



Manitoba Centre for Health Policy

# Collaborating for Impact: A Framework to Measure the Impact of Commissioned Research in Manitoba

Spring 2025

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# About the Manitoba Centre for Health Policy

The Manitoba Centre for Health Policy (MCHP) is located within the Department of Community Health Sciences, Max Rady College of Medicine, Rady Faculty of Health Sciences, University of Manitoba. The mission of MCHP is to provide accurate and timely information to healthcare decision makers, analysts, and providers, so they can offer services that are effective and efficient in maintaining and improving the health of Manitobans. MCHP researchers rely upon the Manitoba Population Research Data Repository (Repository) to describe and explain patterns of care and illness, and to explore their relationships with factors that influence health, such as income, education, employment, and social status. The Repository is unique in terms of its comprehensiveness, degree of integration, and orientation around an anonymized population registry.

MCHP consults extensively with government officials, healthcare administrators and clinicians to develop a research agenda that is topical and relevant. As a result, MCHP undertakes several major research projects, such as this one, every year under contract with Manitoba Health, which contributes to the health policy process. In addition, MCHP research teams secure external funding through various research grant competitions, are widely published, and are internationally recognized. Further, our researchers collaborate with highly respected scientists from across the world.

MCHP complies with all legislative acts and regulations governing the protection and use of sensitive information. We implement strict policies and procedures to protect the privacy and security of anonymized data used in our research.

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# Table of Contents

<b>About the Manitoba Centre for Health Policy</b> .....	<b>i</b>
<b>Acknowledgments</b> .....	<b>iii</b>
<b>Table of Contents</b> .....	<b>v</b>
<b>Abbreviations</b> .....	<b>viii</b>
<b>Key Evaluation Terms</b> .....	<b>viii</b>
<b>Executive Summary</b> .....	<b>1</b>
<b>Chapter 1: Introduction</b> .....	<b>5</b>
The Request.....	7
Organization of the Report.....	7
<b>Chapter 2: General Approach</b> .....	<b>9</b>
Impact Evaluation Team.....	9
Framework Foundation.....	10
Guiding Framework.....	11
<b>Chapter 3: Impact Evaluation Framework</b> .....	<b>13</b>
Logic Model: Describing the Commissioned Research Program and Outcomes.....	13
Theory of Change: Explaining the Pathway to Research Impact.....	15
Evaluation Indicator Selection.....	19
<b>Chapter 4: A Phased Approach to Measuring Impact</b> .....	<b>21</b>
Project Activities Phase.....	23
Project Dissemination Phase.....	24
Broad Project Impacts.....	24
<b>Chapter 5: Evaluation Guides and Tools</b> .....	<b>25</b>
Evaluation Indicators Guide.....	25
Evaluation Questions for Document Review.....	26
Evaluation Questions Bank.....	26
Research Team-Focused Question Bank.....	27
<b>Chapter 6: Discussion and Next Steps</b> .....	<b>29</b>
Phase 2 Pilot.....	30
Implementation Phase.....	30
<b>References</b> .....	<b>33</b>



<b>Appendix 1: Collaborative Activities</b>	<b>35</b>
<b>Appendix 2: Evaluation Indicators Guide</b>	<b>36</b>
2.1 Indicators for Design and Implementation (DI) Evaluation Category	36
2.2 Indicators for Process, Operations, and Reach (POR) Evaluation Category	38
2.3 Indicators for Outcomes and Early Impacts (OEI) Evaluation Category	41
<b>Appendix 3: Evaluation Questions for Document Review</b>	<b>47</b>
3.1: Document Review Questions for Design and Implementation (DI)	47
3.2: Document Review Questions for Process, Operations and Reach (POR)	48
3.3: Document Review Questions for Outcomes and Early Impacts (OEI)	50
<b>Appendix 4: Evaluation Question Bank for Respondents' Input</b>	<b>52</b>
4.1: Evaluation Questions for Design and Implementation (DI)	52
4.2: Evaluation Questions for Process, Operations and Reach Category (POR)	54
4.3: Evaluation Questions for Outcomes and Early Impacts (OEI)	57
<b>Appendix 5: Research Team-Focused Question Bank</b>	<b>64</b>
5.1 Questions Relevant to MCHP Project Lead	64
5.2 Questions Relevant to all MCHP Research Team Members	65
<b>Appendix 6: Glossary</b>	<b>66</b>



# List of Figures

<b>Figure E.1.</b> Alignment of Evaluation Categories to Commissioned Research Phases.....	2
<b>Figure 1.1.</b> MCHP Government-commissioned Process Redesign Flow Chart.....	6
<b>Figure 3.1.</b> Logic Model for the MCHP Commissioned Research Program.....	14
<b>Figure 3.2.</b> Decision Maker Theory of Change.....	16
<b>Figure 3.3.</b> Research Community Theory of Change.....	18
<b>Figure 4.1.</b> Alignment of Evaluation to Phases of Commissioned Research.....	22

# Abbreviations

<b>AG</b>	Advisory Group
<b>CAHS</b>	Canadian Academy of Health Sciences
<b>CE</b>	Credentialed Evaluator
<b>DI</b>	Design and Implementation
<b>IEP Team</b>	Impact Evaluation Project team
<b>KM</b>	Knowledge Mobilization
<b>MCHP</b>	Manitoba Centre for Health Policy
<b>MHSLTC</b>	Manitoba Health, Seniors and Long-Term Care
<b>OEI</b>	Outcomes and Early Impacts
<b>PKM</b>	Planning and Knowledge Management
<b>PKU</b>	Primary Knowledge User
<b>POR</b>	Process, Operations and Reach
<b>RHA</b>	Regional Health Authority

# Key Evaluation Terms

**Evaluation indicator** – An observable and measurable marker of progress or accomplishment; it can help identify areas for improvement and determine if a project or activity is being implemented as planned and/or achieving its intended impact.

**Logic model** – An evaluation tool that represents the program’s underlying **theory of change** and visually displays the relationships among a program’s resources and activities, as well as the expected results [1]. It helps guide the selection of measures or indicators of successful program delivery.

**Theory of change** – An explanation of “how activities are understood to produce a series of results that contribute to achieving the final intended impacts” [2]. Within our context, it explains how “research might lead to successive impacts, which can each be measured in turn, providing evidence of clear causal chains from research to impact” [3].



# Executive Summary

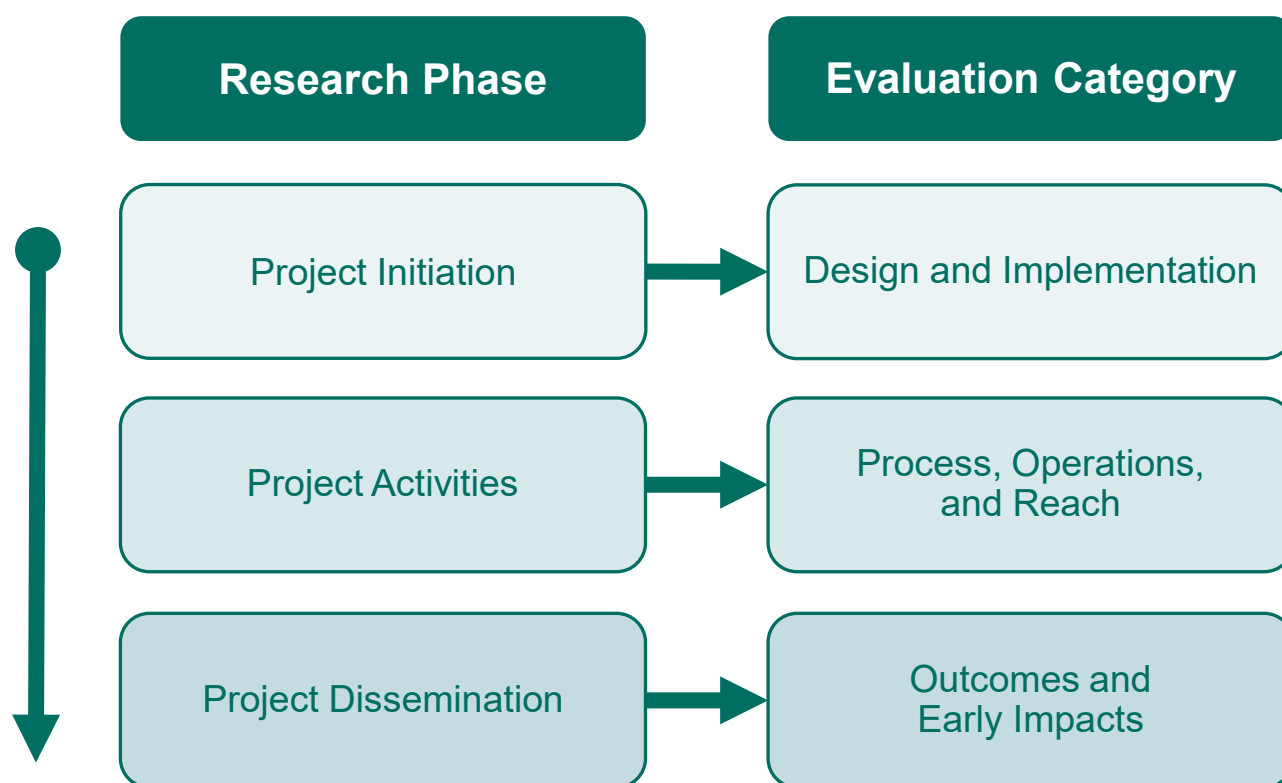
The Manitoba Centre for Health Policy (MCHP) has had a long-standing relationship with the provincial Department of Manitoba Health, Seniors, and Long-Term Care (MHS LTC) to produce high-quality evidence to inform policies and programs aimed at improving the health and wellbeing of Manitobans. The evidence generated comes from agreed upon and commissioned research projects historically referred to as 'Deliverables'. The impact of these commissioned research projects has never been systematically measured, however, the process for identifying and conducting deliverable research projects has recently been redesigned, providing an opportune time to develop an impact evaluation framework that can be used in future commissioned projects. Two phases have been identified for establishing a framework. This report describes the first phase of this process, which is to develop an initial draft framework and any accompanying tools for assessing impact. The second phase is to pilot test the framework on one or two completed or existing commissioned projects. It is expected that findings from the pilot test will be used to revise the framework and tools presented in this report to finalize versions that may be applied to future projects.

An Impact Evaluation Project team (IEP Team) composed of staff from MCHP and the Planning and Knowledge Management (PKM) branch of MHS LTC consulted with a credentialled evaluator and an advisory group to guide the development of the framework. The first step was to establish a theory for the way the commissioned research program works. This led to the creation of a logic model illustrating and describing how the commissioned research program is expected to result in the desired outcome and two theories of change (one for decision makers and another for the research community) that explains the conditions needed to achieve that outcome. The logic model and theory of change were foundational to the development of the framework as they provided insight into the types of impact that commissioned projects may have, and where and when they may occur.

The Canadian Academy of Health Sciences (CAHS) Making an Impact Framework was also an integral part of the framework's development. It was chosen to help guide the framework given its design for use in the Canadian health research context, and that it spans multiple stages and phases of conducting, translating, and using research with diverse groups and audiences. It features evaluation indicators organized into five impact categories: 1) Advancing Knowledge, 2) Building Capacity, 3) Informing Decision-making, 4) Health Benefits, and 5) Broad Economic and Social Benefits. These indicators were reviewed to determine their relevance to the framework being developed for the commissioned research

program. Consultations with organizations that can commission research projects also assisted in the indicator selection process by providing a better understanding of their context, resources, and preferred indicators. The indicators that were eventually selected for the framework were placed in evaluation categories that align with the MCHP research phases of commissioned projects (Figure E.1). The IEP Team derived these categories from those used by CAHS, with indicators in the new categories potentially drawn from more than one category. Organizing the indicators this way allows for a phased approach to measuring the impact of a project that can occur while a project is ongoing rather than only at the end of a project.

**Figure E.1. Alignment of Evaluation Categories to Commissioned Research Phases**



A guide was created that included an overarching guiding question and the methods for measuring each indicator. Methods for collecting impact evaluation information (i.e., sources and tools) include project documentation review and administering evaluation questions at specific points during a project. The guide also identifies who is involved with the collection of information for indicators and what their responsibilities are (e.g., responding to questions, reviewing documents, etc.).

The framework identifies three points when information should be collected. Indicators in the Design and Implementation (DI) category should be collected near the end of the Project Initiation research phase; they broadly assess whether the needs of knowledge users are reflected in the research design and project planning. Process, Operations, and Reach (POR) indicators should be collected toward the end of the Project Activities phase when findings and knowledge translation tools may already be available. Indicators in the Outcomes and Early Impacts (OEI) category should be collected within six months after the completion of the Project Dissemination research phase and examine how the evidence has been shared and used. This approach allows adjustments to be made throughout the life of the project to improve its processes, products, and outcomes.

An accompanying evaluation question bank was created to assist research teams to capture the information relevant to the indicators. The evaluation question bank maps each question to one or more indicators in the guide. Some indicators have been identified to be more relevant to the researcher community than to decision makers. The questions associated with these indicators are included in a set of interview-style questions and are intended to be asked annually with all MCHP research team members who have worked on government-commissioned projects during the previous twelve months. The focus is on the contributions of these projects to team members and the broader research community, which will help understand capacity change and professional growth.

In addition to gathering data to assess the impact of projects, the evaluation questions will help identify ways to improve collaboration, and ways to refine the commissioned research process to produce

evidence that is timely, relevant, and managed efficiently allowing for continuous learning and program improvement. These questions will also generate information to help ensure that knowledge translation products reflect the needs of the primary knowledge users, the project sponsor from the commissioning organization, and others who can benefit from this information.

The framework is intended to be flexible, allowing for revision and selection of specific indicators, and utilized for all commissioned projects. Research teams and the organizations who request the information share the responsibility of tracking the data needed to measure project impact. Systematically measuring impact with this framework has the potential to better realize the value of the commissioned research program, understand how commissioned research evidence is being used, and contribute to an effective and impactful health system in Manitoba.

The second phase of this project involves testing the framework. The original request was to test this framework using The Orthopedic and Ophthalmology Surgical Projection Models project [4]. This project was undertaken in 2020/2021 and completed before the development of the framework began, which limits its effectiveness for testing. While it is beneficial to see the longer-term impacts of a completed project, ideally, many components of the impact evaluation framework (e.g., design and implementation; process, operations, and reach) should be evaluated throughout the project and immediately following its conclusion. The objective of the pilot is to apply the framework to government commissioned projects, which will enable the IEP Team to:

1. Evaluate the feasibility of measuring the impact indicators using the methods and tools developed for the framework.
2. Assess which methods and tools (e.g., Evaluation Question Bank) are effective for collecting the information necessary to measure the impact of government commissioned projects.
3. Refine the steps for research teams to evaluate a project through all phases.
4. Recommend ways to integrate the framework & tools into project processes.

The knowledge gained through piloting the framework will be used to revise the framework so a research team can apply it to their project. This will lead to improved production of high-quality evidence that supports decisions aimed at improving the health and wellbeing of Manitobans.

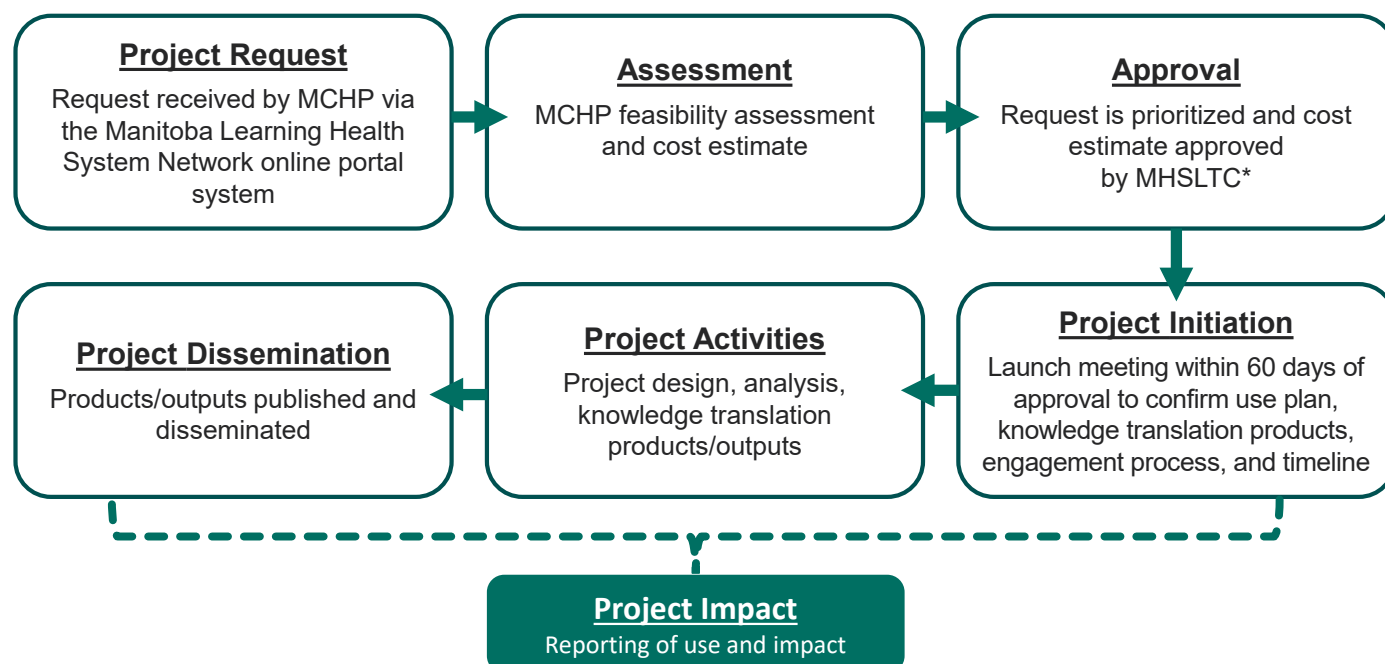


# Chapter 1: Introduction

Established in 1991, the Manitoba Centre for Health Policy (MCHP) is a highly successful research unit at the University of Manitoba that focuses on providing high-quality evidence using linked, de-identified administrative data to support the health and wellness of Manitobans. MCHP is commissioned by the provincial government department, Manitoba Health, Seniors and Long-Term Care (MHS LTC), to conduct research projects that have been historically referred to as “Deliverables”. The evidence generated from these projects inform policy and planning decisions aimed at improving healthcare, health, and social outcomes. Until recently, deliverable topics were proposed by government departments, regional health authorities (RHAs), or MCHP researchers with five projects selected annually by MHS LTC [5]. In 2019, MCHP was commissioned to review the existing deliverable process and provide a report with recommendations for improving deliverable research that better meets the needs of the healthcare system.

The MCHP report titled [Innovating MCHP Deliverables](#) was released in 2020 following a series of group consultations and surveys with key external knowledge users from MHS LTC and the RHAs [6]. The report included recommendations for improving the commissioning process, the types of products generated, and to more systematically measure and report on research impact and use. MCHP took on a redesign of the commissioned research process (depicted in Figure 1.1) to address the noted gaps and inefficiencies identified in the report (A Katz & N Nickel, unpublished report, 2022). Briefly, the redesigned process promotes the involvement of knowledge users and MCHP staff from the outset of a project to better understand the research questions and objectives, clarify the scope, tailor the products to be appropriate for the end user, and improve collaboration and engagement among all interested parties. The redesign also includes an [online portal system](#) that allows research requests to be submitted at any time during the year, improving the timeliness of research. The next step in completing the redesign process is to develop a framework to guide the measurement of the impact and use of commissioned research.



**Figure 1.1. MCHP Government-commissioned Process Redesign Flow Chart**

\* Manitoba Health, Seniors and Long-Term Care

Assessing research impact has long been challenging, with different methods proposed and used within Canada and internationally. These methods vary greatly across cultures and contexts [3]. Nonetheless, there is consensus that research alone does not create impact; rather, it is the uptake and use of research results that unleashes this potential. For research evidence to have an impact beyond academic circles it must be valued, accessed, and used by those beyond the academic sector. However, these three factors do not simply exist. First, there must be trust among

those involved in the research for the evidence to be valued. Second, the knowledge user must have relevant questions to ask which require evidence, and they must be prepared to act on the evidence that arises. Third, opportunities must exist for the evidence to be used (i.e., funding). When met, these conditions promote access to, and application of research results to real-world decision-making that lead to greater use and impact. In some cases, there may still be barriers that affect the uptake and use of research evidence and additional supports may be required [7].

## The Request

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The value of past commissioned research can be partially inferred from the increase in the number of government departments and target users requesting projects over MCHP's 30+ year history. It has also been acknowledged anecdotally by researchers and government partners in Manitoba. For example, the Evaluation of the Healthy Baby Program [8] was used to inform the government's recent decision to double the prenatal benefit available to pregnant women in Manitoba, and the Costs of Smoking: A Manitoba Study [9] informed the development of a Social Impact Bond in 2020. However, no formal framework currently exists to systematically identify and measure the impact of commissioned research. Therefore, the full impact of these projects is not completely understood, and opportunities for learning and improving processes, both during and upon completion of research projects, are diminished. Having a research impact evaluation framework facilitates accountability for those involved and more broadly contributes to an adaptive health system aimed at improving the health and well-being of Manitobans.

As such, MCHP was commissioned by MHS LTC to develop an evaluation framework that could be used to measure the impact of commissioned research and to pilot test the framework on a completed project: The Orthopedic and Ophthalmology Surgical Projection Models [4].

## Organization of the Report

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This report describes the process used to develop a framework to define and measure the impact of the commissioned research conducted by MCHP, drawing on the interaction of key factors of the local context and individual commissioned research projects.

Chapter 2 describes the general approach that was used in the development of the impact evaluation framework. Key elements of the framework that were developed, including the commissioned

research program theory and the indicators that can be used to evaluate projects and assess their impact are highlighted in Chapter 3. A phased approach to measuring impact that considers the various aspects of commissioned research is described in Chapter 4, and the methods and tools for collecting information pertaining to the evaluation indicators are described in Chapter 5. The next step in refining the framework via a pilot project is discussed in Chapter 6.

While the report shows the progression of the project throughout its development, like most collaborative projects, the development process was rather non-linear in nature. Continuous engagement and consultation with members of the **research team**<sup>1</sup>, **advisory group**<sup>2</sup>, and other affected parties resulted in multiple refinements and iterations of the framework during its development.

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<sup>1</sup> This term is defined in the glossary in Appendix 6

<sup>2</sup> This term is defined in the glossary in Appendix 6





# Chapter 2: General Approach

The impact evaluation framework that was developed includes the following key elements:

- Logic Model
- Theory of Change
- Evaluation Indicators Guide
- Evaluation Question Banks

For these elements to be created, a project team was established, who first learned about important foundational aspects of evaluation, and then chose an existing impact evaluation framework to guide the selection of relevant evaluation indicators. As described in this chapter and shown in Appendix 1, the key elements were developed through several collaborative workshops and meetings with the project's advisory group.

## Impact Evaluation Team

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At the start of the project MCHP contracted a Credentialed Evaluator (CE) (credentialed through the [Canadian Evaluation Society](#)) with extensive experience designing and implementing impact evaluation frameworks in provincial government departments, health research funding organizations, research programs, academic faculties, and other settings. The CE led five workshops and supported the team through the design of a commissioned research impact evaluation framework.

Early discussions revealed that evaluating the impact of commissioned research would need to be a shared responsibility between MCHP and MHSLTC, only possible with high levels of engagement and collaboration. Likewise, collaboration would also be required to develop an impact evaluation framework that is useful and feasible across a broad range of projects. Such a framework would require

establishing agreed-upon indicators, measurement tools, responsibilities, and processes for data collection, analysis, and knowledge sharing. A core group was established, consisting of the MCHP Commissioned Research Team and a staff member from the Policy and Knowledge Management (PKM) branch within MHS LTC (hereinafter collectively referred to as the Impact Evaluation Project team, or IEP Team).

Additionally, an advisory group was created consisting of leadership from MHS LTC and each organization that could commission research projects at the time of this writing (Shared Health and the Department of Housing, Addictions and Homelessness of the Manitoba government). The IEP Team met with the advisory group three times for feedback on the approach, indicators, and processes to ensure leadership support and resources would be available to measure impact as outlined in the framework.

## Framework Foundation

A virtual workshop was held in December 2022 to introduce the theoretical concepts of evaluation to the IEP Team and to initiate the framework development process. The workshop was guided by the CE and focused on the following evaluation design topics that serve as a foundation for the framework:

- Establishing a common understanding of key evaluation terms and their meanings.
- Exploring the difference between research and evaluation in our context.
- Exploring program theory and its relationship to research impact.
- Identification of interested groups and their needs.

Various definitions of evaluation from different sources were shared and considered for suitability in the context of this project. The following two definitions that fit the expectations and goals for our impact evaluation framework were agreed upon:

- Evaluation is the systematic assessment of the design, implementation, or results of an initiative for the purposes of learning or decision-making [10].

- Any systematic process to judge merit, worth, or significance by combining evidence and values [11].

The foundation for developing our framework is based on the concept that a research impact assessment is “an important tool for analyzing the impacts of research by incorporating logic models, frameworks and indicators to track measures of knowledge production, capacity-building, development of research products, adoption of research into clinical guidelines and policies, and the realization of health, economic and social benefits [12].” After discussing these and their applicability to our context, the IEP team compared research and evaluation, highlighting key distinctions between academic research and evaluation. Research seeks to generate new knowledge and make recommendations to advance knowledge in a particular area, while evaluation aims to provide information based on key questions for decision-making [13].

The third topic focused on how programs, like the commissioned research program, operate and lead to impacts. Identifying the program theory was an important step in guiding the framework development as it sheds light on the purpose of evaluation, such as showing accountability, improvement in learning, or demonstrating value to partners. This led to a discussion of all interested groups involved and the environment for evaluating impact, which in turn provided insight into who should be involved in the advisory group to support a design that would meet the specific needs of healthcare system decision makers and end users. Key issues, opportunities, barriers, and questions identified during this workshop were revisited and addressed throughout the design process.

The workshop equipped the IEP Team with an understanding of the foundational ideas and concepts of impact evaluation. The next steps for developing the framework were to describe the commissioned research program theory, which included developing a logic model and theory of change for the redesigned commissioned research program.

A logic model is a visual representation used to illustrate program theory, or how a program’s activities are expected to result in the desired outcomes. It is usually presented as a diagram

illustrating various program components and activities, inputs, intended audience or reach, and anticipated outcomes (both immediate and longer-term). The process of developing a logic model also supports learning and mutual understanding among team members, which was especially valuable for this project, as the commissioned research process has recently undergone significant changes. By developing the logic model, the team was able to articulate the program components and examine how they are implemented to align with the program's goals. This ensured that everyone had a shared understanding of the program, its recent revision, and its implementation.

While the logic model provides a basic description of the commissioned research program, the theory of change explains the conditions needed for the research to be valued and used. Developing a theory of change involves articulating assumptions, expectations, and risks along the path from program activities to expected outcomes and broader impacts. The iterative nature of the process provided the team with an opportunity to consider potential barriers and challenges that might hinder commissioned research from being valued and used as intended by end users.

## Guiding Framework

On the advice of the CE, the Canadian Academy of Health Sciences (CAHS) *Making an Impact Framework* [7] was chosen to guide the development of our framework. It was deemed suitable due to its design for use in the Canadian health research context, and its successful implementation in multiple Canadian jurisdictions by both provincial and federal health research funders. The CAHS framework models how research results can be used to inform decision-making and eventually contribute to economic and social prosperity. It also establishes how research informs decisions that influence and initiate future research, driving an eco-system of research production, uptake, use, and innovation.

As a system-level framework, the CAHS model spans multiple stages and phases of conducting, translating, and using research with diverse groups and audiences, thereby aligning with the context for commissioned research in Manitoba. Other elements of this model that supported its adoption as our standard of reference:


- It is based on a dynamic/non-linear payback model, which aligns with the goals of the Manitoba government for the MCHP government commissioned research.
- It provides categories of indicators for evaluating impact at all stages of research design, **knowledge mobilization**<sup>3</sup>, and use.
- It includes aspirational indicators that acknowledge the continuous evolution and uncertain nature of research impact assessment.
- It suggests multiple indicators relevant for evaluating impact in an academic context, and from the perspective of multiple end users, including decision makers and communities relevant to the Manitoba context.
- It is broad and can be easily adapted to the needs and preferences of the diverse and varied research projects conducted through the MCHP program.

In summary, the CAHS model was adopted as a guide for designing our impact evaluation framework and applied to reflect the demands and preferences for impact assessment. The model is also aligned with another Canada-based framework developed by the Canadian Health Services and Policy Research Alliance, that builds upon the CAHS process [14]. It provided protocols for implementation to guide the pilot phase of the project.

<sup>3</sup> This term is defined in the glossary in Appendix 6







# Chapter 3: Impact Evaluation Framework

## Logic Model: Describing the Commissioned Research Program and Outcomes

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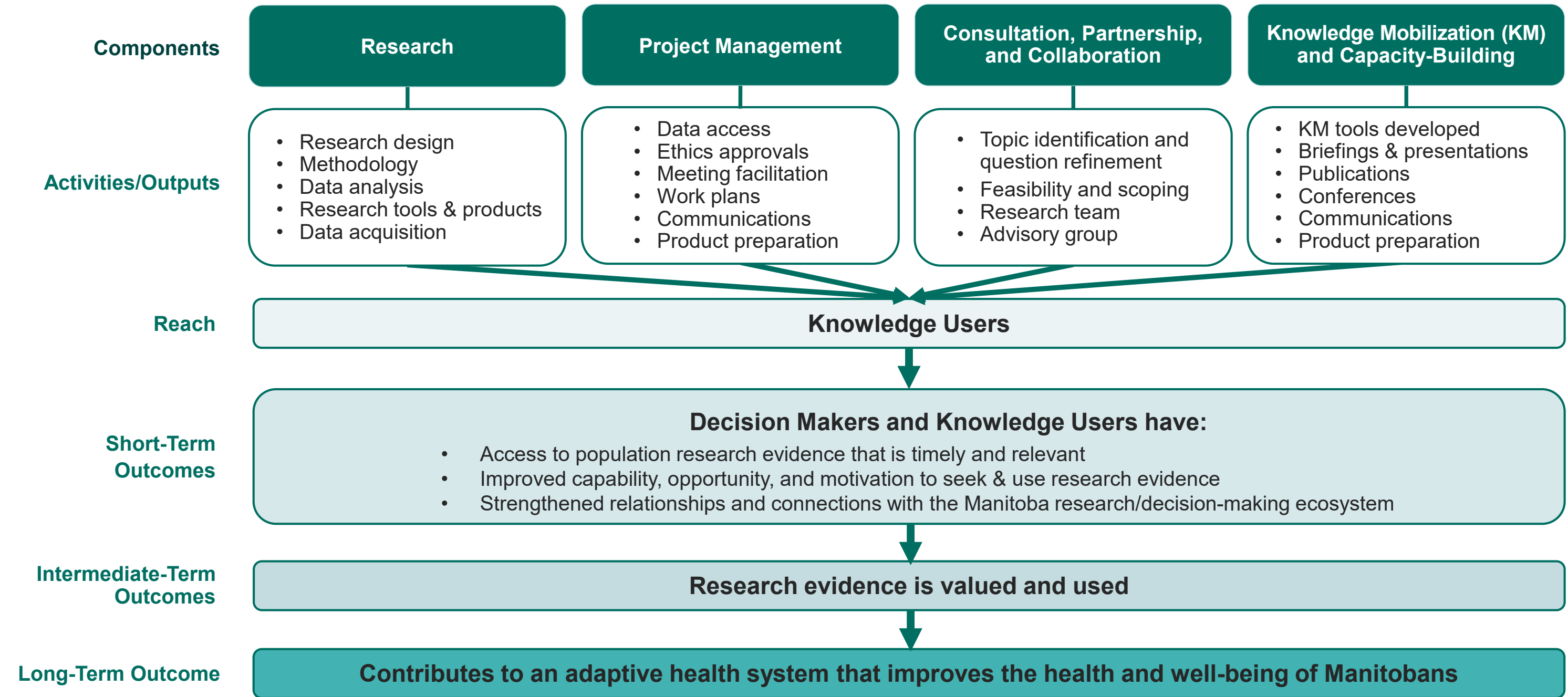
The logic model developed for the commissioned research program (Figure 3.1) describes four program components:

- **Research:** Production of population evidence to inform decision-making and innovation.
- **Project Management:** Ensuring high-quality, timely, and coordinated service delivery.
- **Consultation, Partnership, and Collaboration:** Understanding decision maker perspectives, contributions, and needs; creating connections and building trust.
- **Knowledge Mobilization and Capacity Building:** Building capacity, knowledge, awareness, skills, and understanding; supporting uptake and use of population evidence.

The activities within each of these components work together to generate high-quality population-based research evidence. The activities within each component are not exhaustive, and the specific actions taken for a project may vary depending on the nature of the request. The evidence reaches target audiences, which for commissioned research may include a variety of knowledge users such as government decision makers, RHA planners, clinicians, practitioners, community partners, and service providers. The program aims to increase their access to useful research evidence that is timely and relevant, increase their capacity to use research evidence to inform their work (i.e., ability, opportunity, and motivation), and contribute to building or strengthening relationships and connections between themselves and researchers.

The logic model illustrates that improving access and usability of this type of research evidence is expected to increase the value and use of research evidence to inform health system planning, policy, procedures, programming, and resource flows. In this way, the commissioned research program will positively contribute to an adaptive healthcare system and improve the health and well-being of Manitobans.

Figure 3.1. Logic Model for the MCHP Commissioned Research Program



## Theory of Change: Explaining the Pathway to Research Impact

To establish the theory of change for the Commissioned Research Program, key assumptions and risks were identified for both ‘Decision Maker’ and ‘Research Community’ audiences in the context of broader government and MCHP strategic planning priorities. This led to two separate theories of change: one reflecting the conditions needed for commissioned research to inform health system decision-making (Figure 3.2) and one to broadly articulate the conditions needed to engage MCHP researchers in the production of research evidence (Figure 3.3).

Both theories of change identify the same initial and last step and accompanying assumptions to illustrate how the research activities and the evidence that is produced are expected to contribute to the improved health and wellbeing of Manitobans. The research activities include project initiation and management, carrying out project analyses, and developing and disseminating knowledge products. Preconditions or assumptions are that partners work collaboratively and with respect, openness, and trust; appropriate permissions and ethics protocols are followed and that the required resources (human, financial, and IT) and expertise (Principal Investigator, technical supports) are available.

The last step reflects the desired long-term outcome described in the logic model, where the research evidence contributes to reducing the prevalence and burden of illness and improving health and wellbeing for Manitobans. An adaptive healthcare system that provides appropriate, accessible, evidence-informed, safe, and effective healthcare and health services is necessary to positively impact Manitobans’ use of health care and health services.

The steps in between, and their assumptions, vary slightly between the “Decision Maker” and “Research Community” theories of change and are discussed below.

## Decision Makers Theory of Change

Once the research evidence has been generated, it must reach a variety of users: Federal, Provincial, Indigenous and municipal governments; health authorities, institutions, clinicians & practitioners; community-level service providers; and private health industry partners. The key assumptions for the evidence to reach the right people are that the project’s advisory group includes the appropriate members who engage throughout the project, and that all partners have a shared understanding of the research request, the intended users, and how the users will use the research evidence.

Next, the knowledge users demonstrate an increase in their capability (knowledge, skills, ability, understanding), opportunity (access, awareness), and motivation (expectations, reliance, value) to seek more high-quality population evidence relevant to decision-making and innovation. This requires that decision makers value the research and deem it relevant and have an opportunity to inform the presentation of results to ensure that they are clear, comprehensible and meet their needs. This collaborative approach strengthens relationships and builds trust between the research community and knowledge users.

Population research is then used to inform policies, practices, resource flows, infrastructure, regulation, intervention programs/ services, product development, and health system transformation. To increase the uptake and use, the following conditions are necessary: knowledge mobilization tools facilitate uptake and use of evidence, the cultural norms/decision-making context supports the use of research evidence to inform decisions, and finances to make evidence-based decisions are available.

Finally, the increased uptake and use supports a sustainable and adaptive health system. This is based on the assumptions that evidence-informed decisions help improve health care, health risk factors and determinants of health, and that decision makers recognize research evidence as an important tool and invest in further collaboration with the health research community.

Figure 3.2. Decision Maker Theory of Change



## Research Community Theory of Change

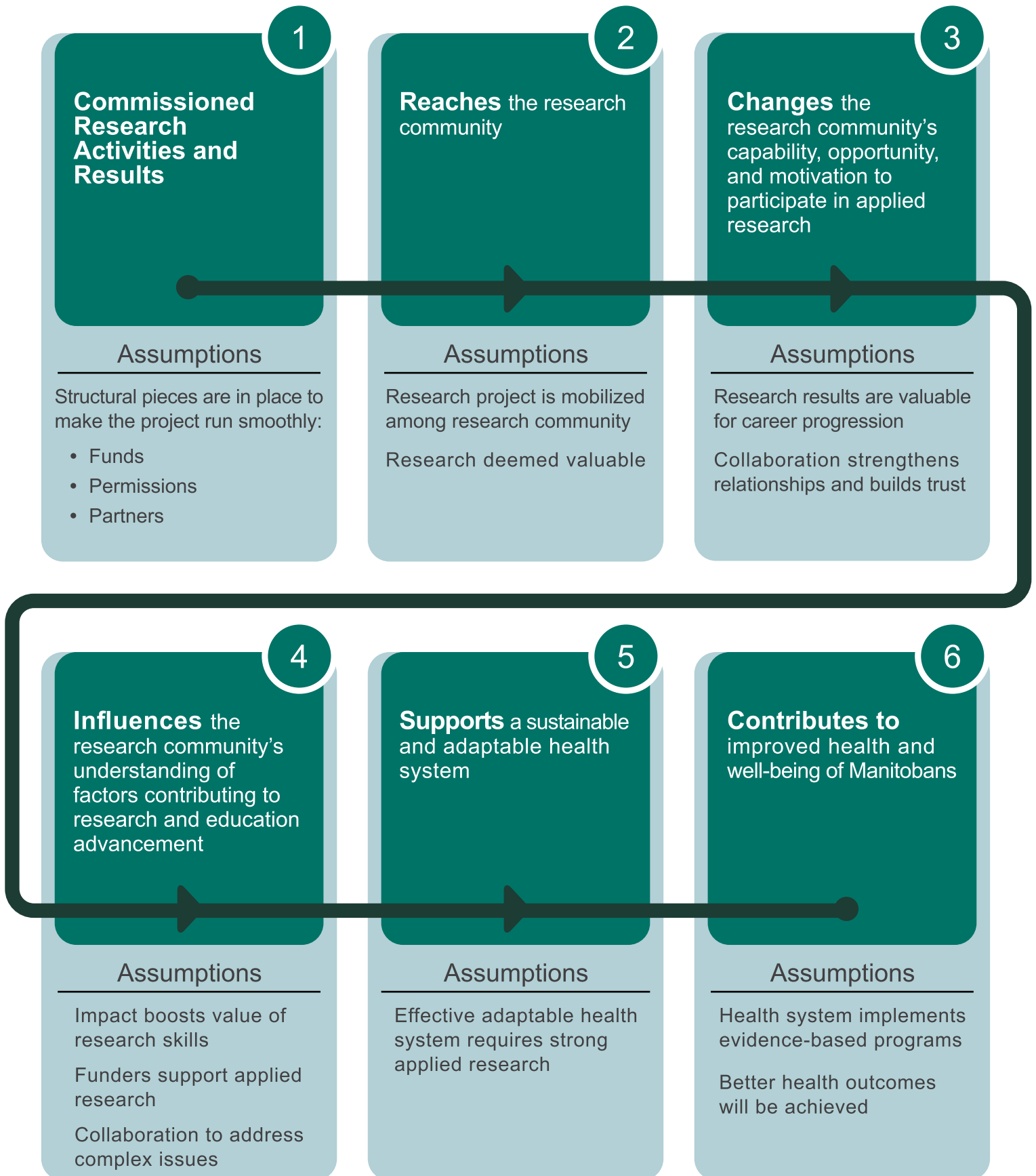
Once the research evidence has been generated, it may be shared with members of the research community including population health researchers, students, trainees, University of Manitoba administration, and MCHP staff. This requires that the research is mobilized in contextually appropriate ways and that recipients consider it to hold value in their work.

Having this evidence should enhance the research community's capabilities (knowledge, skills, understanding), opportunities (access, awareness), and motivation (expectations, reliance, value) to engage in applied research that informs policy and planning decisions, clinical service guidelines and delivery, and data acquisition processes and standards. Two key assumptions are that research activities and outputs are useful for career progression and success, and that a collaborative research approach strengthens relationships and builds trust between the research community and decision makers.

The research community then cultivates a deeper understanding of the factors contributing to research and education advancement. This step is based on several assumptions:

- Ability to demonstrate the impact of applied work enhances the value of related research skills.
- Funders are financially willing to support applied research.
- Researchers pursue applied careers outside academia.
- The research community partners with industry, governments, and funders to shape agendas, identify gaps, and address complex issues. This, in turn, supports and strengthens a sustainable and adaptive health system.

**Figure 3.3. Research Community Theory of Change**



## Evaluation Indicator Selection

The logic model and theories of change are important for determining what to evaluate and where impacts may occur. As such, the framework was developed with the concept of testing that the assumptions described in the theories of change are being met. In doing so, the research evidence will be more likely to be timely, relevant, and presented in ways that are most useful to the knowledge users and have the best chance to have an impact.

The CAHS framework was used to identify a list of evaluation indicators to incorporate in our framework to test the assumptions and measure impact. This process included a CE-led workshop and involved identifying broad evaluation questions relevant to commissioned research projects and connecting them to potential indicators in the CAHS framework. The scope of indicators covered the commissioned research process from the launch of the requested project to the uptake and use of research results in health system decision-making.

The CAHS framework organizes their indicators in five categories of research impact. The IEP Team reviewed all indicators and discussed which ones could best evaluate the impact of commissioned research projects, paying special attention to several selection criteria:

- Identification of multiple indicators to reflect the knowledge needs and preferences of diverse knowledge users. For example, the team considered a mix of indicators across sub-categories and the type of data produced (qualitative, quantitative) for the indicator.
- How indicators could be measured. Possible data sources and approaches to data collection for each indicator were discussed to ensure the feasibility of measurement.
- Usefulness of the indicator. Which audiences might use the data and why; how data might be used as part of research impact assessment; and other possible uses, including potential for misuse.

- Frequency and responsibility for measurement. When data should be collected and who should be responsible for collecting, analyzing, and summarizing it.
- General feasibility. Opportunities for using existing data sources and challenges such as cost, capacity, reliability, validity, sensitivity, and other issues of concern for partners.

During this process the IEP Team recognized that the indicators selected would need to suit the operations of each organization that can commission research projects from MCHP. In other words, the data sources and methods recommended for measuring these impacts would have to align with the governmental reporting methods and be feasible for research teams to collect. A consultation workshop was held with the departments currently commissioning research from MCHP (i.e. MHS LTC, Housing Addictions and Homelessness, and Shared Health) to identify the best approaches to collecting information. Concerns around the time and personnel required to participate in evaluations were expressed, as well as challenges with accessing certain documents. Knowledge users shared that they would prefer to answer survey-type questions during a short interview instead of completing an online form. Interviews would allow them to give specific, nuanced information about their use of the research and/or challenges experienced. This feedback helped the IEP Team to understand and incorporate the context, resources and preferred data collection approaches of knowledge users into the evaluation framework, and to develop a comprehensive and inclusive set of indicators for the varied commissioned research projects. The indicators selected for the framework are detailed in Appendix 2.



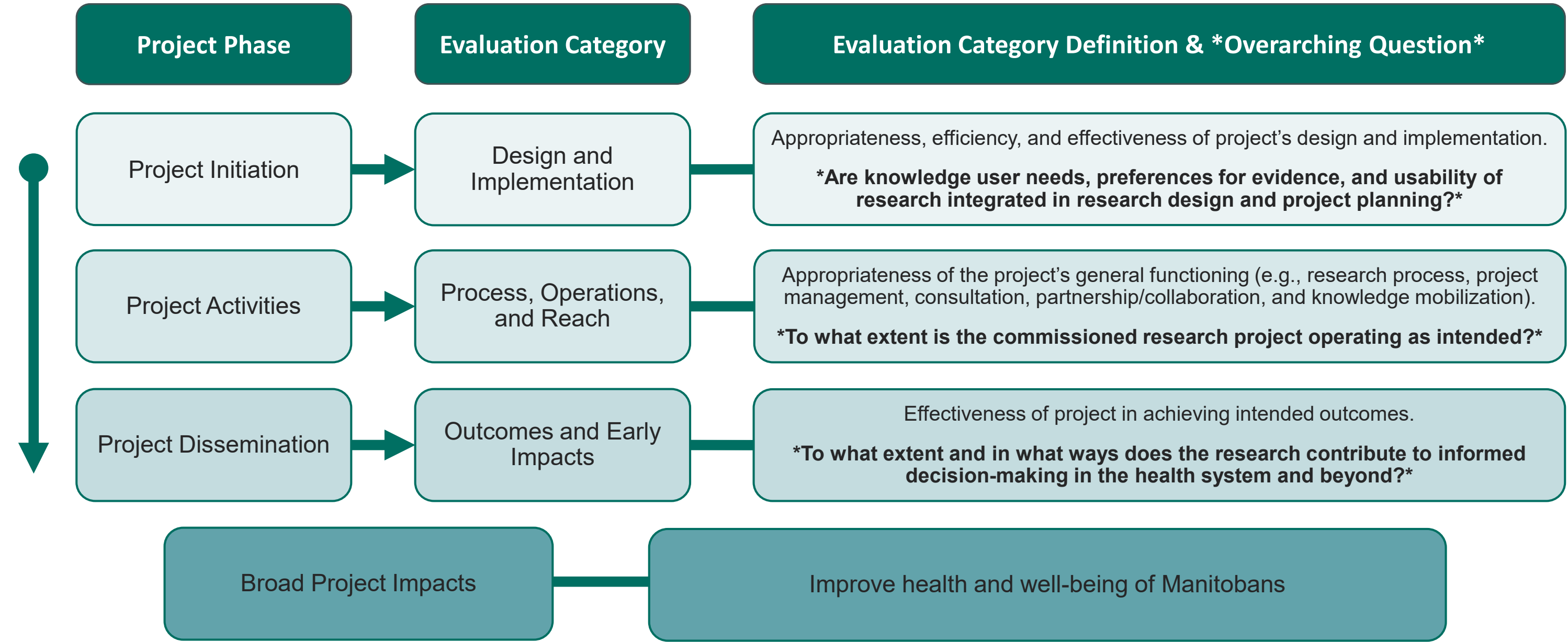




## Chapter 4: **A Phased Approach to Measuring Impact**

The selected indicators were re-organized into evaluation categories that align with the phases of commissioned research projects (Figure 4.1); this facilitates a developmental evaluation approach to measuring impact over the course of a project, rather than waiting until the end [15]. This approach allows for adjustments to the project processes and plans as necessary and allows for an assessment of how the commissioned research program is operating as a whole and where improvements can be made. The IEP Team derived the evaluation categories and included indicators from more than one CAHS category.

Figure 4.1. Alignment of Evaluation to Phases of Commissioned Research



## Project Initiation Phase

The indicators that evaluate the Project Initiation phase fall under the Design and Implementation evaluation category, which considers the appropriateness, efficiency, feasibility and effectiveness of the overall design and the approach to implementation for the research project. Planned monitoring of this phase supports integrating evaluation throughout the project and establishes baseline evidence for purposes of accountability and learning for both organizations and their partners. During this phase of a commissioned research project, the research team and knowledge users need to collaborate to define the research question and the intended use of research findings. Clearly stating these at the outset is crucial for designing the research and producing high-quality evidence. The research team should consider the purpose and scope of the project, setting the stage for the research products to be useful to knowledge users. The research team will need to consult and collaborate to understand knowledge users' needs, capacity and intentions for using the results. The overarching question for evaluating this phase is:

**Are knowledge user needs, preferences for evidence, and usability of research integrated in research design and project planning?**

Evaluating this phase is also important to align the project and ensure it is consistent with a knowledge user-informed and collaborative approach, that the research is conducted as planned, and that it fits the context in which it is intended to be used. It also encourages partner accountability to the foundational principles of the program, such as working with respect, openness, and trust, ensuring appropriate permissions and ethics protocols are in place, and that sufficient resources and expertise are available to proceed.

While considering how to gather evaluation information for this phase, the IEP Team identified that perspective-sharing through initial meetings may help determine scope and design. As the evidence needed for this phase is primarily in the form of research team documentation, meeting with the project advisory group to discuss research question development, scoping and design could

ensure that these critical issues are addressed and documented for accountability and learning purposes. It also allows the advisory group to provide early feedback, which would have benefits for commissioned research projects including:

- Increased efficiency and effectiveness by identifying and managing both barriers to, and opportunities for, greater impact.
- Better understanding among researchers and knowledge users about their roles in supporting impactful research would result from shared learning and reflection.
- Transparency and accountability in collaborators' shared understanding of the research request and intended uses.

Evaluating the extent to which research issues are identified by collaborating with decision makers is also a short-term indicator identified by the Canadian Health Services Policy Research impact framework [14].

## Project Activities Phase

The indicators that evaluate the Project Activities phase fall under the Process, Operations, and Reach evaluation category. When evidence gathered is deemed useful for real-time project monitoring and learning, it will be used to inform decisions about the project and for mid-course corrections and adaptations. Therefore, there is some overlap between this phase and the one preceding it.

As the research process begins during this phase, the focus for evaluation turns to the general functioning of the research project and the overarching question guiding the evaluation becomes:

**To what extent is the commissioned research project operating as intended?**

Indicators were derived by considering the key activities and intended outputs of four components of commissioned research projects established in the program logic model (Project Management, Partnership and Collaboration, Knowledge Mobility, and Research). The indicators also include the reach of a project, which refers to the extent to which the right groups, organizations, and

individuals have been engaged in the project. Reach will vary by project. Including reach as part of evaluation and monitoring allows for intentional reflection on which end users are likely to deem the work valuable, who is missing from the conversation, and what opportunities exist for deeper impact through engagement. Although reach is defined during the intake of a project, regularly reviewing it as the research proceeds is important to ensure all appropriate partners are included. Finally, monitoring reach will support knowledge transfer through meaningful participation and engagement with end users.

Data collected on process and operations is also useful for planning at the program level and may be used post-project to inform decisions about the design and implementation of future or concurrent commissioned research and for overall program improvement.

## Project Dissemination Phase

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In the third phase of a commissioned research project, the outputs and their dissemination are evaluated by assessing the effectiveness of the project in achieving intended outcomes, goals, and objectives, as well as the extent to which the research is used to inform health system planning, policy, procedures, programming, and resource flows. The indicators associated with this phase are placed in the Outcomes and Early Impacts evaluation category.

The overarching question guiding the evaluation for this phase focuses on whether the research is on track to achieve stated outcomes and contributes to research-informed decision-making by asking:

**In what ways and to what extent does the research contribute to informed decision-making in the health system and beyond?**

Some indicators selected reflect changes in decision makers' ability, opportunity, and motivation to seek and use high-quality population evidence, while others measure the intention to build capacity for researchers to produce relevant research.

These indicators are used to demonstrate the contribution of the research in achieving desired outcomes as opposed to the attribution of outcomes to the commissioned research project alone [16,17]. In the field of evaluation, this method is commonly referred to as contribution analysis, an approach to assessing causality that is inferred, recognizing that many factors influence whether outcomes are realized [17,18]. The contribution language is reflected in the indicators.

## Broad Project Impacts

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While the CAHS framework identifies several subcategories of indicators for health and broader economic and social impacts, it also cautions that direct links to research findings are much harder to identify and may require additional research to demonstrate the link between research and the suggested indicators [7]. As such, our framework does not include specific indicators to be used to assess this phase. However, the theory of change and logic model lay out expectations for how commissioned research contributes to improvements to the broader health and wellbeing of Manitobans and offers insight into how a study of impact beyond intended knowledge users and decision makers may be designed.



# Chapter 5: Evaluation Guides and Tools

To facilitate the measurement of the impact evaluation indicators, three tools have been created for research teams to use. These tools identify the methods that may be employed to capture the necessary information for each indicator:

- Evaluation Indicators Guide (Appendix 2).
- Evaluation Questions for Document Review (Appendix 3)
- Evaluation Question Bank for Respondents' Input (Appendix 4).
- Researcher-Focused Question Bank (Appendix 5).

Both question banks are intended to work with the Evaluation Indicators Guide to efficiently collect information. Briefly, the research team should engage with the Evaluation Guide at the start of a project and refer to the question banks for direction on the specific questions that are to be asked, when they are asked, who is asking, and to whom they are asked.

## Evaluation Indicators Guide

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The indicators associated with the Design and Implementation, the Process, Operations, and Reach, and the Outcomes and Early Impacts evaluation categories are provided in the Evaluation Indicators Guide. Within each evaluation category, the indicators are grouped by an overarching guiding question, which helps situate the indicator's purpose for being measured. The guide provides information for the following fields for each indicator:

- **Evaluation Sources and Tools:** Where the information to measure the indicator can be found, or which tool can be used to capture the information to measure the indicator.
- **When:** The time when the information for the indicator should be collected (referred to as the collection point).
- **Responsibility of MCHP:** What MCHP is responsible for in the collection of this indicator's information, and who is responsible.
- **Responsibility of Commissioning Organization:** What the commissioning organization is responsible for in the collection of this indicator's information, and who is responsible.

The Evaluation Sources and Tools field identifies how to collect the information for the indicator. The most common options in the Evaluation Sources and Tools field include Document Review, Evaluation Question Bank, and Research Team-Focused Question Bank. In some cases, unique sources are provided (e.g., website analytics). Where applicable, the type of document to be reviewed, or the question number in the question banks that is associated with the indicator is provided.

Collection of information may occur throughout the project and summarized at natural points. This mostly pertains to indicator information that is captured through document review. For indicators that rely on the questions in the question banks, there are three specific collection points identified:

- **Collection Point 1.** Questions administered around the time of the first advisory group meeting, which occurs in the Project Initiation and Planning phase of a research project. Responses can be gathered during the meeting if feasible and assess whether knowledge user needs are reflected in the research design and project planning. The indicators captured at this point align with the Design and Implementation evaluation category.
- **Collection Point 2.** Questions administered once the project is well underway toward the end of the Research Activities phase of a research project when findings and knowledge translation tools may already be available. The indicators captured at this point align with the Process, Operations and Reach evaluation category.
- **Collection Point 3.** Questions administered within six months of project delivery and are related to the Outputs and Dissemination phase of a research project. The indicators captured at this point assess how the results have been applied, shared, and engaged with, and align with the Outcomes and Early Impacts evaluation category.

The two fields related to responsibility identify the tasks to be performed to capture the indicator information and who is to perform those tasks. Common tasks listed include administering questions, responding to questions, or documenting and summarizing information.

## Evaluation Questions for Document Review

Some indicators list document review as a source of information. For these indicators, the Evaluation Questions for Document Review outlines the specific questions and identifies the relevant project documentation, web and social media analytics, and other information sources needed to address them. It also clarifies who is responsible for the reviews and when they should be conducted.

## Evaluation Questions Bank

The Evaluation Question Bank lists specific questions that map to the indicators in the Indicators Guide. These questions are designed to be administered in survey format and research teams should ask all questions for a given project to ensure that all pertinent information is collected. Asking all questions will allow findings to be compiled across multiple commissioned projects over time to obtain a comprehensive understanding of the commissioned research program's value. In obvious situations where the indicator does not apply to a research project, the question or questions do not need to be asked.

The question bank provides the following information for each question:

- **Question Format:** The type of question (e.g., Likert scale, open-ended).
- **Relevant Indicators:** The indicator number that the question maps to in the Evaluation Indicators Guide.
- **Collection Point:** The collection point to administer the question.
- **Responsibility for Response (MCHP):** Who from MCHP is responsible for providing a response to the question.
- **Responsibility for Response (Commissioning Organization):** Who from the Commissioning Organization is responsible for providing a response to the question.



## Research Team-Focused Question Bank

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Some indicators deemed important to the research community are less relevant for knowledge users. The specific questions that capture the information relevant to those indicators are provided in the Research Team-Focused Question Bank. On an annual basis, the questions will be asked by the MCHP Knowledge Broker to MCHP research team members who have worked on government-commissioned projects during the previous twelve months.

There are two sets of questions in the bank. The first set will only be asked to the project lead and will help to quantify any contributions these projects have made to the broader research community, such as publications or other modes of knowledge translation. These questions will be asked and responded to using a form that is emailed to the project lead. The second set of questions in the bank will be asked of both the project lead and any other MCHP staff who have worked on government-commissioned projects over the past year. These questions are primarily open-ended questions that produce more qualitative and explanatory responses that augment the information gathered elsewhere. The questions are aimed at elucidating responses that express any capacity change and professional growth MCHP staff on a research team experienced as a direct result of their involvement in government-commissioned projects. The indicator number listed in the Evaluation Indicators Guide that is associated with each question is referenced beside the question.





## Chapter 6: Discussion and Next Steps

The first phase of this project was to develop a framework to evaluate the impact of MCHP government-commissioned research on government programs and policies to improve the health and wellbeing of Manitobans. Underpinned by the CAHS framework and informed by contemporary evaluation approaches, the impact evaluation framework can be used to provide metrics around the use of commissioned research to inform government decision-making. It also evaluates the processes undertaken to achieve this goal, enabling the continual quality improvement of the research commissioning process and its outputs.

The impact evaluation framework outlined in this report has been developed to not only assess the impact of commissioned research projects but also identify how the evidence is used and ways to adapt and adjust projects so that research is timely, relevant to commissioning organization needs and is managed efficiently. This will help ensure that the **knowledge translation products**<sup>4</sup> created are effective and reflect the needs of the **primary knowledge users**<sup>5</sup>, **project sponsor**<sup>6</sup> from the commissioning organization, and others who can benefit from this information.

The framework acknowledges the need for a collaborative and flexible approach to enable research teams to respond to the many contexts and complexities of commissioned projects and demonstrate the value of research evidence to inform decision-making in Manitoba. The approach to measuring impact outlined in the framework allows for a comprehensive evaluation. Applying it across multiple different projects is expected to support an adaptive health system in Manitoba and demonstrate the value of investing in commissioned research.

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<sup>4</sup> This term is defined in the glossary in Appendix 6

<sup>5</sup> This term is defined in the glossary in Appendix 6

<sup>6</sup> This term is defined in the glossary in Appendix 6

## Phase 2 Pilot

The second phase of this project involves testing the framework. The deliverable request was to test this framework using The Orthopedic and Ophthalmology Surgical Projection Models project [4]. This project was undertaken in 2020/2021 and completed before the development of the framework began, and we recognize that there are some practical limitations in applying the impact evaluation framework to this project. While it is beneficial to see the longer-term impacts of a completed project, ideally, many components of the impact evaluation framework (e.g., design and implementation; process, operations, and reach) should be evaluated throughout the project and immediately following its conclusion.

Additionally, the outcomes and short-term impacts should be evaluated closer to the project's endpoint to ensure that written documents can be accessed, and questions are answered while the project is still at the forefront of team members' minds.

Despite these limitations, we will apply the framework as best we can with the information available. The IEP team will consult with the Surgical Models Project Team to conduct team reviews and seek answers to the different phases of the question bank. The pilot will explore useful indicators and measures for demonstrating research impact beyond the immediate application by knowledge users.

We anticipate that the pilot will likely highlight processes and procedures that teams need to follow for successful application of the impact evaluation framework, and we will use this information for the implementation phase.

### Objective of the Pilot

The objective of the pilot is to apply the framework to government commissioned projects, which will enable the IEP Team to:

1. Evaluate the feasibility of measuring the impact indicators using the methods and tools developed for the framework.
2. Assess which methods and tools (e.g., Evaluation Question Bank) are effective for collecting the information necessary to measure the impact of the project.

3. Refine the steps for research teams to evaluate a project through the post-project dissemination phase.
4. Recommend ways to integrate framework & tools into project processes.

## Implementation Phase

Following the completion of the pilot, the IEP team will plan for implementation. The steps for this include:

1. Drafting process guidance for MCHP and PKM staff that indicates what information needs to be collected for impact evaluation and when.
2. Trialing the guidance on a new government commissioned deliverable from start to post-completion.
3. Reviewing learning from the trial.
4. Revising the process guidance with any learning from the trial.
5. Fully integrate impact evaluation into all government commissioned projects.

Phased implementation will help ensure that the evaluation framework is fully tested by MCHP and PKM and that the process guidance is comprehensive and flexible enough to accommodate diverse project needs. The timing of the implementation phase will depend on the nature and timing of newly commissioned research projects.

Phasing implementation should shed light on the frameworks' usability and provide insights into strengths, gaps, roles and responsibilities, as well as the resources needed for ongoing implementation. This approach will also provide the opportunity to learn the benefits and challenges of evaluating commissioned research impact in a phased, iterative way from the early stages of the project and how this compares to what can be learned by conducting a post-project impact assessment only. Finally, phased implementation will explore useful indicators and measures for demonstrating research impact beyond the immediate application by knowledge users.

These learnings will be used to refine the impact evaluation framework and to develop tools and an implementation plan for its use moving forward.

At the time of writing, MCHP is undergoing some changes to its project management approach and plans to adopt project management software. The implementation phase offers a valuable opportunity to also test the use of this software and its effectiveness in supporting future government-commissioned projects to better measure their impact and improve overall outcomes.



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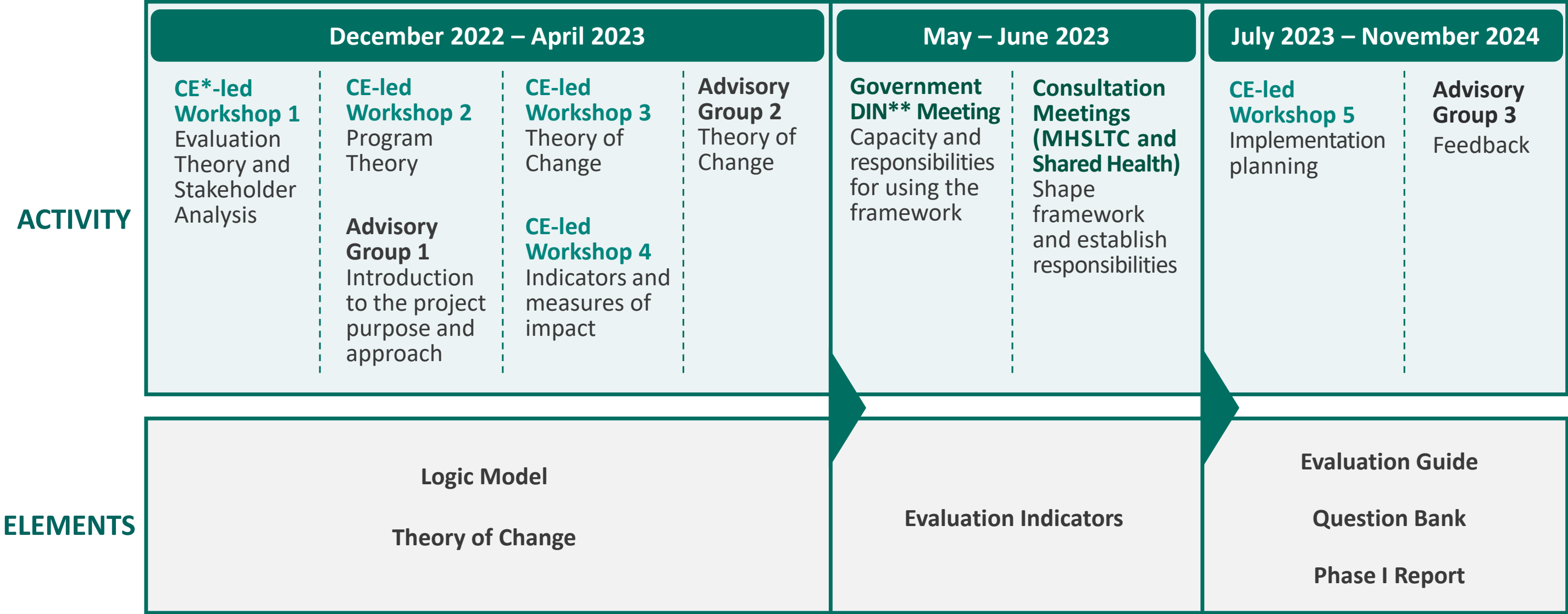
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# Appendix 1: Collaborative Activities

Appendix Figure 1.1: Timeline of Collaborative Activities that Informed the Development of the Elements of the Commissioned Research Program’s Impact Evaluation Framework



\* Credentialed evaluator, \*\*Department Integration Network (no longer active)

# Appendix 2: Evaluation Indicators Guide

## 2.1 Indicators for Design and Implementation (DI) Evaluation Category

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**Guiding question-To what extent was the research topic/question developed collaboratively between the primary knowledge user and MCHP research team?**

**Indicator DI:1:** Feasibility and scoping process used and documented.

1. **Evaluation Sources and Tools:** Document review (3.1.1 in Appendix 3).
2. **When:** Documented throughout and summarized at end of the Design and Implementation phase.
3. **Responsibility of MCHP:** MCHP Research Coordinator responsible for documenting and summarizing information.
4. **Responsibility of Commissioning Organization:** N/A.

**Indicator DI:2:** Question refinement and topic identification process used and documented.

1. **Evaluation Sources and Tools:** Document review (3.1.2).
2. **When:** Documented throughout and summarized at end of the Design and Implementation phase.
3. **Responsibility of MCHP:** MCHP Research Coordinator responsible for documenting and summarizing information.
4. **Responsibility of Commissioning Organization:** N/A.

**Guiding Question: To what extent is the intended use of research results clear and comprehensive?**

**Indicator DI:3:** Clear and comprehensive statement of the intended uses, users and context.

1. **Evaluation Sources and Tools:** Document review (3.1.3).
2. **When:** Documented throughout and summarized at end of the Design and Implementation phase.
3. **Responsibility of MCHP:** MCHP Research Coordinator responsible for documenting and summarizing information.
4. **Responsibility of Commissioning Organization:** N/A.

**Indicator DI:4:** Primary knowledge users and MCHP research team understand intended uses, users, and context.

1. **Evaluation Sources and Tools:** Evaluation Question Bank (Q4.1.1, Q4.1.3, Q4.1.6) in Appendix 4).
2. **When:** Collection point 1 (at or around the time of the first Advisory Group meeting)
3. **Responsibility of MCHP:**
  - MCHP Research Coordinator responsible for administering evaluation questions.
  - MCHP research team responsible for responding to evaluation questions.
4. **Responsibility of Commissioning Organization:** Primary knowledge users responsible for responding to evaluation questions.

## **Guiding Question: To what extent is the intended partnership/collaboration/consultation approach clear, comprehensive, and intentional?**

**Indicator DI:5:** Partners work collaboratively with respect, openness, and trust.

1. **Evaluation Sources and Tools:** Evaluation Question Bank (Q4.1.2, Q4.1.4, Q4.1.7, Q4.1.8).
2. **When:** Collection point 1.
3. **Responsibility of MCHP:**
  - MCHP Research Coordinator responsible for administering evaluation questions.
  - MCHP research team responsible for responding to evaluation requests.
4. **Responsibility of Commissioning Organization:** Research team members responsible for responding to evaluation requests.

**Indicator DI:6:** Research team satisfaction with collaboration/partnership/consultation throughout project.

1. **Evaluation Sources and Tools:** Evaluation Question Bank (Q4.1.5, Q4.1.7, Q4.1.8).
2. **When:** Collection point 1.
3. **Responsibility of MCHP:**
  - MCHP Research Coordinator responsible for administering evaluation questions.
  - MCHP research team responsible for responding to evaluation requests.
4. **Responsibility of Commissioning Organization:** Research team members responsible for responding to evaluation requests.

**Indicator DI:7:** Project alignment with agreed upon terms of partnership and collaboration (contract, Advisory Group Terms of Reference)

1. **Evaluation Sources and Tools:** Document review (3.1.4).
2. **When:** Documented at outset of project (baseline/intention) and summarized at end of the Project Design and Implementation phase.
3. **Responsibility of MCHP:** MCHP Research Coordinator responsible for documenting and summarizing information.
4. **Responsibility of Commissioning Organization:** N/A.

## Guiding Question: What adjustments were made to the project during implementation?

**Indicator DI:8:** Adjustments made during implementation to elements of the project including:

- Research design, implementation, and products (e.g., reports, tools, data sets, measures).
  - Research team composition.
  - Advisory team composition.
  - Timelines.
  - Budgets.
  - Project management.
  - Scope.
  - Knowledge mobilization tools, training, publications, presentations.
1. **Evaluation Sources and Tools:** Document review (3.1.5).
  2. **When:** Documented throughout and summarized at end of the Project Design and Implementation phase.
  3. **Responsibility of MCHP:** MCHP Research Coordinator responsible for documenting and summarizing information.
  4. **Responsibility of Commissioning Organization:** N/A.

## 2.2 Indicators for Process, Operations, and Reach (POR) Evaluation Category

### Guiding Question: To what extent is the project sufficiently resourced?

**Indicator POR:1:** Sufficient resources (human, financial, IT) and expertise (research, Knowledge Mobilization technical supports) available for the project; if resource allocation changed, reasons for deviation.

1. **Evaluation Sources and Tools:** Evaluation Question Bank (Q4.2.1, Q4.2.2) in Appendix 4).
2. **When:** Collection point 1. Q4.2.1 should also be asked at Collection point(s) 2 and/or 3 if the project is currently over budget or resource allocation has changed at that time.
3. **Responsibility of MCHP:**
  - MCHP Research Coordinator responsible for administering evaluation questions.
  - MCHP research team members responsible for responding to evaluation questions.
4. **Responsibility of Commissioning Organization:** Research team members responsible for responding to evaluation questions.

**Indicator POR:2:** Sufficient budget to achieve project goals.

1. **Evaluation Sources and Tools:** Document review (3.2.1 in Appendix 3).
2. **When:** Documented throughout and summarized at project release.
3. **Responsibility of MCHP:** MCHP Research Coordinator responsible for documenting and summarizing information.
4. **Responsibility of Commissioning Organization:** N/A.

## Guiding Question: To what extent is the research informed by knowledge user needs?

**Indicator POR:3:** Ways in which knowledge user needs were incorporated in research design, methods and analyses.

1. **Evaluation Sources and Tools:** Evaluation Question Bank (Q4.2.3).
2. **When:** Collection point 2 (near or at the end of the POR phase, in a meeting if feasible).
3. **Responsibility of MCHP:** MCHP Research Coordinator responsible for administering evaluation questions.
4. **Responsibility of Commissioning Organization:** Primary knowledge users responsible for responding to evaluation requests.

## Guiding Question: To what extent are Knowledge Mobilization (KM) plans and capacity-building activities (e.g., workshops) informed by primary and/or secondary knowledge user<sup>7</sup> (where known) needs and abilities?

**Indicator POR:4:** Knowledge user satisfaction with KM and capacity building.

1. **Evaluation Sources and Tools:** Evaluation Question Bank (Q4.2.4, Q4.2.5, Q4.2.6, Q4.2.7).
2. **When:** Collection point 2
3. **Responsibility of MCHP:** MCHP Knowledge Broker responsible for administering evaluation questions.
4. **Responsibility of Commissioning Organization:** Knowledge users responsible for responding to evaluation requests.

## Guiding Question: To what extent was the project managed appropriately?

**Indicator POR:5:** Research team member satisfaction with meeting facilitation, work plans, contract management, communications, and coordination.

1. **Evaluation Sources and Tools:** Evaluation Question Bank (Q4.2.8).
2. **When:** Collection point 2.
3. **Responsibility of MCHP:**
  - MCHP Research Coordinator responsible for administering evaluation questions.
  - MCHP project lead responsible for responding to evaluation requests.
4. **Responsibility of Commissioning Organization:** Research Team members responsible for responding to evaluation requests.

<sup>7</sup> This term is defined in the glossary in Appendix 6.

## Guiding Question: To what extent does the advisory group represent key stakeholders?

**Indicator POR:6:** Number and type of stakeholders reflected in the advisory group

1. **Evaluation Sources and Tools:** Document review (3.2.2).
2. **When:** Documented throughout and summarized at the end of the POR Phase.
3. **Responsibility of MCHP:** MCHP Research Coordinator responsible for documenting and summarizing information.
4. **Responsibility of Commissioning Organization:** N/A.

**Indicator POR:7:** Advisory group composition reflects the intended stakeholders for the work.

1. **Evaluation Sources and Tools:** Document review (3.2.3).
2. **When:** Documented throughout and summarized at the end of the POR Phase
3. **Responsibility of MCHP:** MCHP Research Coordinator responsible for documenting and summarizing information.
4. **Responsibility of Commissioning Organization:** N/A.

**Indicator POR:8:** Research team satisfaction with advisory group composition.

1. **Evaluation Sources and Tools:** Evaluation Question Bank (Q4.2.9).
2. **When:** Collection point 2.
3. **Responsibility of MCHP:**
  - MCHP Research Coordinator responsible for administering evaluation questions.
  - MCHP research team responsible for responding to evaluation requests.
4. **Responsibility of Commissioning Organization:** Research team members responsible for responding to evaluation requests.

## Guiding Question: Was the project completed on time?

**Indicator POR:9:** Timelines and reasons for deviation.

1. **Evaluation Sources and Tools:** Document review (project charter), interview question, if necessary, to help with confirming, attributing reasons for deviation.
2. **When:** Documented throughout and summarized at project release.
3. **Responsibility of MCHP:** MCHP Research Coordinator responsible for documenting and summarizing information, responding to interview question (MCHP Knowledge Broker to deliver) if needed.
4. **Responsibility of Commissioning Organization:** N/A.

## Guiding Question: To what extent did the project stay within scope?

**Indicator POR:10:** Changes to scope and reasons for deviations.

1. **Evaluation Sources and Tools:** Document review (project charter), interview question, if necessary, to help with confirming, attributing reasons for deviation.
2. **When:** Documented throughout and summarized at project release.
3. **Responsibility of MCHP:** MCHP Research Coordinator responsible for documenting and summarizing information, responding to interview question (MCHP Knowledge Broker to deliver) if needed.
4. **Responsibility of Commissioning Organization:** N/A.

## 2.3 Indicators for Outcomes and Early Impacts (OEI) Evaluation Category

### Guiding Question: To what extent are the results disseminated to intended primary (and secondary) knowledge users?

**Indicator OEI:1:**

- Number and type of Federal, Provincial, Indigenous, and Municipal governments and organizations to which research was disseminated.
  - Number and type of health authorities, institutions, clinicians and practitioners to whom research was disseminated.
  - Number and type of community-level service providers to whom research was disseminated.
  - Number and type of private health organizations to which research was disseminated.
1. **Evaluation Sources and Tools:** Document Review (3.3.1 in Appendix 3); Evaluation Question Bank (Q4.3.1, Q4.3.2, Q4.3.3 in Appendix 4).
  2. **When:** Evaluation question collection point 3 (within six months of project release).
  3. **Responsibility of MCHP:** MCHP to document, summarize who research was disseminated to.
  4. **Responsibility of Commissioning Organization:**
    - Primary knowledge users to document who research was disseminated to.
    - Knowledge users to respond to evaluation questions.
    - PKM to distribute evaluation questions to knowledge users, collect responses, and provide to MCHP research team.

**Indicator OEI:2:** Number and type of knowledge mobilization tools developed for each knowledge user group.

1. **Evaluation Sources and Tools:** Document Review (3.3.2).
2. **When:** Documented throughout and summarized at project release.
3. **Responsibility of MCHP:** MCHP Knowledge Broker responsible for documenting and summarizing information.
4. **Responsibility of Commissioning Organization:** N/A.



## **Guiding Question: To what extent and in what ways does the research project contribute to improved access to relevant, high-quality, population research evidence to support decision-making?**

**Indicator OEI:3:** Knowledge translation products are user-informed and sensitive to knowledge user needs/context (relevant, timely, and feasible).

1. **Evaluation Sources and Tools:** Evaluation Question Bank (Q4.3.4, Q4.3.5, Q4.3.6, Q4.3.7, Q4.3.8).
2. **When:** Collection point 3.
3. **Responsibility of MCHP:** MCHP research team responsible for responding to evaluation requests.
4. **Responsibility of Commissioning Organization:**
  - Research team members responsible for responding to evaluation requests.
  - PKM to distribute evaluation questions to research team, collect responses, and provide to MCHP research team.

**Indicator OEI:4:** Results are reported in consideration of primary knowledge users' understanding of the topic.

1. **Evaluation Sources and Tools:** Evaluation Question Bank (Q4.3.9).
2. **When:** Collection point 3.
3. **Responsibility of MCHP:** MCHP research team responsible for responding to evaluation requests.
4. **Responsibility of Commissioning Organization:**
  - Research team members responsible for responding to evaluation questions.
  - PKM to distribute evaluation questions to research team within six months of project release, collect responses and provide to MCHP.

**Indicator OEI:5:** Strengthened relationships and trust between research community and knowledge users.

1. **Evaluation Sources and Tools:** Evaluation Question Bank (Q4.3.10, Q4.3.11).
2. **When:** Collection point 3.
3. **Responsibility of MCHP:** N/A.
4. **Responsibility of Commissioning Organization:**
  - Primary knowledge users and research team members responsible for responding to evaluation requests.
  - PKM to distribute evaluation questions to research team within six months of project release, collect responses and provide to MCHP.



**Indicator OEI:6:** Knowledge users' satisfaction with research and knowledge mobilization products.

1. **Evaluation Sources and Tools:** Evaluation Question Bank (Q4.3.12, Q4.3.13, Q4.3.14).
2. **When:** Collection point 3.
3. **Responsibility of MCHP:** Research team members responsible for responding to evaluation requests.
4. **Responsibility of Commissioning Organization:**
  - PKM to distribute evaluation questions to knowledge users within six months of project release, collect responses and provide to MCHP.
  - Primary knowledge users responsible for responding to evaluation request.

**Guiding Question: To what extent and in what ways does the project contribute to primary knowledge users' capability, opportunity, and motivation to seek out and use research evidence?**

**Indicator OEI:7:** Contributions to primary knowledge users:

- Knowledge, skills, abilities, and understanding of how to use research evidence to support their work.
  - Access and awareness of relevant research evidence to support their work.
  - Expectations of, demand for, reliance on, and valuation of research evidence for supporting their work.
1. **Evaluation Sources and Tools:** Evaluation Question Bank (Q4.3.15 Q4.3.16, Q4.3.17, Q4.3.18).
  2. **When:** Collection point 3.
  3. **Responsibility of MCHP:** N/A.
  4. **Responsibility of Commissioning Organization:**
    - PKM to distribute evaluation questions to knowledge users within six months of project release, collect responses and provide to MCHP.
    - Primary knowledge users and research team members responsible for responding to evaluation requests.

**Guiding Question: To what extent and in what ways does the project contribute to the uptake and use of population research by primary (and secondary) knowledge users?**

**Indicator OEI:8:** Metrics show digital reports are being downloaded by primary (and secondary) knowledge users.

1. **Evaluation Sources and Tools:** Document Review (3.3.3).
2. **When:** Within six months of project release.
3. **Responsibility of MCHP:** MCHP Knowledge Broker responsible for appending tracking parameters, collecting and collating trackable metrics.
4. **Responsibility of Commissioning Organization:** N/A.

## Guiding Question: To what extent and in what ways does the project contribute to the uptake and use of population research by primary (and secondary) knowledge users?

**Indicator OEI:9:** Use of research evidence to inform decisions related to:

- Health system planning.
  - Policies.
  - Practices.
  - Resource flows.
  - Infrastructure.
  - Regulation.
  - Intervention programs and services.
  - Product development.
  - Health system transformation.
1. **Evaluation Sources and Tools:** Evaluation Question Bank (Q4.3.19, Q4.3.20).
  2. **When:** Collection point 3.
  3. **Responsibility of MCHP:** N/A.
  4. **Responsibility of Commissioning Organization:**
    - PKM to distribute evaluation questions to knowledge users, collect responses, and provide to MCHP research team.
    - Primary knowledge users and project sponsor responsible for responding to evaluation requests.

## Guiding Question: To what extent and in what ways does the project contribute to research and innovation outcomes for researchers?

**Indicator OEI:10:** Number of:

- Publication counts.
  - Publications in high-quality research outlets.
  - Citation rates.
  - Methodological contributions to MCHP concept dictionary.
1. **Evaluation Sources and Tools:** Research Team-Focused Question Bank (Q5.1.1 in Appendix 5).
  2. **When:** Annually.
  3. **Responsibility of MCHP:** MCHP Knowledge Broker responsible for initiating interview with project leads and recording results.
  4. **Responsibility of Commissioning Organization:** N/A.

## Guiding Question: To what extent and in what ways does the project contribute to dissemination and knowledge mobilization?

### Indicator OEI:11: Number of:

- Conferences, seminars, workshops, and presentations.
- Report download rates.
- Citation rates – non-journal (media and social media platforms).
  1. **Evaluation Sources and Tools:** : Document Review (3.3.4); Research Team-Focused Question Bank (Q5.1.2, 5,1.3).
  2. **When:** Annually.
  3. **Responsibility of MCHP:** MCHP Knowledge Broker responsible for initiating interview with project leads and recording results, tracking and collating web and social media analytics.
  4. **Responsibility of Commissioning Organization:** N/A

## Guiding Question: To what extent and in what ways does the project contribute to capacity building, training and leadership opportunities for researchers?

### Indicator OEI:12:

- Number and type of masters, doctoral and postdoctoral student opportunities.
- Number and type of researchers and research-related staff involved in project.
- Improved/increased skills and opportunities for research teams (e.g., analytical techniques, grant funding opportunities, advisory roles).
  1. **Evaluation Sources and Tools:** Research Team-Focused Question Bank (Q5.2.1, Q5.2.2, Q5.2.3, Q5.2.4).
  2. **When:** Annually.
  3. **Responsibility of MCHP:**
    - MCHP Research Coordinator responsible for documenting number of students and staff involved in the project.
    - MCHP Knowledge Broker responsible for initiating annual interview with research teams and recording results.
  4. **Responsibility of Commissioning Organization:** N/A.

## Guiding Question: To what extent and in what ways does the project contribute to increasing and/or strengthening academic collaborations, research networks, policy networks and data sharing?

### Indicator OEI:13:

- Indicators of interdisciplinarity, outreach and collaboration such as citations and publications in fields beyond the core discipline of the researcher(s).
- Researchers report financial/in-kind support for collaboration (internal and/or external).

- Researchers report strengthening/creation of research networks, policy networks or data-sharing agreements.
  1. **Evaluation Sources and Tools:** (Q5.2.1, Q5.2.2, Q5.2.3, Q5.2.4).
  2. **When:** Annually.
  3. **Responsibility of MCHP:** MCHP Knowledge Broker responsible for initiating annual interview with research teams and recording results.
  4. **Responsibility of Commissioning Organization:** N/A.

# Appendix 3: Evaluation Questions for Document Review

## 3.1: Document Review Questions for Design and Implementation (DI)

### 3.1.1: How did the primary knowledge user(s) participate in developing the research topic/question?

1. **Guiding Question:** To what extent was the research topic/ question developed collaboratively between the primary knowledge user(s) and MCHP project team?
2. **Evaluation Sources and Tools:** portal submission<sup>8</sup>, project charter<sup>9</sup>, analysis plan, meeting notes, emails.
3. **Relevant Indicator:** DI:1 Feasibility and scoping process used and documented.
4. **When:** Documented throughout, summarized at end of Phase One / Design & Implementation.
5. **Responsibility, MCHP:** MCHP Research Coordinator to review documents, summarize information gathered; may consult MCHP Deliverable Intake Team for additional documents & emails.
6. **Responsibility, Commissioning Organization:** N/A.

### 3.1.2: Were there any documented changes to, or evolution of, the research topic during the design phase?

1. **Guiding Question:** To what extent was the research topic/ question developed collaboratively between the primary knowledge user(s) and MCHP project team?
2. **Evaluation Sources and Tools:** Request submission form, Meeting notes, Analysis Plans, Emails, Project plan/charter.
3. **Relevant Indicator:** DI:2 Question refinement and topic identification process used and documented.
4. **When:** Documented throughout, summarized at end of Phase One / Design & Implementation
5. **Responsibility, MCHP:** MCHP Research Coordinator to review documents, summarize information gathered; may consult MCHP Deliverable Intake Team for additional documents & emails.
6. **Responsibility, Commissioning Organization:** N/A.

### 3.1.3: Are the intended uses, users, and contexts of this research project clearly documented?

1. **Guiding Question:** To what extent is the intended use of research results clear and comprehensive?
2. **Evaluation Sources and Tools:** Request submission form, Meeting notes, Analysis Plans, Emails, Project plan/charter.
3. **Relevant Indicator:** DI:3 Clear and comprehensive statement of the intended uses, users, and contexts, shared and understood by both primary knowledge users and MCHP project team.

<sup>8</sup> This term is defined in the glossary in Appendix 6.

<sup>9</sup> This term is defined in the glossary in Appendix 6.

4. **When:** Documented throughout, summarized at end of Phase One / Design & Implementation (depending on project details, this may be delayed until project release).
5. **Responsibility, MCHP:** MCHP Research Coordinator reviews documents, summarizes information gathered.
6. **Responsibility, Commissioning Organization:** N/A.

**3.1.4:** Does the contract or project's Advisory Group (AG) Terms of Reference include statements about the nature of the intended working relationship between MCHP and sponsor (i.e., partnership/ collaboration/consultation) and clarify respective roles and responsibilities? If so, does the project plan align with these?

1. **Guiding Question:** To what extent is the intended partnership/ collaboration/ consultation approach clear, comprehensive, and intentional?
2. **Evaluation Sources and Tools:** AG Terms of Reference, contract, Project plan/charter.
3. **Relevant Indicator:** DI:7 Project alignment with agreed upon terms of partnership and collaboration (contract, AG Terms of Reference).
4. **When:** Baseline/Intention documented at outset, review completed/summarized at end of Phase One / Design & Implementation.
5. **Responsibility, MCHP:** MCHP Research Coordinator reviews documents, summarizes information gathered.
6. **Responsibility, Commissioning Organization:** N/A.

**3.1.5:** What changes or adjustments were made to the project, and why?

1. **Guiding Question:** What adjustments were made to the project during implementation?
2. **Evaluation Sources and Tools:** Project plan and/or analysis plan/and knowledge mobilization plan (as long as either track changes was used or changes were annotated with date).
3. **Relevant Indicator:** DI:8 Adjustments made during implementation to elements of the project including - research design, implementation, and products (e.g., reports, tools, data sets, measures), Research Team composition, Project Team composition, Advisory Group composition, timelines, budgets, project management, scope, knowledge mobilization tools, training, publications, presentations.
4. **When:** Documented throughout and summarized at project release.
5. **Responsibility, MCHP:** MCHP Research Coordinator to review project or project analysis plan, MCHP Knowledge Broker to review Knowledge Mobilization plan, note changes as appropriate, summarize info.
6. **Responsibility, Commissioning Organization:** N/A.

## 3.2: Document Review Questions for Process, Operations and Reach (POR)

**3.2.1:** Did the actual budget for this project differ from its intended budget? If so, how?

1. **Guiding Question:** To what extent is the project sufficiently resourced?
2. **Evaluation Sources and Tools:** Project plan or charter, **financial report**<sup>10</sup>.
3. **Relevant Indicator: POR:2:** Sufficient budget to achieve project goals.

<sup>10</sup> This term is defined in the glossary in Appendix 6.

4. **When:** Documented throughout and summarized at project release.
5. **Responsibility, MCHP:** MCHP Research Coordinator to review documents, summarize info.
6. **Responsibility, Commissioning Organization:** N/A.

**3.2.2:** How many and what types (roles) of representatives do different stakeholder groups have on the AG?

1. **Guiding Question:** To what extent does the AG represent key stakeholders?
2. **Evaluation Sources and Tools:** AG member tracking form and notes documenting AG selection process, membership, attendance, declined invitations.
3. **Relevant Indicator:** POR:6 Number and type of stakeholders reflected in the AG.
4. **When:** Documented throughout and summarized at project release.
5. **Responsibility, MCHP:** MCHP Research Coordinator to review documents, summarize info.
6. **Responsibility, Commissioning Organization:** N/A.

**3.2.3:** Does the AG include representation from all intended stakeholders?

1. **Guiding Question:** To what extent does the AG represent key stakeholders?
2. **Evaluation Sources and Tools:** AG member tracking form and notes documenting AG selection process, membership, attendance, declined invitations.
3. **Relevant Indicator:** POR:7 AG reflects the intended stakeholders for the work.
4. **When:** Documented throughout and summarized at project release.
5. **Responsibility, MCHP:** MCHP Research Coordinator to review documents, summarize info.
6. **Responsibility, Commissioning Organization:** N/A.

**3.2.4:** Was the project completed by its initial deadline? If it was not, why?

1. **Guiding Question:** Was the project completed on time?
2. **Evaluation Sources and Tools:** Project plan or charter. If necessary, supplement info with interview question.
3. **Relevant Indicator:** POR:9 Timelines and reasons for deviation.
4. **When:** Documented throughout and summarized at project release.
5. **Responsibility, MCHP:** MCHP Research Coordinator to review documents, summarize info, respond to interview question (MCHP Knowledge Broker to deliver) if needed.
6. **Responsibility, Commissioning Organization:** N/A.

**3.2.5:** Did the scope of this project change after initial design? If it did, why?

1. **Guiding Question:** To what extent did the project stay within scope?
2. **Evaluation Sources and Tools:** Project plan or charter, interview question, if necessary, supplement info and help with attribution.
3. **Relevant Indicator:** POR:10: Changes to scope and reasons for deviations.
4. **When:** Documented throughout and summarized at project release.
5. **Responsibility, MCHP:** MCHP Research Coordinator to document, summarize info, respond to interview question (MCHP Knowledge Broker to deliver) if needed.
6. **Responsibility, Commissioning Organization:** N/A.



## 3.3: Document Review Questions for Outcomes and Early Impacts (OEI)

### 3.3.1: Who did MCHP brief or disseminate results to? Who did the sponsor share project outputs with?

1. **Guiding Question:** To what extent are the results disseminated to intended primary (and secondary) knowledge users?
2. **Evaluation Sources and Tools:** Knowledge Mobilization Plan, dissemination lists (MCHP, PKM or Health Commissioning).
3. **Relevant Indicator:** OEI:1 Number and type of intended primary and secondary knowledge users to whom research was disseminated.
4. **When:** Within six months of project release.
5. **Responsibility, MCHP:** MCHP Knowledge Broker to compile results.
6. **Responsibility, Commissioning Organization:** PKM to provide dissemination lists to MCHP Knowledge Broker.

### 3.3.2: What tools did MCHP create to share research findings with identified Knowledge User groups?

1. **Guiding Question:** To what extent are the results disseminated to intended primary (and secondary) knowledge users?
2. **Evaluation Sources and Tools:** Knowledge Mobilization Plan, dissemination lists (MCHP, PKM or Health Commissioning).
3. **Relevant Indicator:** OEI:2 Number and type of knowledge mobilization tools developed for each knowledge user group.
4. **When:** At project release.
5. **Responsibility, MCHP:** MCHP Knowledge Broker to compile, summarize results.
6. **Responsibility, Commissioning Organization:** N/A.

### 3.3.3: How many reports and other digital knowledge translation materials are being downloaded by knowledge users, and how frequently?

1. **Guiding Question:** To what extent and in what ways does the project contribute to the uptake and use of population research by primary (and secondary) knowledge users?
2. **Evaluation Sources and Tools:** Usage/uptake metrics for trackable KM tools and digital reports (only feasible for digital KM products).
3. **Relevant Indicator:** OEI:8: Metrics show digital reports are being downloaded by primary (and secondary) knowledge users.
4. **When:** Within six months of project release.
5. **Responsibility, MCHP:** MCHP Knowledge Broker to compile, summarize results.
6. **Responsibility, Commissioning Organization:** N/A.



**3.3.4:** How frequently have these results been cited by scholars or accessed by others beyond identified knowledge user groups (including the general public)?

1. **Guiding Question:** To what extent and in what ways does the project contribute to dissemination and knowledge mobilization?
2. **Evaluation Sources and Tools:** Download rates (if material accessed is housed on MCHP's site), social media analytics, citation and share metrics, mention counts.
3. **Relevant Indicator: OEI:11:** Number of conferences, seminars, workshops, and presentations, report download rates, citation rates – non-journal (media and social media platforms).
4. **When:** Annually.
5. **Responsibility, MCHP:** MCHP Knowledge Broker to compile, summarize results.
6. **Responsibility, Commissioning Organization:** N/A.

# Appendix 4: Evaluation Question Bank for Respondents' Input

## 4.1: Evaluation Questions for Design and Implementation (DI)

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**4.1.1** - To what extent do you understand the intended use and purpose of this research project? On a scale from 1 “minimal/basic understanding of the project’s intended use and purpose”, to 5 “clear vision of what this project is intended to do and how its results will be used” please indicate how confident you are that you understand this project’s objectives?

Are there any comments you would like to add?

1. **Question Format:** Likert 1-5 (1= “minimal grasp of intended use” to 5= “complete understanding of intended use”), comment option (long text) at bottom.
2. **Relevant Indicator(s):** DI:4.
3. **Collection Point(s):** 1.
4. **Responsibility for response, MCHP:** Research team.
5. **Responsibility for response, Commissioning Organization:** Primary knowledge users.

**4.1.2** – Thinking about your experiences working with MCHP/Commissioning Organization to refine the research question or project, on a scale of 1 to 5, how collaborative would you say this process was?

1. **Question Format:** Likert 1-5 (“not collaborative at all” to “very collaborative”).
2. **Relevant Indicator(s):** DI:5.
3. **Collection Point(s):** 1 or 2.
4. **Responsibility for response, MCHP:** Research team.
5. **Responsibility for response, Commissioning Organization:** AG, research team members.

**4.1.3** – Thinking about your experiences working with MCHP/Commissioning Organization to refine the research question or project, on a scale of 1 to 5, how comprehensive would you say this process was?

1. **Question Format:** Likert 1-5 (“not comprehensive at all” to “very comprehensive”).
2. **Relevant Indicator(s):** DI:4.
3. **Collection Point(s):** 1 or 2.
4. **Responsibility for response, MCHP:** Research team.
5. **Responsibility for response, Commissioning Organization:** Primary knowledge users.

**4.1.4** – Thinking about working with MCHP/Commissioning Organization to refine the research question or project, on a scale of 1 to 5, how respectful would you say this process was?

1. **Question Format:** Likert 1-5 (“not respectful at all” to “very respectful”).
2. **Relevant Indicator(s):** DI:5.
3. **Collection Point(s):** 1 or 2.
4. **Responsibility for response, MCHP:** Research team.
5. **Responsibility for response, Commissioning Organization:** AG, research team members.

**4.1.5** – Thinking about your experiences working with MCHP/Commissioning Organization to refine the research question or project, on a scale of 1 to 5, how responsive would you say this process was?

1. **Question Format:** Likert 1-5 (“not responsive at all” to “very responsive”).
2. **Relevant Indicator(s):** DI:6.
3. **Collection Point(s):** 1.
4. **Responsibility for response, MCHP:** Research team.
5. **Responsibility for response, Commissioning Organization:** AG, research team members.

**4.1.6** – Thinking about your experiences working with MCHP/Commissioning Organization to refine the research question or project, on a scale of 1 to 5, how sensitive to knowledge user (i.e. government and service provider) needs would you say this process was?

1. **Question Format:** Likert 1-5 (“not sensitive to knowledge user needs at all” to “very sensitive to knowledge user needs”).
2. **Relevant Indicator(s):** DI:4.
3. **Collection Point(s):** 1 or 2.
4. **Responsibility for response, MCHP:** Research team.
5. **Responsibility for response, Commissioning Organization:** Primary knowledge users.

**4.1.7** - From your perspective, what have been the most positive or helpful aspects in the ongoing process of working with MCHP/Commissioning Organization to help refine the research question?

1. **Question Format:** Qualitative/open-ended, long-form text field. If collecting responses in-person/as a group, ensure there is enough time, context and verbal clarification provided to respondents to facilitate meaningful feedback.
2. **Relevant Indicator(s):** DI:5, DI:6.
3. **Collection Point(s):** 1.
4. **Responsibility for response, MCHP:** Research team.
5. **Responsibility for response, Commissioning Organization:** Research team members.

**4.1.8** - From your perspective, how could we improve the process of collaboration to refine the research question?

1. **Question Format:** Qualitative/open-ended, long-form text field. If collecting responses in-person/as a group, ensure there is enough time, context and verbal clarification provided to respondents to facilitate meaningful feedback.
2. **Relevant Indicator(s):** DI:5, DI:6.
3. **Collection Point(s):** 1.
4. **Responsibility for response, MCHP:** Research team.
5. **Responsibility for response, Commissioning Organization:** AG, primary knowledge users, research team members.

## 4.2: Evaluation Questions for Process, Operations and Reach Category (POR)

**Trigger: Only include evaluation question 4.2.1 if project is over budget at time of Evaluation Question Collection Point 2 or 3.**

**4.2.1** - If asked at Collection Point 2: "This project's expenses currently exceed the allocated budget." If asked at Collection Point 3: "This completed project's operating costs exceeded its allocated budget."

Which of the following factors do you believe contributed to this project being over budget? (select as many as apply).

1. **Question Format:** Multiple choice/multiple responses, option for text, plus added text field below: "Do you have any additional comments about changes to this project's resource use?"
  - Expansion of project scope.
  - Poorly defined/underdefined research question.
  - Gaps in project management.
  - Gaps in communication between the project sponsor & MCHP.
  - Other: (text).
2. **Relevant Indicator(s):** POR:1.
3. **Collection Point:** 2 and/or 3 (see Trigger information above)
4. **Responsibility for response, MCHP:** Research team.
5. **Responsibility for response, Commissioning Organization:** Research team members.

**4.2.2** - Thinking about the process of working on this research project, please indicate how strongly you agree that it had sufficient resources (human, financial, IT) and expertise (research, KM technical supports) to achieve its goal(s).

Are there any comments you would like to add?

1. **Question Format:** Likert Scale 1-5 ("strongly disagree" to "strongly agree"), with option for text to add qualitative impressions and suggestions.

Answers of 1 “strongly disagree” or 2 “disagree” trigger follow-up question: “In your view, why did this project not have enough resources to achieve its goal?”

- Changes were made to the research question.
  - The scope of the project expanded.
  - There was a disconnect or miscommunication between the project sponsor and the research team.
  - There was turnover in personnel.
  - Other (text).
2. **Relevant Indicator(s):** POR:1.
  3. **Collection Point:** 2.
  4. **Responsibility for response, MCHP:** Research team.
  5. **Responsibility for response, Commissioning Organization:** Research team members.

**4.2.3** - Thinking about the process of working with MCHP to complete the research project, please indicate how strongly you agree that MCHP was responsive to my analysis and information needs.

1. **Question Format:** Likert Scale 1-5 (“strongly disagree” to “strongly agree”, option for “don’t know / unsure”).
2. **Relevant Indicator(s):** POR:3.
3. **Collection Point:** 2.
4. **Responsibility for response, MCHP:** N/A.
5. **Responsibility for response, Commissioning Organization:** Primary knowledge users.

**4.2.4** - Thinking about the process of working with MCHP to complete the research project, please indicate how strongly you agree that the capacity building activities (i.e. workshops, presentations) that MCHP delivered for this project were tailored to the needs and abilities of their audience(s).

1. **Question Format:** Likert Scale 1-5 (“strongly disagree” to “strongly agree”, option for “don’t know / unsure”).
2. **Relevant Indicator(s):** POR:4.
3. **Collection Point:** 2.
4. **Responsibility for response, MCHP:** N/A.
5. **Responsibility for response, Commissioning Organization:** Primary knowledge users.

**4.2.5** - Thinking about the process of working with MCHP to complete the research project, please indicate how strongly you agree that you were given sufficient opportunities to provide input into how findings were disseminated.

1. **Question Format:** Likert Scale 1-5 (“strongly disagree” to “strongly agree”).
2. **Relevant Indicator(s):** POR:4.
3. **Collection Point:** 2.
4. **Responsibility for response, MCHP:** N/A.
5. **Responsibility for response, Commissioning Organization:** Primary knowledge users.

**4.2.6** - Thinking about the process of working with MCHP to complete the research project, please indicate how strongly you agree that the presentations, summaries, and other knowledge translation products that MCHP has created to share the results of this research project were of high quality and address the knowledge needs of their intended users.

1. **Question Format:** Likert Scale 1-5 (“strongly disagree” to “strongly agree”).
2. **Relevant Indicator(s):** POR:4.
3. **Collection Point:** 2.
4. **Responsibility for response, MCHP:** N/A.
5. **Responsibility for response, Commissioning Organization:** Research team members.

**4.2.7** - Thinking about the process of working with MCHP/Commissioning Organization to complete the research project, please indicate how strongly you agree that the presentations, summaries, and other knowledge translation products that MCHP has created to share the results of this research project present research findings in a clear and meaningful way.

1. **Question Format:** Likert Scale 1-5 (“strongly disagree” to “strongly agree”).
2. **Relevant Indicator(s):** POR:4.
3. **Collection Point:** 2.
4. **Responsibility for response, MCHP:** Research team.
5. **Responsibility for response, Commissioning Organization:** Research team members.

**4.2.8** - Thinking about the process of working with MCHP/Commissioning Organization to complete the research project, please indicate how strongly you agree that this project was managed (i.e. meetings, communications, work plans, contract management, communications and coordination) effectively and efficiently.

1. **Question Format:** Likert Scale 1-5 (“strongly disagree” to “strongly agree”) responses of 1 “strongly disagree” or 2 “disagree”, trigger follow-up question: “In your opinion, how could this project have been managed more effectively?” (text field for responses).
2. **Relevant Indicator(s):** POR:5.
3. **Collection Point:** 2.
4. **Responsibility for response, MCHP:** Research team.
5. **Responsibility for response, Commissioning Organization:** Research team members.

**4.2.9** - How strongly do you agree that this project’s AG included representation from all relevant knowledge users?

1. **Question Format:** Likert Scale 1-5 (“strongly disagree” to “strongly agree”) responses of 1 “strongly disagree” or 2 “disagree” trigger follow-up question: “In your opinion, who was not included in the AG but should have been?” (text field for responses).
2. **Relevant Indicator(s):** POR:8.
3. **Collection Point:** 2.

4. **Responsibility for response, MCHP:** Research team.
5. **Responsibility for response, Commissioning Organization:** AG, primary knowledge users.

### 4.3: Evaluation Questions for Outcomes and Early Impacts (OEI)

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**4.3.1** - Have you shared the results of this project with anyone outside the commissioning organization?

1. **Question Format:** Y/N, Y answer triggers question 4.3.2, below.
2. **Relevant Indicator(s):** OEI:1.
3. **Collection Point:** 3.
4. **Responsibility for response, MCHP:** N/A
5. **Responsibility for response, Commissioning Organization:** Primary knowledge users collected by PKM.

**4.3.2** - The results of this study have been shared with (select all that apply):

1. **Question Format:** Only asked if answer for 4.3.1 (above) was “yes”; list with “radio buttons” allowing multiple selections from the list below. Selecting of any of these groups trigger the follow-up text field: “How many and what type(s) of (selected category) were these results shared with?”
  - Federal, Provincial, Indigenous, and/or Municipal ministries, departments, and organizations.
  - Health authorities, institutions, clinicians and/or practitioners.
  - Community-level service providers.
  - Private health industry partners.
  - Members of the public.
  - Social media (X, Instagram, LinkedIn, Facebook, Bluesky).
  - Traditional media (print news, radio, TV).
  - Unsure/don’t know.
  - Other: text.
2. **Relevant Indicator(s):** OEI:1.
3. **Collection Point:** 3.
4. **Responsibility for response, MCHP:** N/A.
5. **Responsibility for response, Commissioning Organization:** Primary knowledge users collected by PKM.

**4.3.3** – On a scale of 1-5, how likely are you to share the results of this project with:

1. **Question Format:** Response grid, with each item below listed beside buttons for

responses on a scale from 1 “Not at all likely to share” to 5 “very likely to share” question, plus column for “unsure” “How many and what type(s) of (insert title from the relevant question)” were these results shared with?

- Colleagues.
- Senior leadership.
- Staff or agencies you work with.
- Cabinet/ministers
- Members of the public.
- Special interest or community-based organizations.
- Social media (X, Instagram, LinkedIn, Facebook, Bluesky).
- Traditional media (News, radio, TV).

Text field below: “Is there any person, organization, or media not listed above that you intend to share these results with or through?” (text)

2. **Relevant Indicator(s):** OEI:1.
3. **Collection Point:** 3.
4. **Responsibility for response, MCHP:** N/A.
5. **Responsibility for response, Commissioning Organization:** Primary knowledge users/ collected by PKM.

**4.3.4** - Thinking about the research findings and the knowledge translation products (e.g., print and digital summaries, research presentations, workshops) that MCHP created for this project, please indicate how strongly you agree that these products were developed in collaboration with the commissioning organization.

1. **Question Format:** Likert Scale 1-5 (“strongly disagree” to “strongly agree”), option for “don’t know/unsure.”
2. **Relevant Indicator(s):** OEI:3.
3. **Collection Point:** 3.
4. **Responsibility for response, MCHP:** Research team.
5. **Responsibility for response, Commissioning Organization:** AG/research team members collected by PKM.

**4.3.5** - Thinking about the research findings and the knowledge translation products that MCHP created for this project, please indicate how strongly you agree that they were produced in a timely manner.

1. **Question Format:** 1-5 (“strongly disagree” to “strongly agree”), option for “don’t know/unsure.”
2. **Relevant Indicator(s):** OEI:3.
3. **Collection Point:** 2/3.
4. **Responsibility for response, MCHP:** Research team.
5. **Responsibility for response Commissioning Organization:** Research team members collected by PKM.



**4.3.6** - Thinking about the research findings that MCHP generated for this project, please indicate how strongly you agree that they addressed knowledge gaps within your organization.

1. **Question Format:** Likert Scale 1-5 ("strongly disagree" to "strongly agree"), option for "don't know/unsure."
2. **Relevant Indicator(s):** OEI:3.
3. **Collection Point:** 3.
4. **Responsibility for response, MCHP:** N/A
5. **Responsibility for response, Commissioning Organization:** Research team members/ knowledge users collected by PKM.

**4.3.7** - Thinking about the knowledge translation products MCHP created for this project, please indicate how strongly you agree these products were developed through collaboration with the primary knowledge users.

1. **Question Format:** Likert Scale 1-5 ("strongly disagree" to "strongly agree"), option for "don't know/unsure."
2. **Relevant Indicator(s):** OEI:3.
3. **Collection Point:** 3.
4. **Responsibility for response, MCHP:** Research team.
5. **Responsibility for response, Commissioning Organization:** Research team members/ primary knowledge users collected by PKM.

**4.3.8** - Thinking about the knowledge translation products MCHP created for this project, please indicate how strongly you agree that the context, needs and capabilities of all intended knowledge users were considered in creating knowledge translation tools and products.

1. **Question Format:** Likert Scale 1-5 ("strongly disagree" to "strongly agree"), option for "don't know/unsure."
2. **Relevant Indicator(s):** OEI:3.
3. **Collection Point:** 3.
4. **Responsibility for response, MCHP:** N/A.
5. **Responsibility for response, Commissioning Organization:** Research team members collected by PKM.

**4.3.9** - Thinking about the research findings that MCHP generated for this project, please indicate how strongly you agree that they provided you with information you can understand and use in your work.

1. **Question Format:** Likert Scale 1-5 ("strongly disagree" to "strongly agree"), option for "don't know/unsure."
2. **Relevant Indicator(s):** OEI:4.
3. **Collection Point:** 3.
4. **Responsibility for response, MCHP:** N/A.
5. **Responsibility for response, Commissioning Organization:** Research team members collected by PKM.

**4.3.10** - Thinking about your experiences working with MCHP over the course of conducting this project and presenting results, please indicate how strongly you agree that your trust that MCHP's research has improved as a result.

1. **Question Format:** Likert Scale 1-5 ("strongly disagree" to "strongly agree"), option for "don't know/unsure."
2. **Relevant Indicators:** OEI:5.
3. **Collection Point:** 2/3.
4. **Responsibility for response, MCHP:** N/A.
5. **Responsibility for response, Commissioning Organization:** Primary knowledge users/ research team members collected by PKM.

**4.3.11** - Please indicate how strongly you agree that you have developed new or strengthened working relationships with the research community/government partners as a result of your participation in this project.

1. **Question Format:** Likert Scale 1-5 ("strongly disagree" to "strongly agree"), option for "don't know/unsure."
2. **Relevant Indicator(s):** OEI:5.
3. **Collection Point:** 3.
4. **Responsibility for response, MCHP:** Research team/collected by MCHP Knowledge Broker.
5. **Responsibility for response, Commissioning Organization:** Research team members collected by PKM.

**4.3.12** - Please indicate whether you agree that the research findings and interpretation of results for this project are of high quality.

1. **Question Format:** Likert Scale 1-5 ("strongly disagree" to "strongly agree"), option for "don't know/unsure."
2. **Relevant Indicator(s):** OEI:6.
3. **Collection Point:** 3.
4. **Responsibility for response, MCHP:** N/A.
5. **Responsibility for response, Commissioning Organization:** Primary knowledge users collected by PKM.

**4.3.13** - Please indicate whether you agree that knowledge translation products prepared for this project present information in a clear and meaningful way.

1. **Question Format:** Likert Scale 1-5 ("strongly disagree" to "strongly agree"), option for "don't know/unsure."
2. **Relevant Indicator(s):** OEI:6.
3. **Collection Point:** 3.
4. **Responsibility for response, MCHP:** N/A.
5. **Responsibility for response, Commissioning Organization:** Primary knowledge users collected by PKM.

**4.3.14** - Please indicate whether you agree that the knowledge translation products prepared for this project are of high quality.

1. **Question Format:** Likert Scale 1-5 ("strongly disagree" to "strongly agree"), option for "don't know/unsure."
2. **Relevant Indicator(s):** OEI:6.
3. **Collection Point:** 3.
4. **Responsibility for response, MCHP:** Research team.
5. **Responsibility for response, Commissioning Organization:** Primary knowledge users collected by PKM.

**4.3.15** - Thinking about the entire process of conducting a research project, from the request stage to the sharing of results, please indicate how strongly you agree that working with MCHP enhanced your ability to use evidence in your work.

1. **Question Format:** Likert Scale 1-5 ("strongly disagree" to "strongly agree"), option for "don't know/unsure."
2. **Relevant Indicator(s):** OEI:7.
3. **Collection Point:** 3.
4. **Responsibility for response, MCHP:** N/A.
5. **Responsibility for response, Commissioning Organization:** Primary knowledge users research team collected by PKM.

**4.3.16** - Thinking about the entire process of conducting a research project, from the request stage to the sharing of results, please indicate whether you agree that working with MCHP on this project enhanced your awareness of, and access to, evidence that supports your work.

1. **Question Format:** Likert Scale 1-5 ("strongly disagree" to "strongly agree"), option for "don't know/unsure."
2. **Relevant Indicator(s):** OEI:7.
3. **Collection Point:** 3.
4. **Responsibility for response, MCHP:** N/A.
5. **Responsibility for response, Commissioning Organization:** Primary knowledge users research team collected by PKM.

**4.3.17** - Thinking about the entire process of conducting a research project, from the request stage to the sharing of results, please indicate how strongly you agree that working with MCHP on this project made you more likely to expect, value, or rely on evidence to support your work in the future.

1. **Question Format:** Likert Scale 1-5 ("much less likely to value and rely on evidence" to "much more likely to value and rely on evidence"), option for "don't know/unsure."
2. **Relevant Indicator(s):** OEI:7.
3. **Collection Point:** 3.
4. **Responsibility for response, MCHP:** N/A.
5. **Responsibility for response, Commissioning Organization:** Primary knowledge users research team members collected by PKM.

**4.3.18** - Thinking about the entire process of conducting a research project, from the request stage to the sharing of results, please indicate whether you agree that working with MCHP on this project made you more likely to request commissioned research projects in the future.

1. **Question Format:** Likert Scale 1-5 (“strongly disagree” to “strongly agree”), option for “don’t know/unsure.”
2. **Relevant Indicator(s):** OEI:7.
3. **Collection Point:** 3.
4. **Responsibility for response, MCHP:** N/A.
5. **Responsibility for response, Commissioning Organization:** AG/primary knowledge users research team members collected by PKM.

**4.3.19** - The evidence from this project was used to inform decisions relating to (select all that apply):

1. **Question Format:** Radio buttons/multiple responses:
  - Health system planning.
  - Policies.
  - Practices.
  - Resource flows.
  - Infrastructure.
  - Regulation.
  - Intervention programs and services.
  - Product development.
  - Health system transformation.
  - Other(text).
2. **Relevant Indicator(s):** OEI:9.
3. **Collection Point:** 3.
4. **Responsibility for response, MCHP:** N/A.
5. **Responsibility for response, Commissioning Organization:** Primary knowledge users project sponsor collected by PKM.

**4.3.20** - Have the results of this project made an impact on the target population or issue? Please elaborate:

1. **Question Format:** Open-ended text/summary question.
2. **Relevant Indicator(s):** OEI:9.
3. **Collection Point:** 3.
4. **Responsibility for response, MCHP:** N/A.
5. **Responsibility for response, Commissioning Organization:** Primary knowledge users project sponsor collected by PKM.

**4.3.21** - Do you have any comments about how MCHP presented and shared the results of this research project?

1. **Question Format:** Open-ended text/summary question.
2. **Relevant Indicator(s):** primarily OEI6, but open-ended response leaves potential for gathering qualitative impressions and feedback about presentation of results, sharing, and knowledge mobilization across all indicators and phases.
3. **Collection Point:** 3.
4. **Responsibility for response, MCHP:** N/A.
5. **Responsibility for response, Commissioning Organization:** AG/primary knowledge users research team members collected by PKM.

**4.3.22** - Do you have any further comments about working with MCHP or about the commissioned research process itself?

1. **Question Format:** Open-ended text/summary question.
2. **Relevant Indicator(s):** primarily OEI7 but open-ended response leaves potential for gathering qualitative impressions and feedback about both project and program research processes across all indicators and phases.
3. **Collection Point:** 3.
4. **Responsibility for response, MCHP:** N/A.
5. **Responsibility for response, Commissioning Organization:** AG/primary knowledge users research team members collected by PKM.

# Appendix 5: Research Team-Focused Question Bank

## 5.1 Questions Relevant to MCHP Project Lead

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### Publication Information to Collect

**5.1.1** - Are any publications in progress or published from the X government-commissioned project(s)? Yes/No. [OEI:10]

- If yes, please provide the following publication information:
- Title.
- Journal.
- Status (e.g., in progress, under review, in press, published).

### Conference Information to Collect

**5.1.2** - As a result of participating in X (list all applicable) government-commissioned project(s), did you or another member of the research team deliver findings, methodology, or other results as part of a workshop, meeting or presentation at a conference or other event? [OEI:11]

- If yes, please provide the following conference/workshop information:
- Conference Name.
- Year.
- Location.
- Type of presentation (e.g., oral, poster, other).

**5.1.3** - Are there any conferences or workshops where you plan to present X project (list all applicable), or any you plan to submit to in the future? Yes/No/Intending to submit to upcoming conference. [OEI:11]

- If yes, please provide the following conference/workshop information:
- Conference Name.
- Year.
- Location.
- Type of presentation (e.g., oral, poster, other).

## 5.2 Questions Relevant to all MCHP Research Team Members

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**5.2.1** - Can you describe any new skills and/or opportunities that arose because of your participation in the project(s)? [OEI:12]

Prompts may include (but not limited to):

- New process-related learnings.
- New analytical techniques or methods.
- Participation in advisory boards, committees, etc.
- New training.
- New grant funding opportunities.
- New knowledge user priorities or needs.
- New or improved understanding of knowledge users' needs.

**5.2.2** - Can you describe any new research networks and/or interdisciplinary collaborations that arose because you participated in the project(s)? [OEI:13]

Prompts may include (but are not limited to):

- New data sharing agreements.
- Collaborations with people in different academic disciplines.
- Collaborations with new organizations/partners.
- New research network, policy network, etc.
- Collaborations or new relationships with community.

**5.2.3** - Do you have any other feedback you would like to share about the process of refining the research question or engaging with X departments throughout X commissioned research project? [multiple potential indicators for DI and POR project phases; information from these responses should be assessed to determine which indicators the responses touched on, then compiled alongside the previously collected information for each relevant indicator.]

**5.2.4** - Do you have anything else you would like to tell me about your experience with X commissioned research project(s) that I haven't asked you about? [as above, responses should be added for information under any relevant Guiding Question that responses have addressed].

# Appendix 6: Glossary

**Advisory group** – A group of key individuals who, because of their expertise, have been invited to provide input and advice on the research approach, methods, interpretation, product development and/or use of results

**Financial report** – Report tracking budget, costs and financial issues associated with the project

**Funder** – Entity that funds the work (e.g., Manitoba Health)

**Knowledge mobilization plan** – Plan to describe the process of moving research evidence into action to maximize impact

**Knowledge translation products** – A tool or resource designed to facilitate the sharing of key research findings with intended knowledge users

**Portal submission** – Information submitted through the Deliverable Portal

**Primary knowledge user** – Intended primary user of the results from the project (e.g., Assistant Deputy Minister, Executive Directors, Policy Analysts, Service Delivery Organizations)

**Project charter** – This document describes the goals, objectives and resource requirements

**Project sponsor** – The senior leader in the commissioning organization that approves the project request

**Research team** – The core working group that is most heavily involved in the day-to-day decisions of the research project. This may include the MCHP project lead, MCHP Research Coordinator and data analysts, as well as the project sponsor, knowledge users and policy analysts.

**Secondary knowledge user** – An organization or group that may use or benefit from the research results, but was not the intended primary user (e.g., other government departments, community organizations, clinicians, etc.)







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