

Impact of the NCCHPP's Publications 2013 – 2014 Evaluation

March 2015

On September 10, 2014, the National Collaborating Centre for Healthy Public Policy (NCCHPP) launched a third wave of inquiries to evaluate the impact of its publications.¹

The survey used seeks to determine the impact of the NCCHPP's publications based on a scale of use inspired by the work of Skinner (2007).² Impact is determined based on a continuum ranging from the consultation of publications (a prerequisite for use), to the appropriation of the knowledge (e.g., thinking over the information presented, transmitting the document to a colleague or discussing the knowledge), to the conceptual, symbolic or instrumental use of the knowledge (e.g., citing the document, supporting an argument, developing a project, etc.).

Referring to the work of Lemire, Souffez and Laurendeau (2009),³ we also sought to measure different variables that affect the accessibility and use of our publications, such as the preferred channel of dissemination, the proper timing of dissemination (timeliness), the added value of being in contact with the NCCHPP and perceptions of the usability, usefulness and rigorousness of the work.

Information on respondents

Subscribers to the NCCHPP's electronic bulletin (a little over 2000 people) were invited to complete an online questionnaire.

- 27 publications released in 2013 and 2014 were the subject of the evaluation.
 - Other products available on the website, such as PowerPoint presentations, videos, narrated presentations and other web resources, were excluded.
- 94 questionnaires were fully completed out of 155 questionnaires begun (60%).
 - Participants did not respond to all the questions. Therefore, in addition to indicating the number of persons who gave a specific response, we have indicated the total number of respondents for each question.
 - 45 respondents completed the questionnaire in English and 49 completed it in French.
- 95 respondents indicated their work region: most work in Ontario (33) or in Québec (35).
- In response to the question regarding the level at which they intervene, 32/94 respondents reported belonging to a local or regional public health unit. These are the primary knowledge users we are targeting.
- Of these 32 local or regional respondents, 15 were from Ontario, 10 were from Québec, 3 were from British Columbia, 2 were from Manitoba and 2 were international.
- In total, there were 18 international respondents.

¹ The first wave focused on evaluating the documents published by the Centre from 2008 to 2010 and the second wave focused on documents published by the Centre from 2010 to 2013. The NCCHPP's evaluation process is comprehensive and is aimed at evaluating the impact of all its knowledge-sharing practices. Evaluating the impact of publications is part of this comprehensive process.

² Skinner, K. (2007). Developing a tool to measure knowledge exchange outcomes. *Canadian Journal of Program Evaluation*, 22(1), 49-73.

³ Lemire, N., Souffez, K., & Laurendeau, M.-C. (2009). *Facilitating a knowledge translation process. Knowledge review and facilitation tool*. Québec: Institut national de santé publique du Québec. Retrieved from: http://www.inspq.qc.ca/pdf/publications/1628_FacilitiKnowle dgeTransProcess.pdf

Highlights

For up-to-date knowledge relating to healthy public policy



Centre de collaboration nationale
sur les politiques publiques et la santé

National Collaborating Centre
for Healthy Public Policy

Institut national
de santé publique

Québec



Overall evaluation

PREFERRED CHANNEL

125/135 respondents **had consulted** one of the NCCHPP's publications.

Most respondents had accessed our publications through our electronic newsletter (108/123) and this was their preferred means of obtaining information (102/122, including 22 respondents at the local and regional public health levels). This preference is suitably aligned with our knowledge-sharing practices, since the chosen communication channel should correspond to the channel preferred by the users of our publications. Nevertheless, publications continue to be downloaded from the site long after their dissemination through the newsletter. In 2013-2014, 109,674 publications were downloaded; documents published during the previous six years constituted the majority of these downloads.

OPPORTUNE MOMENT FOR DISSEMINATION

109/112 respondents mainly or fully agreed with the statement: "I was able to access the NCCHPP's publications **at the opportune moment.**"

Timeliness (or temporal relevance) is a condition of success for knowledge sharing. This dimension is subjective and difficult to measure. We nevertheless tried to measure respondents' views and, clearly, this represents a relevant dimension for many. 34 people commented on this question. According to these, the **most opportune moment** seems linked to:

- the usability of the website;
- regular communication between the NCCHPP and users (via the electronic bulletin, for example);
- the timeliness and relevance of publications.

THE ADDED VALUE OF THE NCCHPP

101/112 respondents believe that being in contact with the NCCHPP provides them with **added benefit.**

The added value of the relationship with the NCCHPP is another subjective dimension that is difficult to measure, but it is important to consider this when trying to assess knowledge-sharing practices. Evidence indicates that users are more likely to accept new knowledge and to adopt it if, in their view, a relationship exists between themselves

and the person or organization who conveyed this knowledge to them. We have therefore sought to operationalize this dimension. Several (74) participants added comments when asked what, for them, was the added benefit of being in contact with the NCCHPP.

The following excerpts from the comments received stood out:

- "Up to date, at all times" [translation];
- "One-stop shop where can access public policy documents";
- "Being kept abreast of what is happening in the field of healthy public policy" [translation];
- "Keeps me up to date on a variety of topics and health information that provides a context for work that I am doing"
- "Access to more useful knowledge" [translation];
- "Support our policy decision";
- "Always up-to-date on the latest evidence" [translation];
- "The information conveyed by the NCCHPP is supported by the Centre's reputation" [translation];
- "They have always answered questions quickly";
- "Best practice information on topics not available elsewhere";
- "Trends and best practice, new research, training";
- "New issues, Perspectives nationally";
- "Good summaries/review of complex topics that would be hard to digest with the time I have to stay on top of these knowledge areas";
- "Good to know what subjects others are also working on in the area of healthy public policy" [translation].

RIGOROUSNESS OF PUBLICATIONS

Of the respondents, 106/110 agreed with the statement "the NCCHPP's publications seem to adhere to rigorous standards."

From the 32 comments about this question that were submitted, we noted the following:

1) Strengths

- "Of the documents I've looked at, they reflect a careful, methodologically sound approach; they're well grounded in research and reference it";

- “Subjects addressed by experts, rigorous search for information sources” [translation];
- “Assured scientific quality” [translation].

2) Weaknesses

- “Publications reflect rigorous standards. The Centre would benefit from strengthening their credibility by publishing in peer-reviewed journals (comments in the [Canadian] Journal of Public Health, etc.)” [translation];
- “While I agree, I think they should focus more on publishing in journals (*Canadian Journal of Public Health, Journal of Public Health Management and Practice*, etc.) instead of writing reports. Published papers will be indexed; reports will be lost over time...”;
- “your selection criteria or rigorous standards are not stated clearly on website or in publication.”

USEFULNESS FOR WORK

103/106 respondents agreed with the statement: “The knowledge presented in the NCCHPP’s publications is useful to my work.”

To explain the usefulness of the NCCHPP’s publications, many respondents described the way they use them. For example, some respondents cite publications, others say that the knowledge presented in the publications provides support for their ideas: “They confirm intuitions and sometimes serve as references” [translation].

The most read, shared and used publications

We have observed a significant increase in the number of users reading our publications. In the past, we chose to highlight publications that had been **read** by 10 or more persons (19/62 in 2010-2013). Almost all (24/27) of our 2013-2014 publications meet this criterion. On average, each publication was reported read by 23 respondents.

We also chose, in 2010-2013, to highlight publications that had been **shared** by 10 or more persons. This was the case, at that time, for 5 out of 62 publications. In 2013-2014, 9 publications were shared by 10 or more persons. Furthermore, **each** of our 27 publications was shared by at least 2 persons. Also, each publication was shared an

average of 10 times (for the 2010-2013 evaluation the average was 2 shares per publication).

Table 1 Our most shared publications

Year and title	Reads	Shares
2014 - Framework for healthy public policies favouring mental health	41	20
2014 - Defining a population mental health framework for public health	34	22
2014 - Health impact assessment (HIA) - Cost calculator	33	15
2014 - Health impact assessment (HIA) - Screening grid	32	18
2014 - Health impact assessment (HIA) - Process-scoping tool	58	25
2014 - Introduction to public health ethics: Background	47	17
2014 - Organizational conditions favourable for health impact assessment (HIA)	42	16
2013 - Public policy models and their usefulness in public health: The stages model	30	10
2013 - Planning knowledge sharing in the context of a health impact assessment	26	11

Finally, 11 publications were used by 5 or more persons, which is comparable to the use levels measured in 2010-2013. However, 5 persons on average used a publication, whereas this average was 2 persons in 2010-2013.

Table 2 Number of persons who used publications

Year and title	Uses
2014 - Framework for healthy public policies favouring mental health	13
2014 - Defining a population mental health framework for public health	11
2014 - Health impact assessment (HIA) - Cost calculator	6
2014 - Health impact assessment (HIA) - Process-scoping tool	12
2014 - Introduction to public health ethics: Background	14
2013 - An introduction to the ethical implications of economic evaluation for healthy public policy	6
2013 - Organizational conditions favourable for health impact assessment (HIA)	12
2013 - Public policy models and their usefulness in public health: The stages model	6
2013 - NCCHPP internal tool - Guide for developing a knowledge-sharing plan	6
2013 - NCCHPP internal tool - Logic model for evaluating knowledge-sharing activities	5
2013 - Planning knowledge sharing in the context of a health impact assessment	5

Questions about the most useful publications

In the second section of the evaluation questionnaire, the respondent was asked to choose the publication that he or she had found the most useful. The questions that followed pertained to this publication.

THE MOST USEFUL PUBLICATIONS

11 publications were selected by 5 participants or more as having been the most useful. All, except one, are also found in the list of publications that respondents report having used (previous question).

Table 3 Most useful Publications selected by more than 5 respondents

Year and title
2014 - Defining a population mental health framework for public health
2014 - Framework for healthy public policies favouring mental health
2014 - Health impact assessment (HIA) - Process-scoping tool
2014 - Introduction to public health ethics: Background
2014 - Organizational conditions favourable for health impact assessment (HIA)
2014 - Series on integrated impact assessment: 1 - Overall situation and clarification of concepts
2013 - An introduction to the ethical implications of economic evaluation for healthy public policy
2013 - NCCHPP internal tool - Guide for developing a knowledge-sharing plan
2013 - NCCHPP internal tool - Logic model for evaluating knowledge-sharing activities
2013 - Planning knowledge sharing in the context of a health impact assessment
2013 - Public policy models and their usefulness in public health: The stages model

REASONS FOR THE USEFULNESS OF PUBLICATIONS

Some of the reasons given for the usefulness of the publication selected were the subject addressed being topical, the publication being relevant and it meeting a need. In addition, several respondents said they liked the format of the proposed products. The following list contains some of the remarks written in response to the question: "Why do you consider this publication as the most useful or relevant to your work?"

- "It is a major focus of my work";
- "Helps organize thoughts and processes";
- "Because it is about a topic that had not yet been documented in Québec" [translation];
- "excellent background piece";
- "Very concise and useful action points";
- "applicable" [translation];
- "This guide enabled me to organize my knowledge-sharing plan";
- "very applicable in setting up knowledge sharing plans and evaluating that work";

- “New area to consider”;
- “A really good summary on an Emerging topic”;
- “Because I have been working in [this] field, and have not found many other similar frameworks (especially not in French or from Québec)” [translation];
- “These publications allowed us to strengthen our public health skills and to collaborate with other institutions which had not had this opportunity” [translation].

USABILITY OF PUBLICATIONS

All of the respondents (89/89) agreed with the following statement: “The tone and style of this publication are appropriate.”

All but 3 respondents (86/89) agreed that the number of pages in the publication was appropriate.

All but 1 respondent (88/89), agreed that the layout of the publication enhanced readability.

Impact

IMPACT: APPROPRIATION

Within the context of this evaluation:

- The majority of respondents (79/87) said they **had thought again about the knowledge** presented in the publication since reading it. Of these, 25 respondents work in public health at the local or regional level.
- More than half of **respondents (49/86) had sent the publication** to at least one other person.
- Nearly two-thirds of **respondents (51/85) had discussed the knowledge** presented in the publication with another person.
- Three quarters of respondents (62/84) had consulted the NCCHPP's website or another website **in search of additional information** after reading the publication.

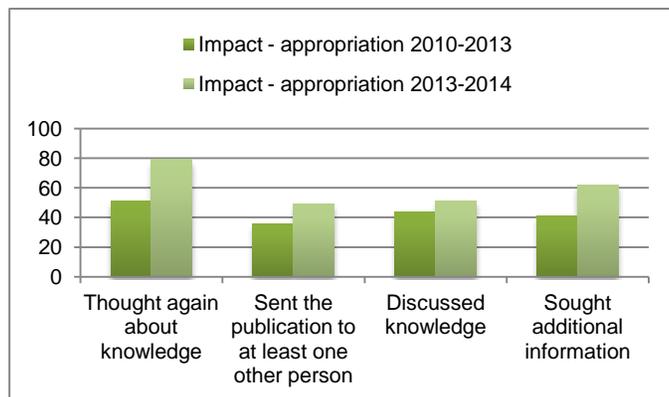


Figure 1 Impact - Dimensions of appropriation (2010-2013 and 2013-2014 surveys)

IMPACT: USE

- The majority of respondents (63/84) said they had used the knowledge presented in the publication selected **to support an idea or an argument**.
- 21 respondents reported having **cited the publication**.
 - 14 persons specified that the NCCHPP's publications have been cited in some of their organization's internal documents as well as in some other types of documents.
- 12 respondents reported having **initiated a new project or a new collaborative endeavour** subsequent to consulting the publication.
- Finally, the majority of respondents (81/85) stated that **they would consult the publication again**, which points to the possibility of additional future impacts of the publication.

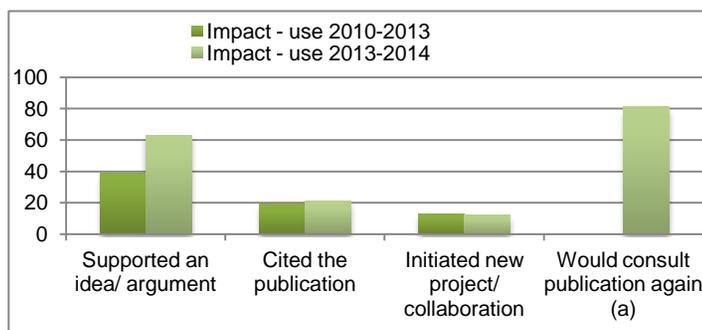


Figure 2 Impact - Dimensions of use (2010-2013 and 2013-2014 surveys)

(a) This dimension was not measured in 2010-2013.

Among the other impacts of using the publication selected:

1) Gaining a better understanding of a topic or being introduced to a new way of thinking

- “Change of mentality about health” [translation];
- “Helps build understanding on our team”;
- “Clarity of thought”;
- “I have a better understanding of potential roles for public health in governance processes”;
- “Knowledge/reference/general information/new horizon” [translation].

2) Supporting an idea, constructing an argument, updating a reference framework

- “Improving a reference framework” [translation];
- “Very helpful in developing a conceptual framework” [translation];
- “Gave authority to my argument about the importance of mental health promotion”;
- “Use this document as a supporting resource to reinforce the concepts that my project is working on”;
- “Supports information on this subject gathered previously” [translation];
- “Supported program development”;
- “It provides me with a credible tool for continuing my efforts in developing a stronger understanding and acceptance of the need for an ethical perspective in the development of health promotion strategies and campaigns”;
- “It provides credibility to original findings and early environmental teachings about the built environment having an impact on human physical and mental health beyond ‘just’ obesity and air quality.”

3) Initiating a new project or a new collaborative endeavour

- “Confirmed that my team’s activities should be aligned with the findings presented in the publication” [translation];
- “Potential medium term project” [translation];
- “Possible relationship with the INSPQ’s DAP unit” [translation].

Two needs expressed

“Seeing your full list of publications as part of this survey is kind of an intervention. I hadn't seen a full

list. It would be useful to get the list again with links... I'd like an opportunity in this survey to suggest future NCCHPP work... we have had a number of conversations within our organization regarding the role of health in advocacy. We can pull from the core competencies and others like Vancouver Coastal Health who have created advocacy guidelines. Is there potential for future work in this area re: how to influence healthy public policy within a government organization?”

“The centre is an invaluable resource supporting the fragile field of public policy influence. Its products would further support my organization if they helped me to structure the organizational development needed to support a strong strategy for influencing [policy] and an array of health-related public policies beyond [HIA] (how to structure professional development and recruitment, portraits of various organizations that have better directed their actions aimed at influencing public policy, etc.). It would also be useful to develop a strategic link between work focused on combating social inequalities of health and the field of public policy influence, this being one of the main strategies to intensify” [translation].

Final comments

Most of the comments in the survey’s conclusion offer thanks or encourage the Centre to continue its work in general or on particular topics.

- “Value the NCCHPP's efforts to disseminate their work”;
- “I think I have already mentioned it - but I really enjoy your e-bulletin and the references to policy work that you highlight there. Merci”;
- “Your website and ebulletin are very useful. Keep up the good work”;
- “Keep doing a great job - your work is valuable”;
- “I think you are doing an excellent job, I am always very interested in reading your work. May you live long!” [translation];
- “Continuous learning”;
- “Keep going” [translation];
- “Thank you for your recent work on mental health promotion”;
- “No, except to thank you and congratulate you”;
- “Thank you for doing the work you're doing. Keep up the great work”;
- “I appreciate receiving the newsletter”;

- “I really appreciate the resources that the NCCHPP provides, it is very helpful and provides the evidence needed to build a strong(er) argument. As building healthy public policy is integral to the work of effective public health any resources and tools that can support this work is essential for moving work forward. Especially needed is the importance of community development, engagement and how public health can support this work more effectively”;
- “Thank you, and please keep this up. This is often my only source of information about what other countries are doing from the built environment perspective, beyond typical planning publications. For a transportation planner this is very important, especially today. Please also include other continents, beyond Europe, for comparison purposes, as well as other central and eastern European countries, not just those in the west or EU in general. There are lessons to be learned and comparisons made with others, and we'll not know until we compare the work, its impacts, etc. I will visit your website and see if I can cite it and your publications more often in my future work. Thank you.”

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The National Collaborating Centre for Healthy Public Policy (NCCHPP) seeks to increase the expertise of public health actors across Canada in healthy public policy through the development, sharing and use of knowledge. The NCCHPP is one of six centres financed by the Public Health Agency of Canada. The six centres form a network across Canada, each hosted by a different institution and each focusing on a specific topic linked to public health. In addition to the Centres' individual contributions, the network of Collaborating Centres provides focal points for the exchange and common production of knowledge relating to these topics. The National Collaborating Centre for Healthy Public Policy is hosted by the Institut national de santé publique du Québec (INSPQ), a leading centre in public health in Canada.

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