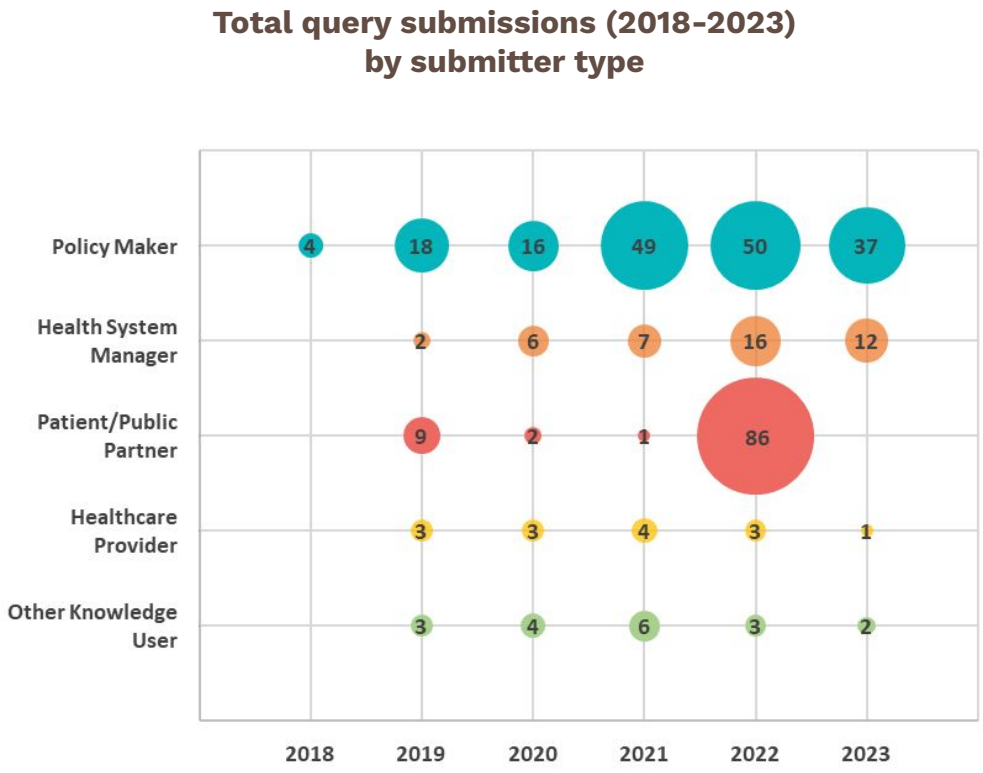


Figure 6. Bubble plot chart showing total query submissions (n=347) between years 2018 and 2023 and by submitter type. Query submissions follow an upward trend peaking in 2022 (n=158). The makeup of submitters ranges between healthcare providers, patient/public partners, health system managers and policy makers.

Other knowledge users include families and caregivers, researchers, health charities, medical associations and non-profit organizations.

Reach

Between 2017 and 2023, the Evidence Alliance received query submissions from 9 provinces and territories across Canada, with the majority of requests coming from knowledge users from federal organizations.

Total query submissions (2017-2023) by jurisdiction

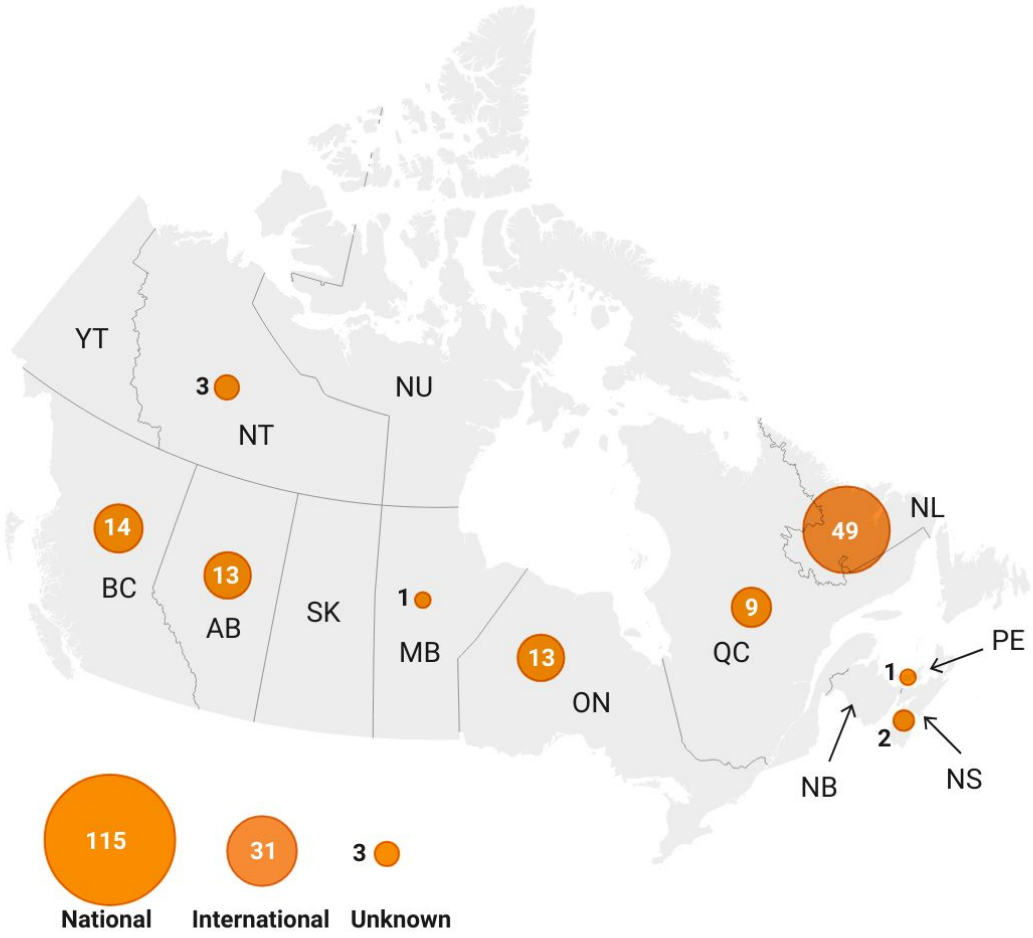


Figure 7. Map of Canada showing total query submissions between 2017 and 2023 by submitter jurisdiction (n=252). Submissions have been received from across the country. Nationally-based or federal organizations have submitted the highest number of requests (n=115) followed by knowledge users in Newfoundland and Labrador (n=49). 31 queries were submitted by internationally-based requestors.

Intensity

Between 2017 and 2023, the Evidence Alliance carried out a total of **218 query-based research projects**, engaging **989 people** including knowledge users, early career researchers, trainees and patient/public partners. The number of people engaged in Evidence Alliance projects peaked in 2021-2022 (N=385).

Total Projects Completed (2017-2023)

	Number of Projects
2017-2018	2
2018-2019	16
2019-2020	14
2020-2021	67
2021-2022	83
2022-2023	36

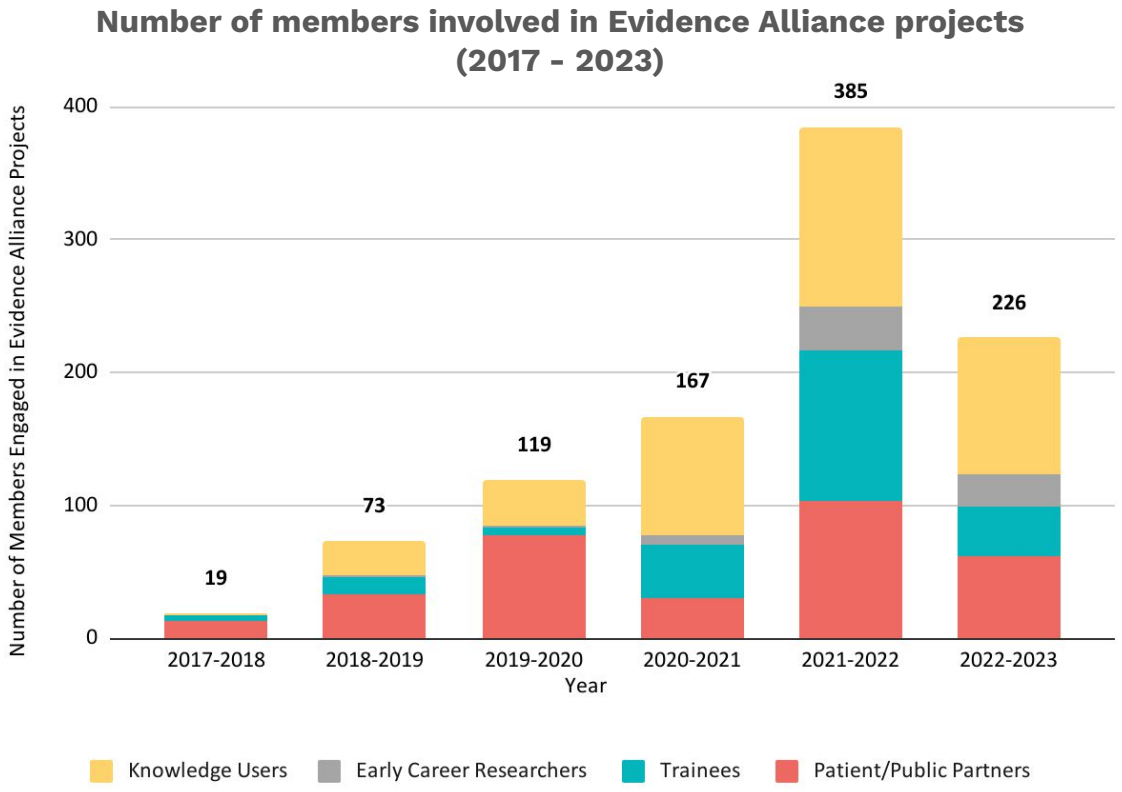


Figure 8. Stacked bar chart of the total number of members involved in all Evidence Alliance projects between 2017 and 2023 (n=989). The breakdown of member types involved in the projects each year is also shown and includes knowledge users, early career researchers, trainees, patients and public partners, with an upward trend in total members engaged between 2017 and 2022.

Quality

When survey respondents were asked to rate the relevance, timeliness, usefulness and quality of the Evidence Alliance's response to research requests, an average rating of at least 4.2 out of 5 was received for each qualifier.

	Responses							
	Relevance		Timeliness		Usefulness		Quality	
Rating	**N**	**Distribution (%)**	**N**	**Distribution (%)**	**N**	**Distribution (%)**	**N**	**Distribution (%)**
1 (Not at all)	0	0	0	0	0	0	0	0
2 (Somewhat)	0	0	1	3	0	0	0	0
3 (Unsure)	1	3	2	6	2	6	1	3
4 (Fairly)	10	32	6	19	8	26	7	23
5 (Very much so)	20	65	22	71	21	68	24	77
Average Score	***4.6***		***4.6***		***4.6***		***4.2***	
Standard Deviation	0.55		0.76		0.61		0.53	

Insights Regarding Quality of Research Query Services

Survey respondent and key informant insights regarding the quality of the Evidence Alliance's research query services centred around two key themes:

Helping to define the need and the questions at the onset

"Whether for specific guidance on project methods, client contacts or guiding potential users, questions were always clearly answered." **(Researcher)**

"I was able to move a vaguely phrased issue, probably more full of emotion than ideas, into a workable topic." **(Member of the Public)**

Being flexible and agile in meeting shifting project demands

"It can be really frustrating when we respond to an end user question under tight timelines and 1 month into a 2 month timeline they change their question. The Evidence Alliance handles this really well. They are skilled negotiators and get people to take a breath and we can re-align on the what and the how." **(Researcher)**

The Evidence Alliance generates several forms of **knowledge products** as **outputs** from research query projects. From January 2018 to March 2023, these outputs have included:

263

Technical reports created by research teams as a direct response to a request.

79

Peer-reviewed publications that include Evidence Alliance research teams as authors.

267

Other knowledge products which can be used for various purposes, including as KT tools and educational resources.

Outputs

The number of knowledge products generated by the Evidence Alliance has been increasing overtime and peaked in 2022.

Total technical reports, peer-reviewed publications & other knowledge products produced by the Evidence Alliance (January 2018 - March 2023)

Figure 9. Bubble plot of the total number of technical reports, peer-reviewed publications and other knowledge products generated by the Evidence Alliance annually between January 2018 and March 2023 (n=609). An upward trend for each product is shown from 2018 (11 reports; 0 publications; 14 other knowledge products) to 2022 (79 reports; 27 publications; 77 other knowledge products). The most products were developed in 2021 in the “Other Knowledge Product” category (n=97)

Outputs

Between January 2018 and March of 2023, the Evidence Alliance produced several knowledge products other than peer-reviewed publications and technical reports. Webinars and presentations represent the highest proportion of these products, which peaked in 2021.

Total other knowledge products (excluding peer-reviewed publications and technical reports) produced by the Evidence Alliance (January 2018 - March 2023)

Knowledge Product	Year						Total
	2018	2019	2020	2021	2022	2023	
Blog Post	0	0	1	2	0	0	*3*
Conference/ Scientific Meeting	4	4	8	6	6	5	*33*
Infographic	1	0	1	12	17	6	*37*
Journal Submission	0	0	0	2	2	1	*5*
Op Ed	0	3	1	1	0	0	*5*
Plain Language Summary	0	1	0	17	14	2	*34*
Policy Brief	0	0	1	0	0	0	*1*
Protocol Brief	1	0	0	0	0	0	*1*
Protocol Registration	0	7	7	3	2	0	*19*
Research Brief	4	2	11	22	4	0	*43*
Webinar/Presentation	4	10	13	32	26	0	*85*
Other	0	0	0	0	1	0	*1*

Accessibility of Knowledge Product Outputs

Our evaluation indicates that the Evidence Alliance's knowledge products are broadly accessible to parties beyond the initial query submitters.

"SPOR-EA has tools such as logic models, and frameworks available to all its partners. Anytime we are seeking a tool, the SPOR Evidence Alliance website is our first stop and usually has what we are looking for." **(Researcher)**

"Patients were also reviewers and co-authors on the projects. The publications in many cases were also accessible on the website of the Evidence Alliance." **(Patient/Public Partner)**

Most knowledge users report accessing peer-reviewed publications readily without paid journal subscriptions.

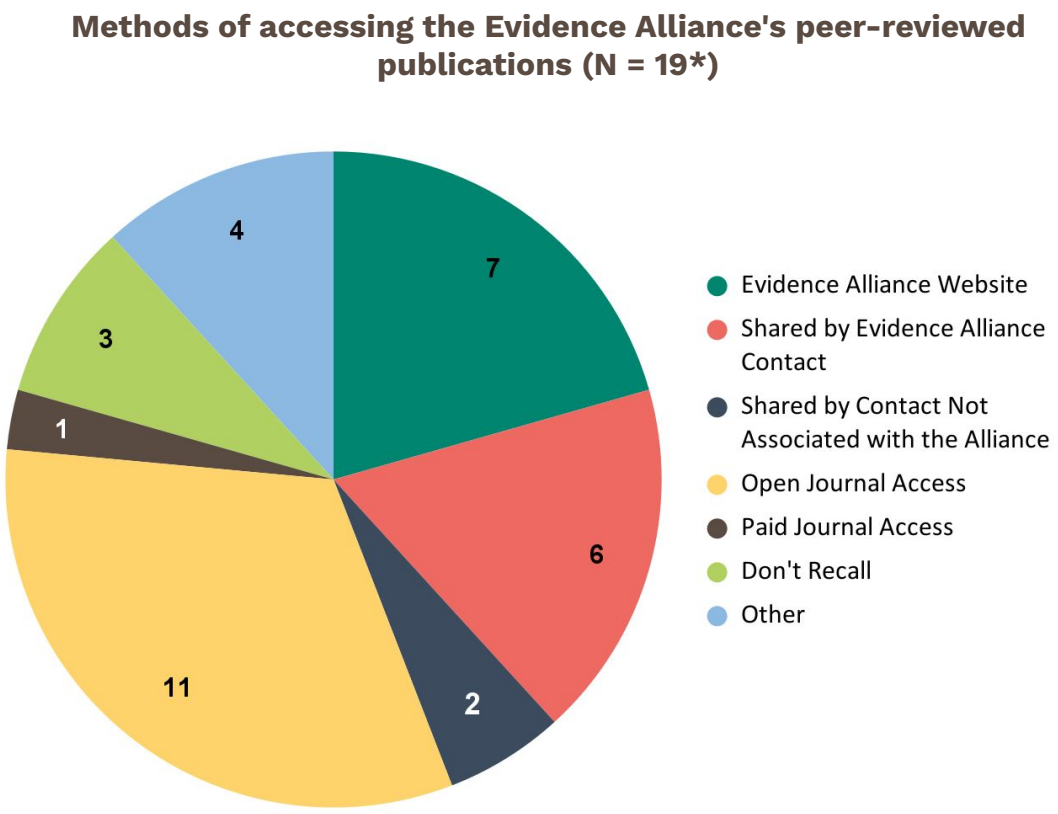


Figure 10. Pie chart of survey respondents' methods of accessing the Evidence Alliance's peer reviewed publications (n=19). Evidence Alliance Website = 7; shared by Evidence Alliance contact = 6; shared by contact not associated with the Evidence Alliance = 2; open journal access = 11; paid journal access = 1; don't recall = 3; other = 4. Respondents could provide multiple responses.

Academic Outcomes

Between January 2018 and March of 2023, the Evidence Alliance's peer-reviewed publications have been cited a total of 629 times. The number of citations peaked in 2020.

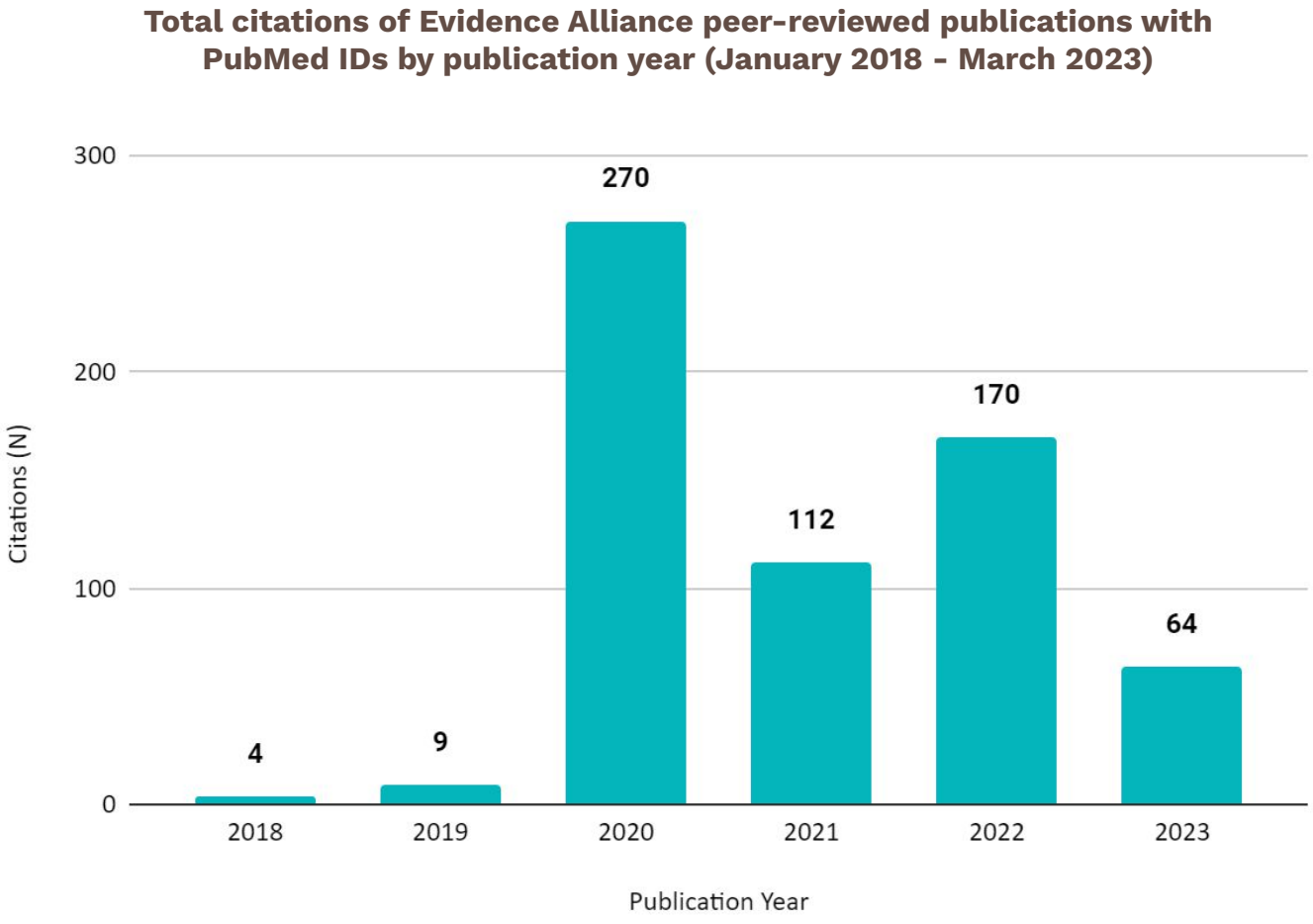


Figure 11. Bar chart of the total citations of the Evidence Alliance's peer-reviewed publications by publication year (January 2018 to March 2023). 2018 = 4; 2019 = 9; 2020 = 270; 2021 = 112; 2022 = 170; 2023 = 64. Only peer-reviewed publications with PubMed IDs have been analyzed.

The **Relative Citation Ratio (RCR)** is a citation-based measure of scientific influence of a publication[1]. It is calculated as the citations of a paper, normalized to the citations received by NIH-funded publications in the same area of research. An RCR of 1.0 means a paper has received the same number of cites/year as the median NIH-funded paper in its field. A highly influential set of articles will have a higher weighted RCR than total publications, while a set of articles with below-average influence will have a lower weighted RCR than total publications.

According to the RCR measure, starting in the year 2020 and continuing to 2023, the Evidence Alliance's degree of impact and influence in its field of knowledge synthesis has been exceptionally high.

Evidence Alliance's total peer-reviewed publications and corresponding weighted Relative Citation Ratio (RCR) by publication year (January 2018 - March 2023)

Figure 12. Combined bar and line graph of the Evidence Alliance's total peer-reviewed publications with PubMed IDs and corresponding weighted RCR by publication year (2018 to March 2023). Total Publications: 2018 = 1; 2019 = 2; 2020 = 11; 2021 = 15; 2022 = 22; 2023 = 10. Weighted RCR: 2018 = 0.36; 2019 = 0.97; 2020 = 34.73; 2021 = 22.05; 2022 = 51.67; 2023 = 29.12. Only peer-reviewed publications with PubMed IDs have been analyzed.

[1]https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5012559/

Knowledge and Capability Building Outcomes

When survey respondents were asked to rate the degree to which the Evidence Alliance's tools and products enhanced their knowledge, improved their skills and capabilities or changed their approach, an average rating of **4.06 out of 5** was received across all qualifiers (N = 25).

	Responses					
	Enhanced Knowledge		Enhanced Skills & Capabilities		Changed Approach	
Rating	**N**	**Distribution (%)**	**N**	**Distribution (%)**	**N**	**Distribution (%)**
1 (Not at all)	0	0	0	0	3	10
2 (Somewhat)	0	0	2	6	3	10
3 (Unsure)	2	6	5	16	2	6
4 (Fairly)	12	39	5	16	10	32
5 (Very much so)	11	35	13	42	7	23
Average Score	***4.4***		***4.2***		***3.6***	
Standard Deviation	0.62		1.01		1.33	

Survey respondent and key informant insights regarding the quality of the Evidence Alliance's knowledge products centred around two key themes:

The products' value in enabling individuals' work

"Tools related to evidence synthesis, types of reviews, evidence summaries and patient engagement were very helpful for our work." **(Researcher)**

"Excellent resources for quick access to relevant systematic and scoping reviews." **(Researcher)**

The products' value in building KT capacity at scale

"Working on publications with highly skilled and productive scholars builds capacity in all involved." **(Researcher)**

"SPOR-EA continuously contributes to knowledge synthesis methodology and as a knowledge synthesis centre we benefit from this continuous output of products to drive knowledge synthesis." **(Researcher)**

Training and Capacity Development (Targeted)

Another Important line of activity for the Evidence Alliance relates to training and capacity development.

The Evidence Alliance's training and capacity development offerings are formally targeted towards four audience groups

1. Trainees (undergraduate, graduate and postdoctoral)
2. Researchers and research staff
3. Patient/public partners
4. Knowledge users

Training and capacity development offerings aim to share and instill:

- knowledge and understanding of research practices and methods
- perspectives and experiences related to patient/public partnered research
- approaches to producing and applying research evidence to inform decision making
- the value of patient/public partner engagement in research and decision making

Offerings include:

- **Web-Based Learning** (webinars and online sessions)
- **Participatory Workshops, Lectures and Seminars**
- **Courses at Post-secondary Institutions**
- **Thesis Supervision**
- **Mentorship Programs:** development of learning objectives for trainees, early career investigators and researchers interested in patient/public-partnered research, as well as career support
- **Query Engagements:** experiential learning for trainees (i.e., undergraduate, graduate and postdoctoral learners) to participate in query services and contribute to research for decision-makers and knowledge users

Reach

Between 2018 and 2023, the Evidence Alliance engaged a variety of parties through its training and capacity development activities. The number of people who have participated in the Evidence Alliance's offerings peaked in 2022-2023, at 1870, more than double the previous three years' participant numbers which were between 700-800.

Total number of people who have participated in the Evidence Alliance's training and capacity building activities (2018-2023)

Participant Type	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Alliance Staff	5	2	6	0	5
Patients	38	42	62	130	147
Health System Managers and Healthcare Practitioners	47	87	10	64	214
Policy-Makers	50	30	153	138	80
Other Knowledge Users	12	52	71	56	891
Clinical Scientists	13	15	19	14	27
Researchers	125	355	272	194	212
Trainees	77	148	217	203	267
Total	***367***	***731***	***810***	***799***	***1843***

Other Knowledge Users include families and caregivers, researchers, health charities, medical associations and non-profit organizations

Intensity

Between 2018 and 2023, the Evidence Alliance delivered a total of 295 training and capacity development offerings. While the instances of delivery tripled over the course of the 5 years, the number of web-based learning sessions decreased and the number of lecture or seminar sessions increased over time. Query engagement (experiential learning opportunities for trainees) was introduced in 2021-2022 and comprised at least half of the instances of training and capacity development offerings in 2022-2023.

Total instances of training and capacity development activities (2018-2023)

Training Activity	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Web-based learning	7	4	2	2	2
Participatory workshop	5	6	0	2	4
Lecture or seminar	7	11	17	18	26
Course at post-secondary Institution	1	1	1	1	1
Thesis supervision	5	3	18	8	9
Mentorship	2	8	8	8	14
Query Engagements	0	0	0	29	53
Other	7	1	1	2	1
Total	***34***	***34***	***47***	***70***	***110***

'Other' includes various activities, such as Scientific Meetings

Quality

When survey respondents were asked to rate how relevant, engaging, accessible and up-to-date or reflective of current evidence the Evidence Alliance's training and capacity development offerings were, an average rating of **4.52 out of 5** was received across all qualifiers.

	Responses					
	Relevant		Engaging & Accessible		Up-to-date & Reflective of Current Evidence	
Rating	**N**	**Distribution (%)**	**N**	**Distribution (%)**	**N**	**Distribution (%)**
1 (Not at all)	0	0	0	0	0	0
2 (Somewhat)	2	6	0	0	0	0
3 (Unsure)	2	6	1	3	2	6
4 (Fairly)	12	39	18	58	12	39
5 (Very much so)	28	90	25	81	30	97
Average Score	***4.5***		***4.5***		***4.6***	
Standard Deviation	0.77		0.53		0.57	

Qualitative Insights Regarding Training and Capacity Development Offerings

Survey respondent and key informant insights regarding the quality of the Evidence Alliance's training and capacity development activities centred around three key themes:

Offerings were well-planned and engaging

"The course was very informative and interactive, at a level I could understand, speakers were excellent. The "homework" was interesting, manageable and engaged participants with one another, and added immeasurably to the learning." **(Patient/Public Partner)**

"Training is well developed, planned, and delivered. Always engages a wide range of speakers and includes links to up-to-date resources. They are always ahead of the wave!" **(Researcher)**

"The leaders were experienced patient partners and good speakers - it was easy to relate to them and their teaching. Part of the "homework" was engaging in a platform answering questions with the other participants so you could exchange ideas, support and learn from one another. It was a real learning experience." **(Patient/Public Partner)**

Offerings were relevant and accessible for all audiences

"The training resources are adapted to the types of users and level of training needed." **(Researcher)**

"No matter our learning need we have access to learning opportunities." **(Researcher)**

"The open/inclusive approach, the content covered and its accessibility have all been excellent." **(Researcher)**

"The internet platform meant I could participate without needing to travel which was a definite bonus for me as I engaged with moderators and other participants." **(Patient/Public Partner)**

Offerings helped to strengthen the KT research community and practices

"These are incredible opportunities not only to support research but for those awarded to gain exposure and network professionally." **(Trainee)**

"Very topical and timely - especially with respect to review methodology and practices. This is the leading organization and is making strong advances in the science of knowledge synthesis." **(Researcher)**

Knowledge and Capability Building Outcomes

When survey respondents were asked to rate the degree to which the Evidence Alliance's training and capacity development offerings enhanced their knowledge, improved their skills and capabilities or changed their approach, an average rating of **4.2 out of 5** was received across all qualifiers.

	Responses					
	Enhanced Knowledge		Improved Skills & Capabilities		Changed Approach	
Rating	**N**	**Distribution (%)**	**N**	**Distribution (%)**	**N**	**Distribution (%)**
1 (Not at all)	0	0	0	0	5	16
2 (Somewhat)	1	3	1	3	4	13
3 (Unsure)	2	6	3	10	8	26
4 (Fairly)	16	52	20	65	15	48
5 (Very much so)	25	81	20	65	12	39
Average Score	***4.5***		***4.3***		***3.6***	
Standard Deviation	0.66		0.73		1.32	

Survey respondent and key informant insights regarding learning outcomes from the Evidence Alliance's education and capacity building activities centred around three key themes:

Enhancing participants' confidence and comfort in knowledge synthesis

"After I took the training my confidence in what I was doing increased significantly." **(Patient/Public Partner)**

"I gained skills and confidence about partnering on rapid reviews." (**Patient/Public Partner)**

"My comfort level and expertise in the conduct of a variety of reviews has grown exponentially." **(Researcher)**

Building or enhancing participants' expertise in knowledge synthesis

"Although I understood narrative reviews prior to this course, I had no idea about systematic reviews, rapid reviews, etc. I now know something about knowledge synthesis, and have some resources where I can learn more." **(Patient/Public Partner)**

"The training and skills-building opportunities helped to keep my skills and knowledge current." (**Researcher)**

Helping participants to better orient towards informing practice or policy change

"Not so much changed my approach in the conduct of standard reviews but rather upskilled me in the conduct of reviews in high demand by decision-makers (rapid reviews, living evidence synthesis etc.)" **(Researcher)**

"The focus on knowledge synthesis and application is strong and provides a solid opportunity to support actionable change across diverse health settings." **(Researcher)**

Training and Capacity Development (Broad-Base)

The Evidence Alliance also fulfills its training and capacity development mandate through broad-base passive channels with the use of social media and newsletters.

Social Media Campaigns

Through social media and promotional releases, the Evidence Alliance aims to increase its visibility and reach, build awareness of its offerings amongst various audiences, and grow its membership across Canada and internationally. Previous campaigns have focused on:

- Grant success announcements
- Vision, mission and goal communications
- Impacts and achievements to date

Newsletter

Distributed monthly to subscribers, the newsletter updates audiences on:

- Research query status and outputs
- Relevant research highlights
- Upcoming Evidence Alliance or KT events
- Publications, resources and tools
- Opportunities (educational, research engagement, funding, employment)
- Member updates

Reach

The Evidence Alliance's reach through its social media and newsletter channels is on a steady upward trajectory.

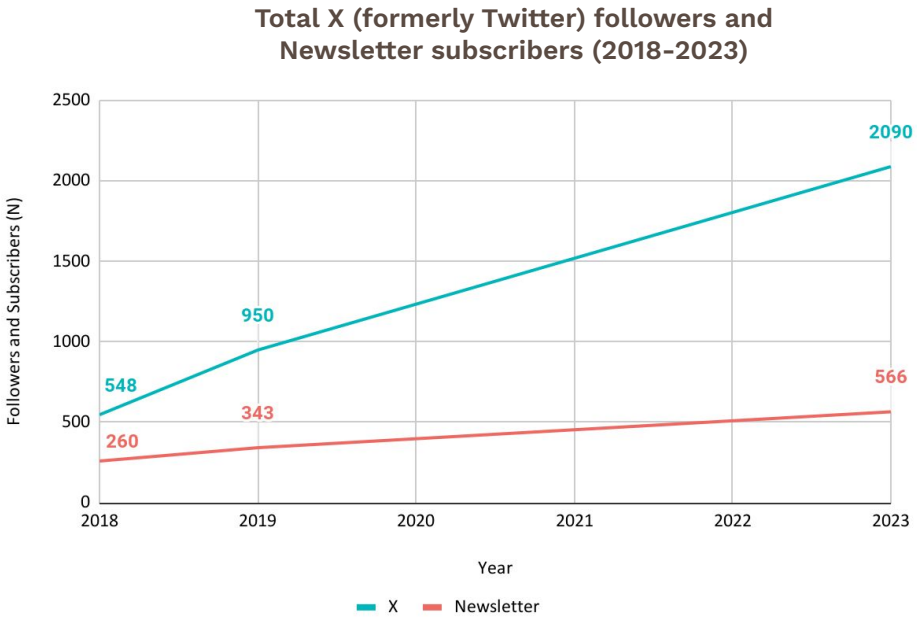


Figure 13. Line chart of the Evidence Alliance's X (formerly Twitter) followers and newsletter subscribers between 2018 and 2023. An upward trend is demonstrated with 548 X followers and 260 newsletter subscribers in 2018, increasing to 2,090 followers and 566 subscribers respectively by March 2023.

Seed Grant Funding

Evidence Alliance's third and final line of activity is the seed grant program which has provided **$10,000 of funding** to 8 research projects led by **early career researchers and trainees across Canada:**

- 4 Post-doctoral Fellows
- 2 MD-PhD Students
- 2 PhD Students

Jurisdiction	Number of Seed Funding Recipients
Ontario	2
Quebec	3
Manitoba	1
Alberta	1
British Columbia	1

Seed Grant Competition Themes

- **2019-2020:** Advancing the Science of Patient Engagement in Research
- **2020-2021:** Guideline Development in a Patient-oriented Research Setting
- **2021-2022:** Knowledge Dissemination and Implementation with Patient Partnership, Using an Equity, Diversity, Inclusion and Social Justice Lens

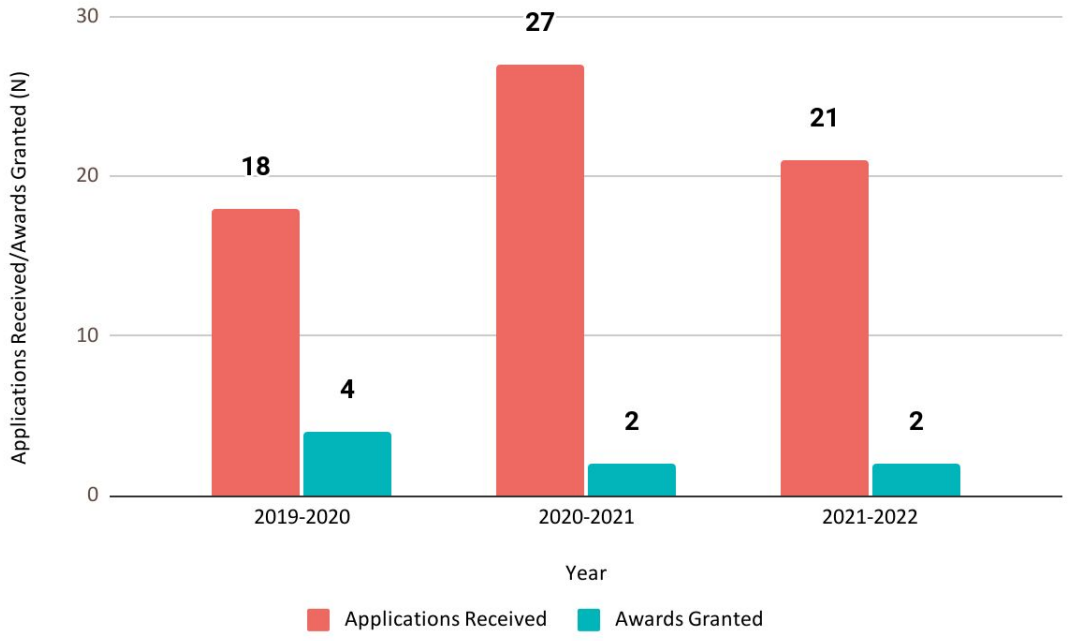


Figure 14. Bar chart of the total Evidence Alliance seed grant applications received (n=66) and awards granted (n=8) between 2019 and 2022. Applications received 2019-2020 = 18; 2020-2021 = 27; 2021-2022 = 21. Awards granted 2019-2020 = 4; 2020-2021 = 2; 2021-2022 = 2

Seed Grant Funding

Qualitative insights regarding seed funding outcomes centre around three key themes:

Seed funding allowed awardees to generate baseline findings that can support larger-scale patient-partnered research down the line

"As a result of the seed funding we advanced our understanding of how gender shapes health care needs and priorities for women living with HIV. Through this research, we were able to design, implement and describe an approach to patient-partner engagement in quantitative data analysis that can be used by research teams conducting participatory research." **(Trainee)**

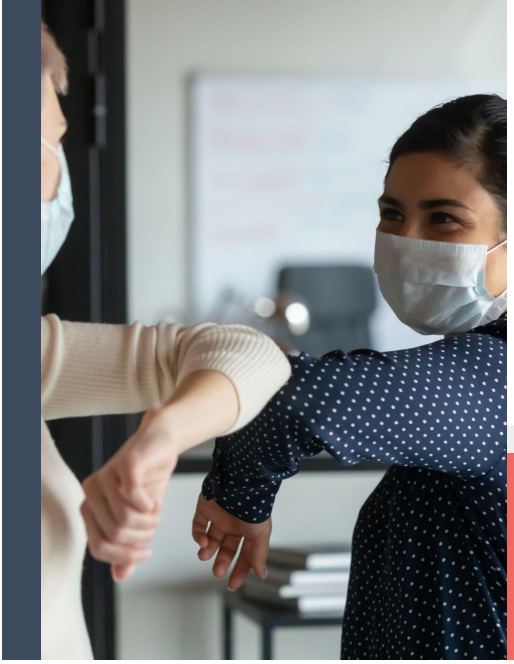
Seed funding has served to anchor early career researchers into the knowledge synthesis field

"I was able to foster meaningful collaborations with community organizations and patient partners and establish long-term partnerships." **(Trainee)**

"It has enabled me to gather invaluable data that directly informed an innovative trial that has received international attention, particularly through the International Pediatric Exercise Oncology Group who invited me to deliver an early career investigator talk on our funded trial that was informed by the Evidence Alliance seed funding." **(Researcher)**

Seed funding has increased the awardees' ability to secure downstream funding

"Receiving this funding undoubtedly helped me secure additional seed and project funding as a PI and co-PI." **(Researcher)**



IMPACTS

IMPACT AREA 1

Strengthening the KT ecosystem in Canada and improving visibility of Canadian KT research

"Each project has expanded the network with people coming back to us for repeat projects - through the Evidence Alliance, more organizations are aware of the work we do. The opportunity to meet with them has lead to other grants and further growth of our KT network." **(Researcher)**

"Two of my masters student have been involved in Evidence Alliance projects, gaining lots of experience and since been involved in lots of other projects as a result - they are implementing what they learnt. We got an international publication and they were listed as a co-author. That international exposure is a real value to them." **(Researcher)**

Evidence Alliance's Contributions to KT Research Collaborations

Most survey respondents felt that the Evidence Alliance helped them in forming successful KT research collaborations and some attributed their success in producing collaborative publications and attending KT conferences or presentations to the Evidence Alliance.

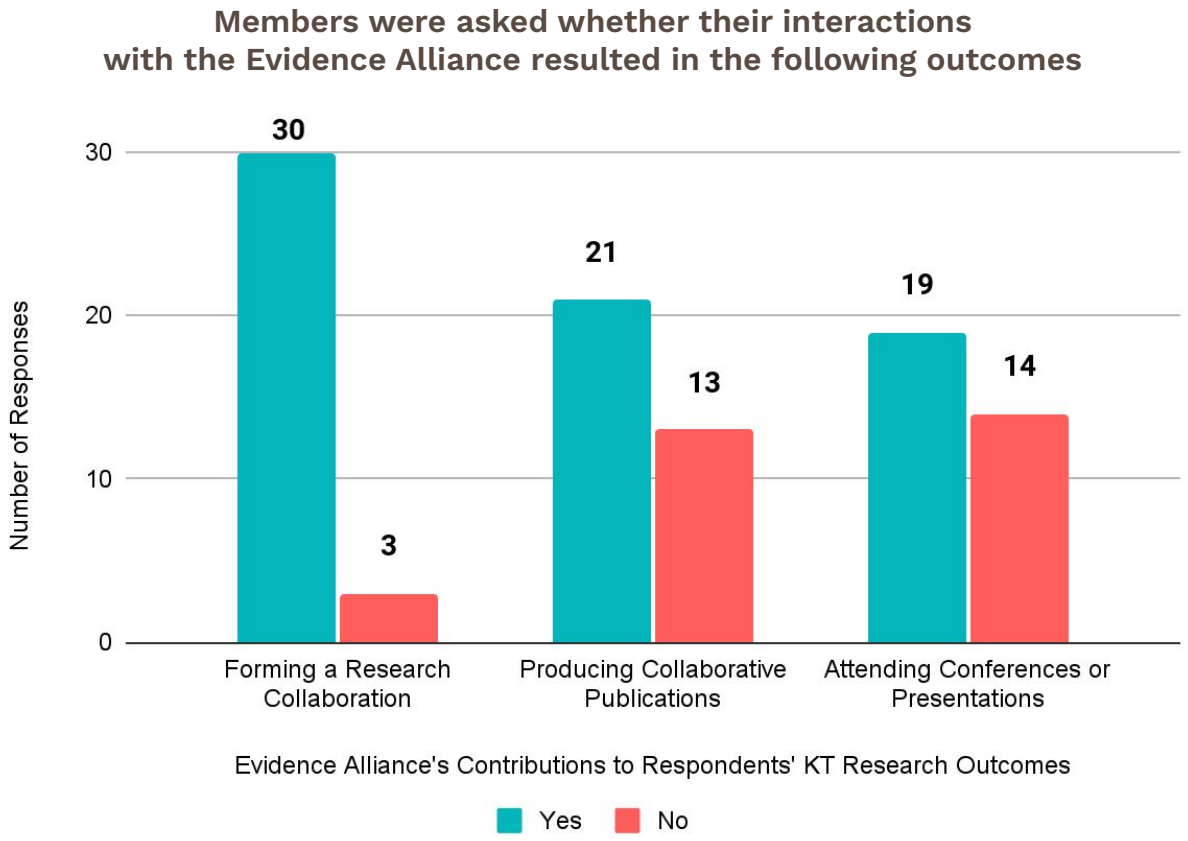


Figure 15. Bar chart of survey respondents' yes or no responses when asked whether their interactions with the Evidence Alliance resulted in various KT collaboration outcomes: forming a research collaboration (Yes = 30; No = 3), Producing collaborative publications (Yes = 21; No = 13) and attending conferences or presentations (Yes = 19; No = 14).

Evidence Alliance's Contributions to Professional Growth and Expansion of KT Networks

Most survey respondents felt that the Evidence Alliance has helped them to expand their network and increase their influence within the health and healthcare space.

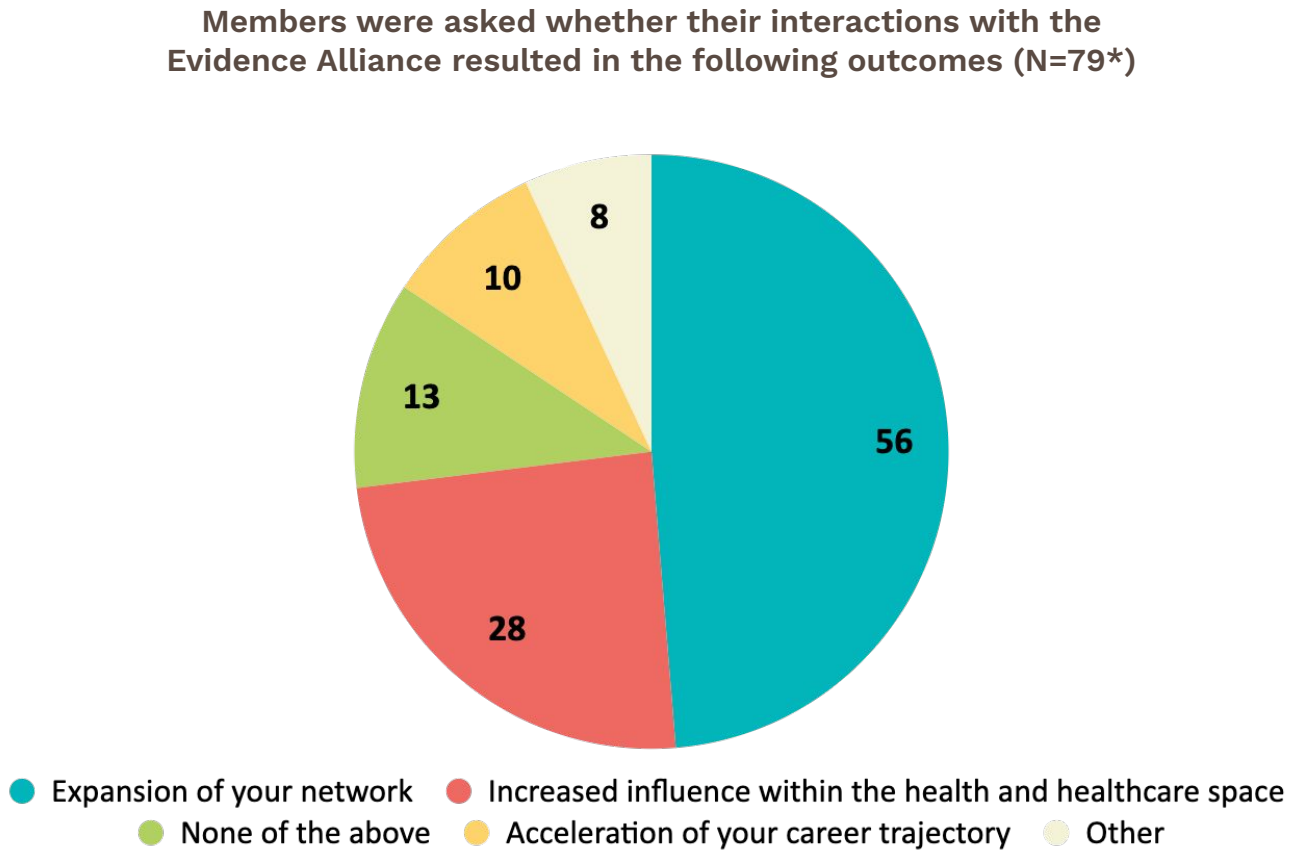


Figure 16. Pie chart of survey respondents' professional growth outcomes as a result of their interaction with the Evidence Alliance (n=79). Expansion of network = 56; increased influence within the health and healthcare space = 28; acceleration of your career trajectory = 10; other = 8; None of the above = 13. Respondents could provide multiple responses.

Shifting the culture of health research to centre patients and families

Changes in Patient/Public Partner Membership Within the Evidence Alliance Network Over Time

The number of patient/public members in the Evidence Alliance's network has been increasing over the last five years, reaching an all-time high of 48 in 2022-2023.

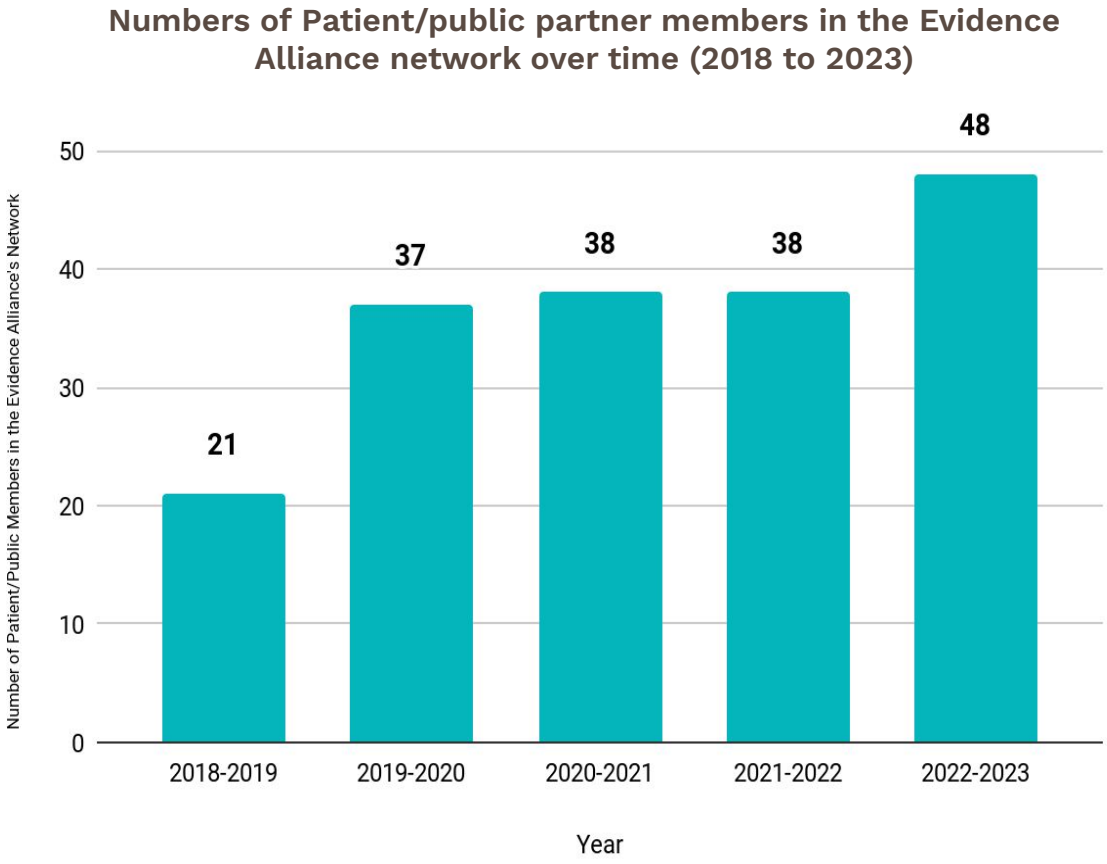


Figure 17. Bar chart of number of patient/public partner members in the Evidence Alliance's network, which is shown to gradually increase between 2018 and 2023. 2018-2019: n=21; 2019-2020: n=37, 2020-2021: n=38; 2021-2022: n=38; 2022-2023: n=48.

"I continue to find that the patient involvement piece of the SPOR Evidence Alliance is exceptional - there is a lot of talk about involving people who are effective, but the Evidence Alliance is actually doing it. They are actually bringing people to the table - they are listening and I find that to be incredible." **(Knowledge User)**

Number of Research Queries Submitted by Patient/Public Partners and Number of Patient/Public Partners Involved in Responding to Queries Over Time

Patient and public involvement in Evidence Alliance query responses has increased significantly over time. In 2022-2023, there were 86 queries submitted by patient and public members, 10 times the number in the early years of the Evidence Alliance's work.

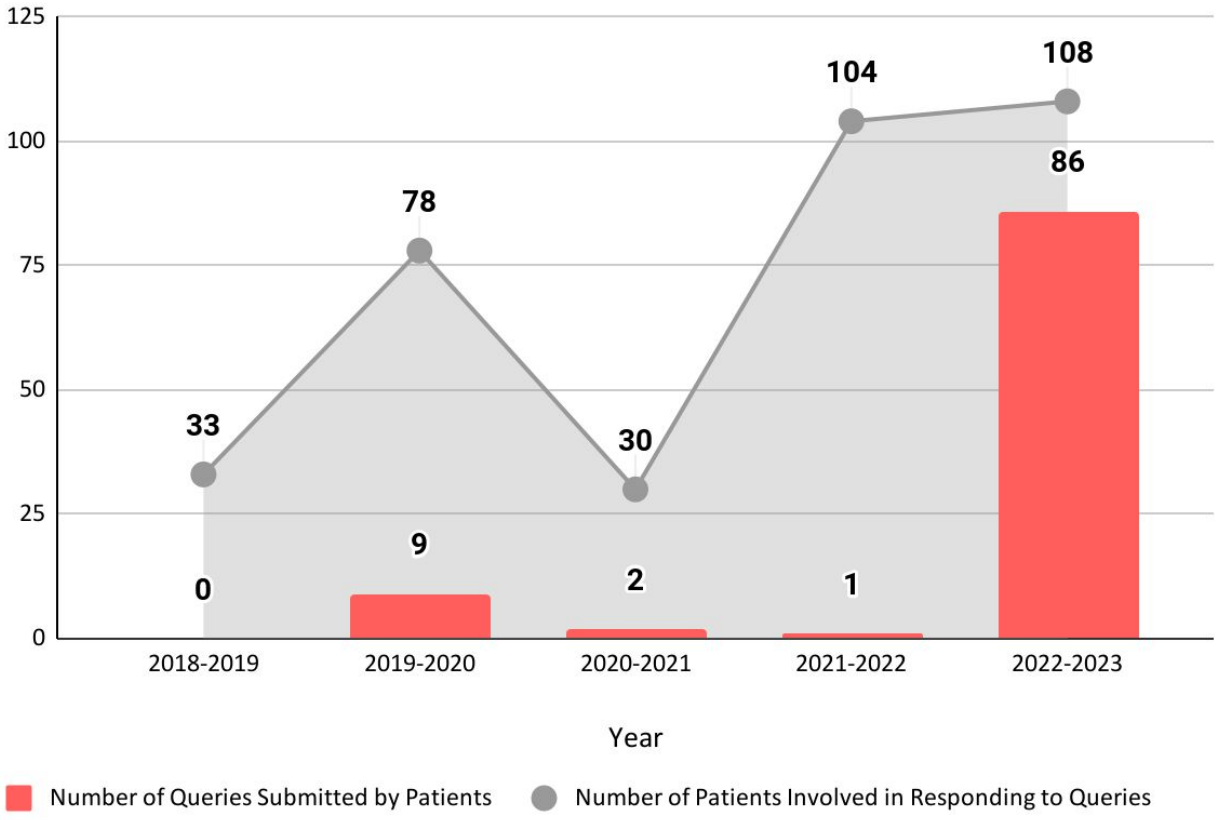


Figure 18. Combined line graph and bar chart showing the number of queries submitted by patient/public partners and number of patient/public partners involved in responding to queries each year from 2018 to 2023. Queries submitted by patients in 2018-2019: n=0; 2019-2020: n=9; 2020-2021: n=2, 2021-2022: n=1; 2022-2023: n=86. A general upward trend of patient/public partners involved in responding to queries is shown, with 33 in 2018-2019, 78 in 2019-2020, 104 in 2021-2022 and 108 in 2022-2023.

Patient/Public Partner Involvement in Education and Capacity Building Activities Over Time

Patient and public participation in Evidence Alliance education and capacity building activities reached an inflection point in 2020-2021, with an increase of over two-fold from 62 to 130 people.

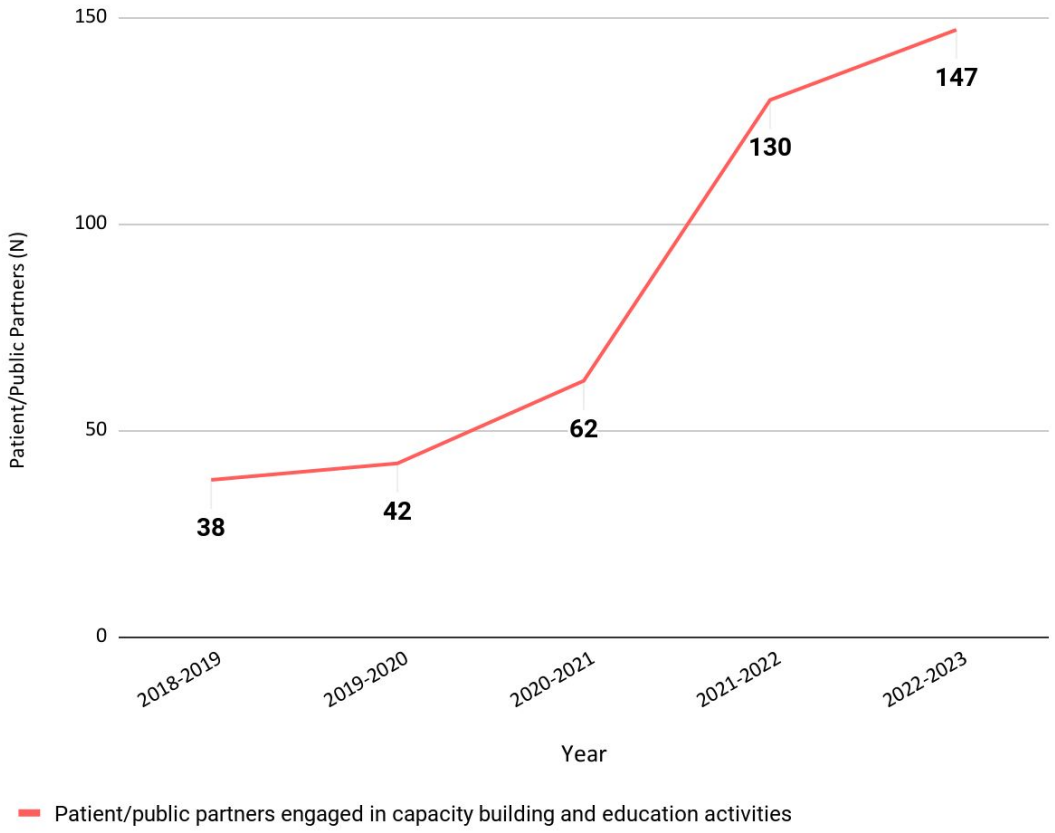


Figure 19. Line graph highlighting the number of patient/public partner participants in training and capacity development activities between 2018 and 2023 (n=419). An upward trend is shown. 2018-2019: n=38; 2019-2020: n=42, 2020-2021: n=62; 2021-2022: n=130; 2022-2023: n=147

Patient/Public Partner Involvement in Education and Capacity Building Activities Over Time

The Evidence Alliance's partnerships with patient and public members to co-develop and co-deliver training and capacity development offerings has been increasing, and saw a dramatic peak in 2021-2022.

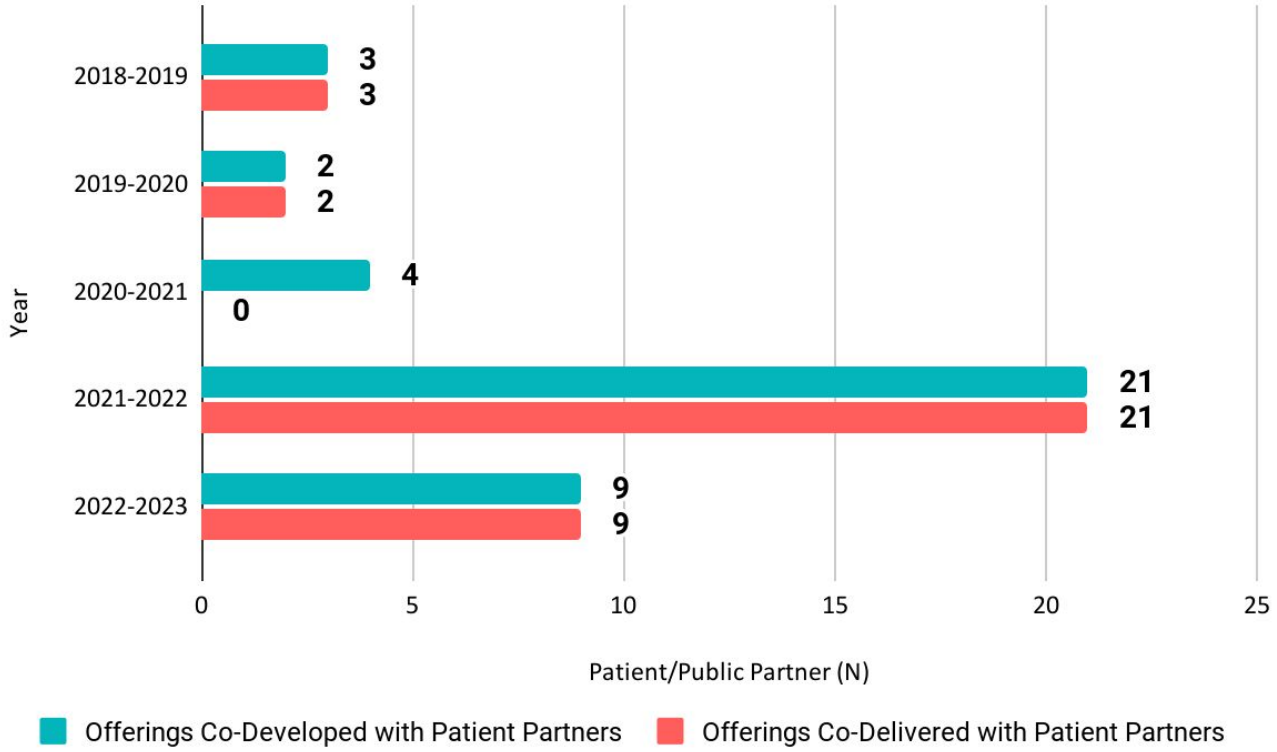


Figure 20. Horizontal bar chart highlighting the number of training and capacity development activities co-developed (n=39) and co-delivered (N = 35) with patient/public partners between 2018 and 2023. Co-Developed: 2018-2019: n=3; 2019-2020: n=2, 2020-2021: n=4; 2021-2022: n=21; 2022-2023: n=9. Co-Delivered: 2018-2019: n=3; 2019-2020: n=2, 2020-2021: n=0; 2021-2022: n=21; 2022-2023: n=9

IMPACT AREA 3

Addressing the gap in the production of needed knowledge

CASE STUDY:
Ontario COVID-19 Emergency

At the start of the COVID-19 Pandemic, the Evidence Alliance worked with the Ontario Ministry of Health to address key knowledge gaps about the SARS-CoV2 virus itself and about effective countermeasures to contain its spread. The Evidence Alliance also supported the dissemination of evidence-based insights regarding COVID-19 across a network of knowledge users. The Ministry considers the Evidence Alliance a **“critical partner”** and one of its **“greatest allies”** in navigating this unprecedented public health emergency.

IMPACT AREA 3

Addressing the gap in the production of needed knowledge
CASE STUDY: Ontario COVID-19 Emergency

Several attributes were considered core to the Evidence Alliance's successful partnership with the Ministry:

Responsiveness and Speed

"When things got real, the SPOR Evidence Alliance stepped up. In a very real way. They were extremely helpful colleagues to the ministry. They provided general capacity to respond and also made themselves available for specific emergency requests."

"Thinking about timelines, we collectively worked through how to meet them, how to meet all of the requirements and they never over-committed. Very strong team."

Collaboration Style

"The Evidence Alliance and McMaster Health Forum and the Ministry, we all came together and decided to move forward as a group. There is an openness of mind that you need to do that, and a little bit of sacrifice when it comes to academic credentials, but there was no hesitation and they came to the table to do this for the greater good."

Expertise and Trustworthiness of Knowledge

"The ministry considers the SPOR Evidence Alliance to be a real and true partner in terms of sharing the most critical information that we can. They have our trust and I would forward anything shared by the SPOR Evidence Alliance to my entire network as I trust them that much."

Utility and Usability of Knowledge Produced

"Every single product that SPOR Evidence Alliance produced was so ready to be used, actionable clearly every single time - I can't speak highly enough about this group and providing things that are actionable for those who need that predigested information. Absolutely one of the greatest groups when it comes to this."

IMPACT AREA 4

Improving the uptake of clinical evidence in practice and policy

CASE STUDY:
WHO Ebola Containment Policies

The Evidence Alliance was engaged by the World Health Organization (WHO) through a competitive procurement process to develop new guidelines that are reflective of the most up-to-date evidence and practices for infection prevention and control of Ebola and Marburg Virus Disease. The Evidence Alliance team was able to navigate a **"complex knowledge landscape"** with **"expertise and finesse"** and derive policy and practice guidelines that were successfully applied in the midst of an outbreak while the engagement was still on-going. The guidelines are now being incorporated into various products including peer-reviewed publications as well as presentations by the WHO's Guideline Development Group (GDG) for the purposes of broad proactive dissemination.

IMPACT AREA 4

Improving the uptake of clinical evidence in practice and policy
CASE STUDY: WHO Ebola Containment Policies

Several attributes were considered core to the Evidence Alliance's successful partnership with the WHO:

Methodological Expertise and Subject Matter Comfort

"The Evidence Alliance team we worked with had methodological expertise and were really open to collaboration/to suggestions to the challenges we were having. They did that extra mile for our team. For example, they ended up using PICOs and GRADE methodology for the evidence review which isn't always done in infection prevention control - very flexible and accommodating to meet our needs."

"We had a four day meeting in October of last year for which two of the members of the Evidence Alliance group came to Geneva. They did all the presentations of the evidence for all the PICO questions. When GDG members were asking them more questions, they were really able to speak to the questions. The lack of subject matter expertise was not a hindrance at all, in fact they were able to respond to questions very well - they knew the literature. Lots of positive feedback from members on this as well."

Ability to Derive Contextualized Policy and Practice Implications from Broad-Base Evidence

"The Evidence Alliance were creative and methodological in how they rose to the challenge of lack of relevant evidence. Very little evidence published from relevant countries on the topic we were interested in. This is a real and very big challenge. So they looked at evidence from low and middle income countries, looked at health worker surveys and applied mixed methods in the analysis"

Understanding and Adapting to Knowledge User's Systems and Approaches

"They were really great. They were very knowledgeable about WHO processes. Because they had done work with WHO in the past, they were really helpful. When we reached out to them and described what we were looking for, they helped us to articulate it more clearly in terms of evidence searches and research and in a way that would plug into our needs directly."

"They also worked with us to successfully move the findings through the various internal mechanisms.. For example, they discussed with us how to present things to the GDG and what the findings might mean in different climates and all those challenges we are faced with when an outbreak is happening."

Additional Value-Adds

Two additional results emerged from our evaluation independent of the evaluation framework and evaluation questions. These centred around the Evidence Alliance's value-adds in the context of other entities operating in the canadian health research ecosystem.

Value-Add 1

The Evidence Alliance's distinct offerings within the Canadian health knowledge mobilization ecosystem

Across Canada, there are numerous organisations and entities with KT and knowledge synthesis mandates. For example:

- Federal health agencies and government organizations
- Provincial and territorial ministry-linked health technology assessment bodies
- Health charities, disease associations and foundations
- Medical associations and regulatory bodies
- Academic KT and subject matter experts

Different audience groups expressed varying levels of clarity about how the Evidence Alliance fits into the greater knowledge mobilization ecosystem in Canada and how its offerings are additive to or synergistic with these other mechanisms.

"We are working with CADTH more on variety of things - their role is expanding and wanders into the Evidence Alliance's space. We are trying to figure out when to work with each of them and I don't know the answer - so how does the Evidence Alliance position itself with respect to CADTH and can that be made more coherent for decision makers?"

(Health System Knowledge User)

Our evaluation found that the Evidence Alliance's offerings fill a gap in the Canadian KT ecosystem, and are **distinct in three specific ways**:

User-facing service: anyone can submit a request and the process is simple and accessible

"It is a really clear and simple process to submit a query." **(Patient/Public Partner)**

"I have submitted a query every year for the past few years and this year it was accepted." **(Patient/Public Partner)**

One-stop hub: brings access to multiple KT experts who span broad disciplines

"Exceptional team… high level information specialists and network of methodology teams across Canada to support the process." **(Researcher)**

Patient driven: patients can submit requests and are meaningfully engaged in the work as lived-experience experts

"The Evidence Alliance is one of the few organisations in Canada where patients can submit queries, lead and decide priorities and what gets funded with the same level of respect to their question as a policy maker." **(Patient/Public Partner)**

"Other organizations say they have patients there but they don't have a voice - they'll do webinars but they don't ask us what we want to do. But the Evidence Alliance comes to us and asks us what to do. We co-develop training modules, applications, patient queries." **(Patient/Public Partner)**

VALUE-ADD 2

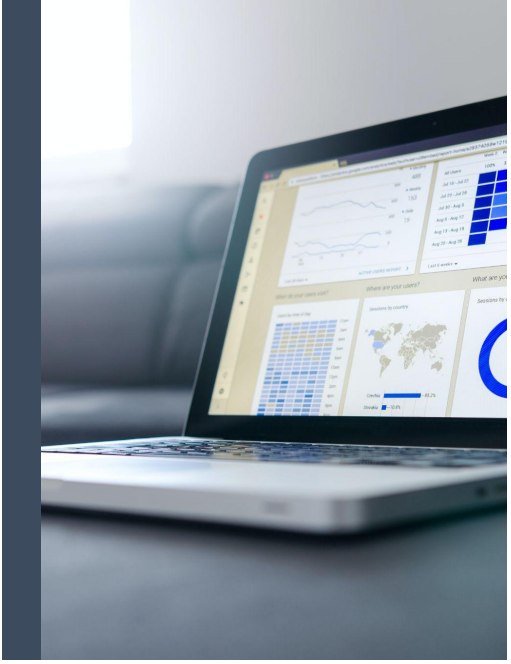
The Evidence Alliance's role and offerings within the broader CIHR SPOR ecosystem

- The broader CIHR SPOR ecosystem includes several national networks focused on specific clinical areas, jurisdictional support units as well as platforms such as the Evidence Alliance, the National Training Entity and Health Data Research Network Canada.
- While it appears that the Evidence Alliance's role and function in relation to other SPOR entities has not been formally defined, our evaluation found that in practice, the Evidence Alliance is providing **key supports, resources and training to the entire SPOR ecosystem**, especially when it comes to meaningful patient engagement.
- Going forward, if this function is formalized and better-resourced, the Evidence Alliance could have a larger impact in boosting capability for patient-oriented research across the entire SPOR ecosystem by expanding its advisory services and enhancing communication, knowledge exchange and mobilization among SPOR entities and partners.

"The SPOR Evidence Alliance's training felt current, not at all a standard course given year after year. It was developed specifically for the Evidence Alliance's patient partners but is very helpful and relevant for all SUPPORT Units" **(Patient/Public Partner)**

"Going forward, communications could be better. As a CO-PI I'd like to be more informed of what is happening" **(Researcher)**

"Our SUPPORT Unit partnership with the Evidence Alliance is something that has more take than give as their resources are very helpful. With scoping and systematic reviews, they help mentor us through that" **(Researcher, SUPPORT Unit member)**



4 Conclusions and Recommendations

Summary of Findings and Conclusions

Two key findings emerged from our evaluation independently of the evaluation questions:

1

SPOR Evidence Alliance is addressing a real gap in the evidence to practice pipeline across Canada (including for jurisdictions with less mature health systems), providing a one-stop user-facing platform for knowledge synthesis that incorporates the patient and public partner lens. This means emergent clinical evidence gaps are more readily addressed, the knowledge is more relevant and more likely to change outcomes once it is put into practice.

2

The Evidence Alliance is informally serving as a baseline resource for the entire CIHR SPOR family, bringing cohesion and connectivity across the system.

With respect to the Evidence Alliance's **activities and outputs**, we found that:

> The intensity of Evidence Alliance's query service activities and resulting knowledge product outputs (publications, guidelines, tools and resources) peaked in 2021, potentially due to increasing outreach efforts (baseline, passive education and capacity building activities on social media and through the newsletter) in the prior years.

> The Evidence Alliance is a visible and reputable entity across Canada; the quality of the Evidence Alliance's offerings from query services to educational and capacity building activities was consistently rated by users as very high.

We also found the Evidence Alliance's activities and outputs are enhancing the **outcomes** of its target audience groups:

> The Evidence Alliance's education and capacity building offerings are serving to enhance target audiences' confidence, comfort and expertise in knowledge synthesis and helping participants to better orient towards informing practice or policy change.

> Knowledge products resulting from research request services are being used as foundational resources for individuals and also helping to build KT capacity at scale.

> The Evidence Alliance seed funding competition has served to anchor trainees and early career researchers into the knowledge synthesis field, increased awardees' ability to secure downstream funding and allowed awardees to generate baseline findings that can support larger-scale patient-partnered research down the line.

With respect to the Evidence Alliance's potential **impacts** we found that:

> The Evidence Alliance is a beacon for meaningful and authentic engagement of patients across the health research landscape in Canada. Patient engagement has recently hit an inflection point and is likely to bear more significant impacts (in the form of enhanced KT and improved outcomes) in the coming years.

> The Evidence Alliance is making headway in strengthening and empowering the KT network across Canada, by bringing together a critical mass of experts and providing them with the mentorship and tools to succeed.

> The Evidence Alliance's work is helping to address evidence gaps identified by health system knowledge users and driving incremental evidence-based policy and practice change by providing knowledge users with additional supports to interpret, contextualize and mobilize new knowledge within their individual systems and communities on a project by project basis.

Recommendations

1. **Provide baseline funding** to the Evidence Alliance, enabling the initiative to continue to deliver **cost-effective expert knowledge synthesis services** to public organizations with a health and healthcare mandate.

2. **Formalize and finance** the Evidence Alliance's function as a foundational **resource for the CIHR-SPOR ecosystem**.

3. **Enhance resourcing of the central coordinating office** to **expand outreach and communications** both within the Evidence Alliance network, to strengthen the community and better articulate impacts, and also to create on-ramps for new knowledge users, patient/public partners, researchers and trainees to benefit from and contribute to the Evidence Alliance's activities.

4. Consider **formal linkages and streamlining of services and strategies with pan-Canadian health organizations** such as Healthcare Excellence Canada to better support Canadian health systems in reaching their quality and safety aims with end-to-end evidence to implementation offerings.

5. **Simplify and fine-tune the Evidence Alliance's governance structure** in accordance with any modifications to its mandate and offerings that might emerge as a result of this evaluation.

Declarations and Limitations

Study Funders

- This evaluation was funded by the Evidence Alliance. Members of the Evidence Alliance team supported the development of the Logic Model and the identification of key informants for interviews and focus groups and shared various relevant documents and data repositories. Spindle carried out all information gathering, analysis and synthesis activities independently. Evidence Alliance team members had an opportunity to review a draft of the evaluation and to provide recommendations for improving clarity and specificity.

Conflict of Interest

- Members of the Spindle team who carried out the evaluation – i.e., Dr. Tina McDivitt Rajabian, Mr. Mark Mairs and Ms. Sofiya Goroshko, have no real or perceived conflicts of interest in conducting this work.

Nature of the Evaluation

- In our evaluation, we assessed the Evidence Alliance's overall effectiveness or performance in achieving its own intended outcomes and impacts. We did not seek to assess the Evidence Alliance's performance or value in comparison to other similar programs in Canada.

Quality of Data

- In our evaluation we report a number of qualitative insights and provide a few quotes to help communicate the nuanced perspectives and sentiments underlying these insights. It is however important to note that these represent aggregate themes and were referenced repeatedly throughout the evaluation by survey respondents and interviewees.
- We retrieved the majority of quantitative information from the Evidence Alliance's raw data repositories (as opposed to documents where data have been collated and pre-synthesized), so that we could categorize and analyze indicators in a unified and consistent way for the purposes of the evaluation. However, in some instances we relied on the Evidence Alliance's secondary reporting of data (as outlined in annual reports).

5 Appendix

Survey

1. Have you heard of the CIHR funded initiative called the Strategy for Patient-Oriented Research (SPOR) Evidence Alliance before? [Yes/No]

If Selected 'No' to Q1:
2. Are yours or your organization's activities relevant to the work conducted by the SPOR Evidence Alliance? [Yes/No/Unsure]

3. Do you anticipate you will engage with SPOR Evidence Alliance in the future?
(likert 1 - 5, not at all, unsure, very much so)
Please describe [open text]

4. How should SPOR Evidence Alliance make itself more broadly visible/discoverable in the future?
Please describe [open text]

5. Please provide any further feedback on the accessibility or usefulness of the SPOR Evidence Alliance:
[open text]

If Selected 'Yes' to Q1:
6. How did you first hear about the SPOR Evidence Alliance? (select all that apply)
- Through a web search for relevant resources
- Through the CIHR website
- Through the SPOR Evidence Alliance website
- Through your organization's library of standard resources and tools related to knowledge synthesis and translation
- Through connections within the CIHR SPOR enterprise
- Through your own personal or professional networks
- Through an association or intermediary organization
- As part of a set of resources provided through a particular learning or training opportunity
- Other [open text]

7. Have you interacted with the SPOR Evidence Alliance in any capacity in the past? [Yes/No]

If Selected 'No' to Q7:
8. Do you anticipate you will engage with SPOR Evidence Alliance in the future?
(likert 1 - 5, not at all, unsure, very much so) Please describe [open text]

9. Would you like to provide any further feedback on the accessibility or usefulness of the SPOR Evidence Alliance? [open text]

If Selected 'Yes' to Q7:
10. In what capacity have you interacted with the SPOR Evidence Alliance in the past? (select all that apply). As a:
- Principal Investigator
- Co-investigator or Collaborator
- Early Career Investigator
- Graduate Student
- Post-Doctoral Fellow
- Policy or Health System Decision Maker
- Health Care Provider
- Patient Group Representative or Member
- Patient
- Patient Family Member (including informal caregivers and friends)
- Other [open text]

11. Are you a member of any committees within the governance structure (select all that apply)?
- Executive Committee
- Internal Advisory Committee
- Steering Committee
- Knowledge Translation Committee
- Partnerships Committee
- Training & Capacity Development Committee
- Not a Committee member

Survey

12. When first interacting with the SPOR Evidence Alliance, did you find the information or services you were looking for/expecting to find? [Yes/No]

If selected 'No' to Q12:
13. What services, products or opportunities do you feel were missing/would have made the SPOR Evidence Alliance more useful for your purposes? Please explain. [open text]

14. Do you anticipate you will engage with SPOR Evidence Alliance in the future?
(likert 1 - 5, not at all, unsure, very much so) Please describe [open text]

15. Would you like to provide any further feedback on the accessibility or usefulness of the SPOR Evidence Alliance? [open text]

If selected 'Yes' to Q12:
16. Which of these SPOR Evidence Alliance services, products or opportunities have you engaged with? (select all that apply)

- Research and evidence synthesis request services
- Training and skills development courses, webinars or workshops
- Research or knowledge translation tool, clinical practice guideline or other knowledge products (e.g. Right Review Tool, Synthesi.SR-CAL, reports, infographics, lay summaries or technical briefs)
- Peer-reviewed publication
- Funding opportunity
- Research collaboration opportunity
- Other [open text]

If selected "Research and evidence synthesis request services" to Q16:

17. How **relevant** was the SPOR Evidence Alliance's response to your request?
(likert 1 - 5, not at all, unsure, very much so) Please describe. [open text]

18. How **timely** was SPOR Evidence Alliance's response to your request?
(likert 1 - 5, not at all, unsure, very much so) Please describe. [open text]

19. How **useful** was SPOR Evidence Alliance's response to your request?
(likert 1 - 5, not at all, unsure, very much so) Please describe. [open text]

20. How would you characterize the extent of **patient participation** in and contributions to SPOR Evidence Alliance's activities in response to your request?
(likert 1-4, not at all, somewhat, to some degree, very much so)
Please describe. [open text]

21. How would you characterize the extent of **family participation** in and contributions to SPOR Evidence Alliance's activities in response to your request?
(likert 1-4, not at all, somewhat, to some degree, very much so)
Please describe. [open text]

22. How would you rate the overall **quality** of SPOR Evidence Alliance's response to your evidence synthesis request?
(likert 1-5, below expectation, unsure, excellent)
Please describe. [open text]

Survey

If selected "Training and skills development courses, webinars or workshops" to Q16:

23. Did you find that SPOR Evidence Alliance's training and skills development offerings were **relevant** to your priorities and needs?
(likert 1 - 5, not at all, unsure, very much so) Please describe. [open text]

24. Did you find that SPOR Evidence Alliance's training and skills development offerings were **engaging and accessible**?
(likert 1 - 5, not at all, unsure, very much so) Please describe. [open text]

25. Did you find the information provided by the SPOR Evidence Alliance as part of the training and skills development offerings to be **adequately up-to-date and reflective of current evidence**?
(likert 1 - 5, not at all, unsure, very much so)

26. Did the information provided by the SPOR Evidence Alliance as part of the training and skills development offering **include patient and family expertise and knowledge**?
(likert 1 - 5, not at all, unsure, very much so) Please describe. [open text]

27. To what degree would you say SPOR Evidence Alliance's training and skills development offerings e**nhanced your knowledge**?
(likert 1 - 5, not at all, unsure, very much so) Please describe. [open text]

28. To what degree would you say SPOR Evidence Alliance's training and skills development offerings **enhanced your skills and capabilities**?
(likert 1 - 5, not at all, unsure, very much so) Please describe. [open text]

29. To what degree would you say SPOR Evidence Alliance's training and skills development offerings **changed your approach and practices**?
(likert 1 - 5, not at all, unsure, very much so) Please describe. [open text]

If selected "Research or knowledge translation tool, clinical practice guideline or other knowledge products (e.g. Right Review Tool, Synthesi.SR-CAL, reports, infographics, lay summaries or technical briefs)" to Q16:

30. Did you find that SPOR Evidence Alliance's tools and products (e.g. Right-Review, Synthesi.SR-CAL, reports, infographics, lay summaries or technical briefs) were **relevant** to your priorities and needs?
(likert 1 - 5, not at all, unsure, very much so) Please describe. [open text]

31. Did you find that SPOR Evidence Alliance's tools and products were **digestible and easy to understand**?
(likert 1 - 5, not at all, unsure, very much so) Please describe. [open text]

32. Did you find SPOR Evidence Alliance's tools and products to be adequately **up-to-date and reflective of current evidence**?
(likert 1 - 5, not at all, unsure, very much so) Please describe. [open text]

33. Did SPOR Evidence Alliance's tools and products include **patient and family expertise and knowledge**?
(likert 1 - 5, not at all, unsure, very much so) Please describe. [open text]

34. To what degree would you say SPOR Evidence Alliance's tools and products **enhanced your knowledge**?
(likert 1 - 5, not at all, unsure, very much so) Please describe. [open text]

35. To what degree would you say SPOR Evidence Alliance's tools and products **enhanced your skills and capabilities**?
(likert 1 - 5, not at all, unsure, very much so) Please describe. [open text]

36. To what degree would you say SPOR Evidence Alliance's tools and products **changed your approach and practices**?
(likert 1 - 5, not at all, unsure, very much so) Please describe. [open text]

Survey

If selected "Peer-reviewed publication" to Q16:

37. Do you recall how you accessed the SPOR Evidence Alliance's peer-reviewed publication(s)? (select all that apply)
- Open Access
- Paid journal access
- Shared by a SPOR Evidence Alliance contact
- Shared by a contact not associated with the SPOR Evidence Alliance
- I don't recall
- Other [open text]

38. Did SPOR Evidence Alliance's peer-reviewed publication(s) include **patient and family expertise and knowledge**?
(likert 1 - 5, not at all, unsure, very much so) Please describe. [open text]

39. To what degree would you say SPOR Evidence Alliance's peer reviewed publication(s) **enhanced your knowledge**?
(likert 1 - 5, not at all, unsure, very much so) Please describe. [open text]

40. To what degree would you say SPOR Evidence Alliance's peer-reviewed publication(s) **enhanced your skills and capabilities**?
(likert 1 - 5, not at all, unsure, very much so) Please describe. [open text]

41. To what degree would you say SPOR Evidence Alliance's peer-reviewed publication(s) **changed your approach and practices**?
(likert 1 - 5, not at all, unsure, very much so) Please describe. [open text]

If selected "Funding opportunity" to Q16:

42. Were you successful in securing funding from SPOR Evidence Alliance? If so, could you describe the project and amount that was awarded?
[open text]

If selected "Research collaboration opportunity" to Q16:

43. Were you successful in forming an effective research collaboration with SPOR Evidence Alliance? If so, could you describe the project and your experience?
[open text]

44. Have you produced any collaborative publications as a result of working with the SPOR Evidence Alliance?
[open text]

45. Have you attended any conferences or presentations as a result of your work with the SPOR Evidence Alliance?
[open text]

46. How have your interactions with the SPOR Evidence Alliance contributed to your professional growth? Please select all that apply
- Expansion of your network
- Acceleration of your career trajectory
- Increased influence within the health and healthcare space
- None of the above
- Other Please describe. [open text]

47. Have you personally or are you aware of others using SPOR Evidence Alliance evidence or discoveries in the form of knowledge products, clinical guidelines or publications to inform clinical decision making and clinical practice? If so, could you please provide us with a brief example. [open text]

48. Have you personally or are you aware of others using SPOR Evidence Alliance evidence and evaluations in the form of knowledge products, policy guidelines or publications to inform policy decision making? If so, could you please provide us with a brief example. [open text]

49. Prior to working with the SPOR Evidence Alliance, how much did you value or see importance in including patients and the public in research?
(likert 1 - 5, not at all, unsure, very much so) Please describe. [open text]

50. Since working with the SPOR Evidence Alliance, how much do you value or see importance in including patients and the public in research?
(likert 1 - 5, not at all, unsure, very much so) Please describe. [open text]

51. Has the SPOR Evidence Alliance brought about any unintended results? In other words, did you first engage with the SPOR Evidence Alliance for one purpose but found that your work with the SPOR Evidence Alliance actually made an impact for you or your organization in a completely different and unintended area? [open text]

52. Do you anticipate you will engage with SPOR Evidence Alliance in the future?
(likert 1 - 5, not at all, unsure, very much so) Please describe
[open text]

53. Would you like to provide any further feedback on SPOR Evidence Alliance's activities, offerings and impact?
[open text]