



Network of Centres of Excellence
Knowledge Mobilization Symposium 2016

June 27, 2016

Peter Gilgan Centre, Hospital for Sick Children
Toronto, Canada

Message from the Chair

NeuroDevNet was pleased to host the second annual NCE Knowledge Mobilization Symposium held in conjunction with the 10th anniversary celebrations of York University's Knowledge Mobilization Unit and the 5th Annual Canadian Knowledge Mobilization Forum. The Symposium focused on the impacts of research: how we govern for impact (morning) and how we assess and monitor impact (afternoon). The NCE program is uniquely designed to generate socioeconomic impacts for Canadians from investments in research and training. The Symposium attracted over 50 participants from NCE Networks, NCE Knowledge Mobilization Networks and Centres of Excellence for Commercialization and Research.

The session was designed in a world café format where the wisdom from networks was distilled through an experiential process. Attendees were asked to self-select into groups around the discussion table (focus question) of their choice. Discussions around each breakout table addressed a different focus questions related to governance and monitoring for impact. The wisdom was collected through verbal report back and through the written reporting from each table.

This report summarizes some of the key points arising from the discussions and presents the feedback received on each topic based on large group report back and written notes collected from each breakout table. There are no definitive answers to these very complex challenges but what is clear is the diversity of approaches used among the networks based on the type and stage of each. This report does not provide recommendations; rather, it is the beginning of an important conversation and can serve as a catalyst for further discussion on these issues.

Thank you to the amazing organizing committee: Anneliese Poetz (NeuroDevNet), Michael Joyce (SEREN RISC), Joanne Cummings (PREVNet), Kim Wright (AllerGen). Thanks also to Rick Schwartzburg (NCE Secretariat) for his support of the committee.

David Phipps, Ph.D., MBA
Executive Director, Research & Innovation Services, York University
Knowledge Translation Lead, NeuroDevNet
Board Member: NeuroDevNet, PREVNet, CYCC Network, Cell CAN

Legend

Each breakout topic is summarized to pull out key themes. In addition to the summary, the detailed notes are provided from each break out table. Notes are cleaned up for consistency but are otherwise presented as captured to give the detail of the diversity of approaches. The notes are colour coded to identify the source of the information.

Black text – transcribed conversation from the group that is reporting

Grey text – transcribed conversation from someone not in the group who was reporting on this question

Blue text – copied from handwritten scratch notes that were collected from the tables, filename: Monitoring Evaluation Breakout Template Notes

Orange text – copied from handwritten scratch notes that were collected from the tables, filename: Governance Breakout Template Notes

Purple text – copied and pasted from the electronic file provided by group(s) on USB stick (only group 5 submitted electronic copy)

Governance Discussion 1

Question: How can we use a Network's governance structure (e.g. Board and Advisory committees) to build effective pathways for knowledge mobilization and to encourage bi-directional information flow between knowledge producers and knowledge users?

Key themes:

- **Start with the right people.** Make sure you have the right people on the board and on your committees. This means going beyond the scientific excellence to engage a broad range of stakeholders including those with lived experience. This approach is also useful for (especially) on the research management committees and scientific advisory boards. Strive for diversity (experience, gender, race, age – especially if your network engages youth or seniors) of the membership on your board by considering the phrase “nothing about us without us”.
- **Provide the right tools.** Give your boards and committees your “elevator pitch” so they can communicate the organization's key messages within their networks. During board and committee meetings, dedicate time for capacity building to ensure your governance members are not only able to govern but able to act as champions for your network. Ensure KT activities are appropriately funded.
- **Make the right connections.** Your board and committee members are connected to stakeholders from industry, government and community. When you need a group for stakeholder consultations don't hesitate to call on the networks of your board and committee members to help you connect with new connections for additional voices and opinions. Invite board and committee members to co-chair meetings and co-host events. They will provide diversity to your functions while attracting participants from their own networks
- **It's all about relationships.** That's it. Just that. It's about relationships. Foster them through occasional one on one engagement with members of your boards and committees. Scientific and administrative staff should create good relationships with them and they will create good relationships for you.

- Resources: operationalizing of knowledge and sharing that within the network – personnel and resources to do KT.
- RESOURCES: assign funds in grants for research when dispensing funds, assigning funds for impact to make sure you have enough resources
- Roster/right representation on the board
- Add advisory type group to board, of people (knowledge user group) to provide practical feedback (patients, whoever) to make sure the information gets to end users (make sure to equalize power between end users and boards, by having end user group meetings chaired by a board member to bring that information back to the board and/or advisory group end user person joins board)
- Folks on advisory panel would be nominated by Network to ensure the right people
- Find out who board members are, bios, relationships they have, work with them to maximize on their expertise and relationships that they are willing to share. Don't presume you know the matrix of their expertise, make sure it's clear to the network and the management team, director of science and external affairs etc.
- Communications: importance of it, board, advisory group, but if no way to talk about the

network they won't do it – give them an elevator pitch, a communication package to communicate with their community.

- Co-leading presentations or talks: go as a network employee but pair up with a board member to speak about the network as an opportunity
- Support cross pollination opportunities – send board members to community events, presentations at conferences etc. to increase their knowledge about the network
- Don't presume the board knows all there is to know about research. Do research 101 if you need to (some board members can be from financial background and not understand the research process and be quiet on calls)
- Resources
- Ensuring adequate resources (personnel and expertise) within the management of the Network / \$ for impact in research grants
- Roster – ensure the right representation on the board
- Add “advisory” group of knowledge users for practical feedback (what is needed for translating outcomes – impacts within the health care system/patient population) – nominated by network investigators/members
- Ensuring members are well “connected” and willing to “exploit” those relationships to the network
- Communicate!!!
- Comms package for the board
- Co-lead meeting with network management
- Support cross-pollination opportunities (ie: ASM, community events, presentations at conference, benefitting involvement in the network.
- Spell it out to the board.

- Changing the date to better align with other timelines. End of May can be a challenge.
- Yearly webinar would be helpful once the template comes out each year. When template comes out, knowing that there's a venue/event you can sign into to ask questions, info on how to fill it in, any changes etc. what to collect each year.
- Simplify the annual report process.
 - o Takes a lot of overhead, work, and time to complete
 - o Repetition in what we report on
- A lot of #'s/data – not always impact driven. Having our NCE rep's involved has been helpful.

Governance Discussion 2

Question: How can we challenge our Boards to expand their thinking beyond “moving knowledge mobilization products” to “engaging people”? How can we encourage the use of impact-based strategic decision-making to help with this evolution?

Key themes:

- **Engage end users in your governance processes.** End users can inform research direction, assess relevance in funding applications, help design end products via user driven design principles. Relates to the last bullet about providing the Board with capacity building on integrated Knowledge Translation, where/when needed.
- **End user engagement is not a panacea.** End users would have told Henry Ford they wanted a faster horse, not a car. End users perspectives inform, they do not command.
- **Engage appropriate experts on your committees and boards.** AllerGen has an IP advisory committee including IP and venture capital expertise. Have a KT expert such as a KT practitioner, on the Board.
- **Educate your boards about engaged/integrated methods of knowledge mobilization/translation.** KT is more than dissemination of research results. Unless they are KT/KMb experts anything beyond creative dissemination will be poorly understood. Ensure your experts on the Board listen to other experts¹. Help balance power by supporting traditionally marginalized experts (as part of an integrated knowledge translation approach).

- We felt that we need to engage the board members early and engage with them on the meaning of KMB not on the requirements of scientific papers and conferences. Involving elected representatives from stakeholders and stakeholder advisory committees (e.g. 2 stakeholders on board from industry, academic and policing partners, those groups elect the rep to sit on the board)
- Build trust between the board and the science, to learn and know what end users want
- Balance current and future needs of stakeholders and in the science, balance major themes with cross cutting themes to balance our work
- Board needs to know who the network is/what it does, to engage with and be champions for the network as well as the networking being intentional to give board things to understand the network. To let them know when the right time is to engage with people (doesn't have to be all the time at every event or follow up every 3 weeks, better more balanced engagement)
- DJP: what about our committees? RMC is all academics and making investments in things that are not academic: how many RMC's are academic focused, 3, more balanced – around 9.
- Allergen has IP advisory committee, have KM experts, commercial and venture capital experts, NCE reviewer people, technical advisors who review proposals whether they are even ready to go to RMC. So when money attached to these, it goes through a committee to established: readiness, alignment with strategic priorities and stakeholder needs, they act as mentors but also gatekeepers, you really have to understand what your objectives are and have the right strategy and plan and if it's not ready and tight it

¹ Experts refer to those with diverse types of expertise beyond scientific, such as wisdom based on lived experience, policy or practice based experience

doesn't go to RMC so you don't have to have the mentorship there in RMC. The researchers don't have the expertise

- Cancer stakeholder reliance group – mandate is to translate research down from the projects, and align needs with their communities, and might beef it up more with more knowledge based group like patients immersed in research and what kind of expertise can they bring back to advise on our projects. Our RMC is unique in that they are all international, no Canadian reps, when they look at projects there is no projects, there is no yes/no they do a lot of feedback who to pair with who to make proposal better, give a bit of seed funding and then they can come back for more funding, but RMC is very academic.
- AgeWell right from the start wanted high end user involvement in all aspects of what they are doing, already have lessons from our experience like had end users on RMC doing evaluation of projects, become aware that the lack of understanding of the research process is a challenge, so we may have to think of reframing, we still want to have end users involved in that but may be more as a filter to say which are the more relevant and then it goes to the more technical review stage for the research. The other caveat about end user involvement is it's not a panacea, if they say this is what we should be doing, we use a henry ford quote, "if asked the end user what to make they'd have said a faster horse", people are articulating within a particular context which is an NCE hopefully social scientists will give insights, to articulate the needs of our end users in terms of products and services.
- Educate board on the meaning of KM beyond the peer reviewed papers, conferences, scientific requirements. Engage them early.
- Build trust between board and science to learn and know what end-users want in addition to independent representatives.
- Involve elected reps from stakeholders and members from stakeholder advisory committee.
- Balance current and future needs of stakeholders
- Balance major themes with cross-cutting themes to support all work
 - o We have a science presentation at every board meeting
- Board needs to know who we should be engaging with and be champions for the network as well as products to educate and be more intentioned with board on how they can do this and when is the right time to engage people.

- Problem with question – develop strategy and end points and measure
- What, so what, results
- Frame question – how does the board
- Board to engage end-user researchers at the front end of process.
- Measure impact at level of user – we have to educate the board that papers conference is not the mobilization scientific requirement only
- Ambassadors of the network

Governance Discussion 3

Question: How does a maturing network shift from an emphasis on knowledge generation (e.g. research or program outputs) to a focus on knowledge mobilization (e.g. end-user influence and

impact)? Consider this shift with respect to organizational structure, committee membership, and integrated KMb planning.

Key themes:

- **Focus on metrics.** Maturing networks will mature their goals. As goals change so do metrics/indicators. Have clarity with respect to your network's goals as well as KT goals as they evolve. Create metrics based on local and reliable sources of data.
- **Knowledge mobilization is a process not a goal in itself.** As a process it will evolve with the evolving network allowing you to identify benefits at each stage. Collecting evidence of those benefits using specific indicators/metrics enables you to articulate and report on benefits of each stage of the process. Impact can occur during different phases of the research project, even before it is finished.
- **Plan for knowledge mobilization.** Have a clear pathway in mind for your knowledge mobilization journey from research to impact. As your network matures, the pathway doesn't change, but your funded projects should evolve from research towards impact with more investment in KT (and less in research) as your projects mature. Examples of pathways include the Canadian Academy of Health Sciences Research Impact Assessment Framework² and the Co-produced Pathway to Impact³.

- Paula Latka (CECER) KM network (CellCan), 3 from AllerGen.
- 2 themes among all types of NCEs, agreed upon to frame this question by. 2 themes: we all struggle with the same challenges with respect to KT, regardless of type of NCE. Same challenges in identifying what are KT goals, etc.
- Other is that, along continuum of KMb, impact is not just at the end, where it is socioeconomic so need to identify goals in that phase, not just at the end because you may not be able to achieve that within your NCE's life.
- Four quick points to answer question: 1) need to identify what your specific KMb goals are, may not be socioeconomic benefits, then set your metrics to measure that (so the impact may be provincial legislation etc.) 2) goals short med, long term, then resource them. Might have to hire inside expert, have to staff up or down, whatever goals are internal resources have to support that. 3) to develop set of KT metrics to measure that goal, so if utilization and uptake you would have key indicator list you would share with the NCE and measure against. 4) if you are in the wind-down years, to develop a list of KT indicators to measure those long term impacts, and give those metrics to the NCE Secretariat, leave them with something in case your NCE is no longer around to measure them.
- Stem cell network and biocan RX are classic NCEs and also flows into CellCan and they flow into CECERs, to look for more of those synergies, there may be more opportunities to cross-collaborate among similar NCEs.
- Used to have to report on the real world impact up to 3 years after the grant (??)

² Frank C & Nason E. 2009. "[Health research: Measuring the social, health and economic benefits.](#)" Canadian Medical Association Journal; 180(5): online 1-7.

³ Phipps, D.J., Cummings, J. Pepler, D., Craig, W. and Cardinal, S. (2016) [The Co-Produced Pathway to Impact describes Knowledge Mobilization Processes.](#) *J. Community Engagement and Scholarship*, 9(1): 31-40.

researchers don't necessarily like it, extra metrics, but could be useful to show the outcome and things that are long term. CFI grants.

- We are more focused on commercialization – solve bottlenecks in regenerative medicine. We offer workshops for trainees, PIs, and industry. Our staff lead these, and we present at conferences. Technical, IP, clinical trials, move from discovery to commercialization, technical: stem cell lines; ad hoc – competition, commercialization, lot of talks around the world at big conferences. We have 60 staff, we get 40,000,000. For cell manufacturing, we hired 20 plus people. We have a large business development group, evaluate PI's project, plus we have a development facility. Talks and workshops are a big piece. Communications: to let our community know where we're at and what we are doing, academics have to know we are there to help them, and the businesses to know what...
- So we have academic partners, commercialization partners, many entities
- Institutional partners – we benefited from the earlier Stem Cell Network networks of partners, mostly the universities and other partners in the stem cell space. We are finding many potential partners are coming to us.
- AgeWell: KTTE = commercialization (technologies into health care and consumer market) and KM – regulatory framework and standards for healthcare system. Developing best practices to involve end users. Given the stage where we're at – we are trying to ensure we have the right partners and stakeholder relationships. Many of our staff are also for Industry Lead for Partnerships. We have a KM position open, we have a communication and media relations person – but for a KM position we are leaning more to a government relations and policy side for this position. So in interim, we are focusing on raising awareness about the work we are doing, and also a shared responsibility to ensure we have engaged and identified the right partners. AgeWell experience, we are thinking of network versus project partners – we want broader partners – partner engagement is quite challenging – for projects there are clear and concrete benefits – on a broader scale we are struggling with the engagement piece. To have outcomes and deliverables.
- Training has to start from the grad school level. We have to play catch up with those who are well advanced in their career and we have to play catch up. Every year or 2 or 3, because of turnover, we have to keep on training.
- Children Living in Challenging Contexts: our end users are Canadian youth serving organizations. They don't have experience with program evaluation, we gathered evidence re knowledge specific reports to do youth engagements, ethics in working with vulnerable people, we try to encourage KM and capturing and sharing best practices. Workshops – wisdom in action, youth, policy makers, service providers – we experiment with different formats, conversation, our staff members involved in these events, we have created on our websites, KM and evaluation resources so that they can be downloaded. We have identified regional hub partners with expertise in KM and evaluation and return on investment – to enable people to evaluate what they are doing and to create innovative KM practices – we have created application to do a formal mentorship with us, to use their tools, to create a one-year mentorship plan – mostly online and on the phone and be coordinated through the regional hubs. The hubs will be tasked with mentoring these applicants.
- Glyconet has a training program for grad students to meet 2 /3 times a year – what do they want to see as professional and technology workshops. they are creating a hub of what they do....
- Grad students can be paid to do a blog – either their own research or another area --- who is reading the blogs – public – google analytics tells us how many and where they come from, we know its primarily Canada, US and GB. We know trainees and PIs use

the blogs, 3,000 a month.

- we have an internal blog. Content generated by KT team for internal. Communications Manager initiates a lot and we invite guests.
- Grad students – Wisdom to Action events is huge -grad students develop their professional networks. Also very involved in their planning committees.

Addresses objective: Provide participants with an overview of the concept of “impact” for research within an NCE context.

Conventional StemCell Network > BioCan Rx	KM cellcan < Reg Med & cell therapy network	CECR CCRM (center of commercialization and regenerative med CCI (center commercialization of cancer immunotherapy
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Table 3: Paul Adlaka LookNORTH (CECR), Denis Claude Roy CellCan (KM), Laura and Kim – Allergen (traditional)

Knowledge mobilization is a pathway/continuum and impact can be achieved and measured at each and every phase.

Impact is not only realized when there is a benefit, economically or reduction in cost in health services or an improved quality of life.

1. Identify ST, IT, & KT KMb goals – specific KMb goals for maturing network, identify who these end users are.
2. Resource this KMb function
 - Hire expert
 - Expand KMb staff/department
3. Develop set of KP/metrics to measure this – if utilization & uptake by partners will be your NCE’s final impact – measure this. Policymakers evaluating your products.
4. In final year, have set of KPI for NCE secretariat to measure with health, economic, innovation impacts after the NCE has wound down. – measure basics.

Governance Discussion 4

Question: How are your Networks' funding investments/allocations structured to facilitate knowledge mobilization at the project level?

Key Themes:

- **Are you a research network?** An NCE creates socioeconomic impact from research and training but an NCE is an NCE, it is not a research network (i.e. it has to do training and KTEE in addition to discovery through research). As the network matures and projects move from research toward achieving impact, funding needs to continue to flow to projects but funding different activities possibly with different partners.
- **Legacy projects vs sustainability.** Impact takes time (~25 years). What's the long term goal? Sustainability will mean looking for revenue generating impacts. Legacy will mean creating impacts that will be attributed to the network (these may not necessarily generate revenue). Neither is right or wrong but you plan for and resource projects differently. Learn from the experience and legacies left by other networks.
- **Internal Capacity Building.** Provide training opportunities in KT/KM (including what is impact and how do you measure it) and commercialization support for trainees and other network members.

- 3 classic NCEs in group, 2 are mature, 1 which is brand new and funded in the last cycle
- Had 2 questions, what are lessons from mature networks, are ideas coming from the new network (what are you bringing to the table as a new network and what did the old networks learn over 14 years or whatever)
- About network funding and allocation, is about if you are going to invest dollars what are the returns on the investment, that is the key question
- We're not research networks but the vast majority of funding that comes into the network goes into research. Have to grapple with this and take very seriously. Very interested to hear the key lessons from allergen and CWN – interesting is that coming to their end they have 2 approaches to sustainability in creating what's going to go on afterwards, CWN focusing on network aspect of what they are doing, keeping partnerships going and brokering among municipalities and communities. Allergen more focused on legacy projects coming out of their networks, e.g. longitudinal study on allergy strong clinical trials group supporting trials on pharmaceuticals/pharma interventions on allergies, research group, clinical associations, food allergy, that long term plan because very aware that while we talk about impact, impact is a long way away in terms of time frame. That is starting point for (new NCE) input in here, if talking about commercialization, talking about 25 year time span from idea to product/commercialized. As an NCE should build foundations for something sustainable for the long term. Interesting perspective for a new NCE to start with. Focus on HQP training and developing capacity within our community, within our partners and research community to create culture change from basic research to more hybrid model of research into practice. And take it seriously right from the start.

[ROI Return on investment](#)

[Lessons for mature networks](#)

[The following text was very difficult to decipher \(transcribed from handwritten notes gathered](#)

from individual tables) so, it is rather fragmented.

CWN – KM\$ were after in projects – original started funding specific KM projects after prioritization meetings with stakeholders

Projects – e.g. lit review and practice, intelligent and plain language reports

Webinar

AllerGen – KM and communication

Co-produced pathway to impact – relatively new

\$ targeted to KT and communication specific

e.g. 1 year - \$50K profit (KM partners, commercialization, IP etc.)

As project matures – inform KM 7 year renewal, legacy projects and sustainability

Provide dedicated funding for KM

Provide in-home capacity building – mentorship and sufficient training, eg plain network requests

Given we are “research network” how do we maximize

After NCE's – sustainability and impact

CWN

KM non profit org

Partnerships at minimal level

Brokering partnerships between municipalities, between researcher and municipalities,
- networking framework

AllerGen – Key components – longitudinal studies, Clinical trials group – pharma, 5 sites – standard protocol (LEGACY PROJECTS),

National Food Allergy strategy

Research shop, clinical association, food allergy Canada (3 pillar)

Ideas for a new network – emphasis on real-world impact

20 – 25 years!! (quick wins) – potential > reality

Capacity building HQPs training, support for commercialization, funding limited to impact as new programs and project life cycle

Governance Discussion 5

Question: Beyond the communications role, how do you integrate knowledge mobilization responsibilities into staff functions within your Network's Administrative Centre?

Key Themes:

- **Dedicated or blended roles?** How much program evaluation, communications, event support and government relations do you include in the role of your knowledge mobilization personnel? Different networks have different approaches. How do you train and assess the different competencies for these different roles if they are the same person/people? The best answer is “it depends”.
- **A whole network approach?** What is clear, whether you are a classic network or a KM network is that knowledge mobilization and impact *are the responsibility of the entire network*. Researchers contribute to impact by building and resourcing KM activities into their projects. Trainees contribute to impact especially if they have an internship experience. Partners contribute to impact by taking up the results of research and implementing them into products, policies and services. Impact isn't something that happens in one person's job description or in a KT/KM support/services unit. Impact happens across the network and everyone has a role and needs to be assessed against their specific impact related goals (related to the importance of articulating a KT plan with activities and responsibilities clearly outlined for each project).

- Really exciting thing is that using end users to formulate calls for research proposals, the idea that people who are going to use/put to work the knowledge and have problems to be solved are involved in the call for proposals so the research to impact cycle happens naturally.
- Regenerative medicine (new network) evolved from stem cell network so that there are partnerships and relationships end users and stakeholders already in place, already capitalizing on these key relationships
- Across the board, some networks have specific KM positions or are looking to recruit, and trying to incorporate KM across other positions like KM and partnerships positions. Integrating KM training through the HQP admin position as an overall activity angle in the network.
- The take home message (Joanne) communication is one thing but KTEE is so much broader (not broader just different!) and has its roots in every aspect of network's activities, training grad students, PIs, whole network has to be involved in thinking about KTEE in meaningful way in order to have impact.
- How do we take research and communicate and get key stakeholders together to create a strategy? A question for a newly created network. Professional Development, especially IP knowledge, amongst trainees. We need a business leader for each project. A commercialization network. Collaborate.
- Canadian Water Network. Now, we are end-user focused. We spoke to end-user before putting out calls. We based our calls for proposals on this, and built this into our structure, embedded in everything we do. We have an end user report for each research project. They must have partnerships, and our KM Manager works collaboratively with each research project. My job, Program Development is to do this as well ... Canadian Water Networks... second year of management fund – we started this in the end of our second cycle of funding. We have a Municipal Consortium that funds us into the future. Our impact = lead in drinking water, changing lead replacement lines, numerous examples of other programs, working with individual projects to develop an evaluation program for end users, short, medium, and long-term impacts. We use a project evaluation model – Director of Program Development holds this responsibility on her shoulders, would love to have more time to develop more programs. Also managing relationships with provincial and municipal governments and

want their help in convening the scientific expertise – get funding from them to put together groups and facilitate them – this is the state of the science that should bear on your decisions.

Typed notes provided by Table 5 in electronic format:

CARBOHYDRATE Network

How do we take research and communicate and get key stakeholders together to create a strategy? A question for a newly created network. Professional Development, especially IP knowledge, amongst trainees. We need a business leader for each project. A commercialization network. Carbohydrates.

Canadian Water Network

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see as professional and technology workshops . they are creating a hub of what they do....

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-Grad students – Wisdom to Action events is huge -grad students develop their professional networks. Also very involved in their planning committees.

Afternoon: MONITORING AND EVALUATION

No one chose to tackle the questions at tables 1 and 2. We interpret this to mean that networks are comfortable considering how to measure and report on impact; but are less inclined to discuss the details such as frameworks, theories and indicators of impact.

Monitoring Discussion 1

Question: What are the frameworks and tools you use?

List KT/KMb or other frameworks/logic models, underlying implicit/explicit theory for creating impact that underlies framework, tools for collecting data within these framework(s)

Monitoring Discussion 2

Question: How does your NCE define impact? How do you imagine getting there?

What is your pathway to impact, how do you organize our conceptualization of it, how do you look at short, intermediate, long-term impacts? Beyond the academy (e.g. on policy, processes, practice)?

Monitoring Discussion 3

Question: How does your NCE measure impact? What tools, strategies, processes, methodologies do you use to collect data related to impact? What indicators do you use? Quantitative or qualitative or both? When do you use each?

Key Themes:

- **Role of partners.** Partners play a critical role in articulating impact because they are making the products, developing the policies and delivering the services that create impacts on Canadians. Stay in touch with your project partners, even after the project has finished, to collect the stories of the impact. Researchers won't do this. This is a role of the network.
- **Success stories: narratives over numbers tell the stories of impact.** But "no stories without numbers and no numbers without stories". Collect the data to complement qualitative reporting with quantitative metrics, at micro, meso and macro levels.
- **Evaluation and impact assessment are resource intensive.** StemCell Network vertically integrated their impact with a classic NCE, a CECR and an NCE KM (and even a Stem Cell Foundation) all playing different but complementary roles. Palix (formerly Norlien) Foundation took 10 years and \$50M to get an uncontested body of established evidence into policy in Alberta. One way to balance resource intensiveness is to develop focus. Start out going broad but evolve to go deep on those few items that are promising impact.

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| <ul style="list-style-type: none">- We talked around the table about what each of us do, one of the common things was frameworks, logic models or CPPI which came up a few times, and for evaluation collecting info at each stage of that process.- Methods for collecting, project vs. network level, and importance of knowing where/what level you are collecting data- Mechanisms: most use progress reporting process, web based systems (e.g. GRAND) or others developed in house, stakeholders to gather data from the source- The different networks and kinds of data KM networks vs commercialization focused networks, importance of partnerships for collecting data, we can't do all data collection ourselves, rely on other NCE's or partners to collect data |
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- Importance of using success stories or communicating out information, and capturing those stories that wouldn't have happened without the network. What did the network catalyze that wouldn't have happened without the network? From sustainability of the network perspective, the importance of doing that.
- Briefly, moving into talking about challenges of evaluation, many challenges but one in particular was that evaluation is very resource intensive to do as a network so important to incorporate evaluation throughout and micro, meso, macro level of data collection
- Diana Royce's tip: things are happening because of your network all of the time have to have a filter to listen watch and filter things that wouldn't have happened if the network hadn't catalyzed them. Picking them up and writing them, lists of things that you gather on a regular basis and have them at your fingertips (everyone in network who got an award, lists of students who got awards), under annual reports NCE can see copies of those lists and who does those reports. In real time, capturing at micro you can aggregate conclusions at the macro level, so much going on if you don't capture and write down when it happens difficult to capture. Realized we have to go backwards now and look through things that happened years ago, so time consuming and out of context, so more efficient to do it ongoing.
- How StemCell network has got vertical integration going on (classic, KM and CECR versions) Norlien did 10 years and \$60M/year to do KT, more than AllerGen gets per year to do research, and KM and everything. They (who?) are only getting \$400k per year, so identified integration of NCE's as strategy to do. NCE networks need to receive more funding to do things at a level of excellence, if you really want all the measurement evaluation everything else they don't have the staff, they don't have the expertise, we don't compare to the first speaker today, need a parallel universe of KM experts but we can't afford it. In a conundrum because not something our partners are going to do for us in a professional manner anyway, and can't do it off the sides of our desks. Give us more resources to do KM well, and then vertical integration of existing NCEs models and types (classics, CECRs, and KM NCEs all on same topic like stem cell has).
- DJP will send info to Rick about the 2 reviews (review of federal investments in research to universities) and other is the broad innovation strategy for the country.

Monitoring Discussion 4

Question: How does your NCE report on impact?

How do you pick the top 10 stories to highlight, how do you tell the story about the impact your NCE has had on society, how are your KM monitoring and reporting evolving as your Network grows through Cycle I, Cycle II, Cycle III etc.?

Key Themes:

- **Use the NCEs Five Criteria:** identify top 10 stories from research, training, partnerships/networks, KTEE, governance/administration. But recognize these are not replacement for stories/narratives of socioeconomic impact.
- **Be guided by stakeholders: See Governance Discussion Table 2.** End users will tell you what they consider to be important. Socioeconomic impacts are changes that have occurred with/for your end users such as different policies or practices, beliefs, health status, etc. Use them as your lens when choosing your stories.
- **Be guided by your logic model/impact pathway: See Governance Discussion Table 3.** Using an impact pathway allows you to identify benefits at each stage as your projects

progress from discovery through to changes within society. Collecting evidence of those benefits using specific indicators/metrics enables you to articulate and report on benefits of each stage of the process.

- Lisa: started off with how do you choose your 10 stories, different approaches and not able to compare reporting frameworks. One org is new so they focused on language of achievement, breakthrough science, what has attracted media attention and attention from general population, objectives and logic models, highlighting those issues that reflect multidisciplinary nature of the work. 5 criteria of the NCE as a lens for choosing stories. Focus on partners.
- Reporting on end of cycle 1 and beginning of cycle 2, more toward impact level, more like seeds were being planted for cycle 2, in terms of timeline where do they fit in your logic model that is the level of impact you can report on
- Impact evaluation in cycle 1, want to take key questions and keep asking them annually (CYCC)
- Stakeholders can be 'relevancy review' before going to RMC (advisory role)
- Compare how researchers, stakeholders and NCEs think about impact. To help inform your decision about how you pick your stories.
- Link to application, related to strategic objectives and hot topics
- Logic model, story, clear about nature of impact, qualitative/quantitative
- NCE milestones
- Cross-section to reflect multi-disciplinary nature of network
- Looked at 5 NCE evaluation criteria

Monitoring 5

Question: One thing?

While maintaining/acknowledging our obligations and responsibilities to the NCE Program, if you could change one thing about the current reporting process for your NCE annual report, what would that be?

Key theme:

- **You are not alone.** One lesson is to use your NCE Liaison throughout your reporting process. S/he is a resource for you to navigate the difference between outcomes and impacts and between partners and receptors..
- **Administrative considerations.** Timing of reporting period was reported to be a challenge for some. Type of information requested (numbers versus stories), which is more valuable to report on? Takes a lot of time (months) to prepare each year's progress report, and some sections are repetitive. Could there be a more efficient, simplified, streamlined progress reporting process?
- **Capacity Building.** Need for instruction from NCE Secretariat (e.g. webinar for all who are involved in reporting process) to explain revised template(s), and what is being requested in terms of the annual progress report.

Three interrelated themes:

- 1) change date to align better with other timelines, end of May can be a challenge,

- doesn't align with ongoing audits at institutions, end of June might be better date
- 2) simplifying reporting process, takes a lot of overhead time to complete it, sometimes repetition in what we report on, take a look at how some of these categories can be collapsed together. A lot of numbers and data reporting on but not always impact driven
- Having NCE reps involved in process has been very helpful for a lot of networks
- A yearly webinar would be really helpful when the templates come out each year, would be good for networks to get together on one call to ask questions, highlight any changes from last year, info on how to fill it in

1st time you do your annual report

- get some training on how to fill it in, clarify etc.
- webinar each year.

More benchmarking would be helpful

- Are there any changes from last year?
- What's most important?
- What should we be collecting/how to prepare for this?

Simplify the annual reporting process.

- Repetition
- Has been helpful to have our NCE reps involved
- Takes a lot of overhead, work& time to complete
- Lots of numbers/data – not necessarily always impact driven
- What's most important?

10 most important achievements and elaborate based on 5 NCE requirements.

Some benefits/reflections

- Can seem overwhelming, but in the end, can be great to check in to where you are at and
 - It's helpful to have our NCE reps involved.
- Developed excel spreadsheet templates to facilitate the process for our partners/sites
 - Have learnt things along the way about how to better track/what to collect throughout the year.

Timeline – end of June?

- To better align in other timelines
- Trying to get institutions to fill out forms when they are in the middle of their audits. Not always top priority 1.2 B vs. 500 K.

1. End of May date is a challenge.
2. Simplifying the annual reporting process
3. When template comes out, annual webinar about how to fill it out, any changes,