# Guide for Developing a Knowledge-Sharing Plan NCCHPP Internal Tool

# 0ex > | ® \*\* | ® \*\* a .

**Background:** At the National Collaborating Centre for Healthy Public Policy (NCCHPP), we constantly seek to improve our knowledge-sharing practices to ensure that our work better meets the needs of Canadian public health actors, reaches them more effectively and is used more frequently to promote healthy public policy.

One of the results of these efforts has been the production of this guide for developing a knowledge-sharing plan for a project. This document draws inspiration, with substantial modifications or additions made to some sections, from the following guide:

Lemire, N., Souffez, K., & Laurendeau, M.-C. (2013). Facilitating a knowledge translation process: Knowledge review and facilitation tool. Institut national de santé publique du Québec. <a href="https://www.inspq.qc.ca/pdf/publications/1628">www.inspq.qc.ca/pdf/publications/1628</a> Facilitation facilit

The present document has been developed in response to the NCCHPP's own needs. We expect it to evolve along with our reflection on and experience in knowledge sharing. We have nevertheless decided to make it publicly available in its current form as it may resonate with other organizations that are exploring issues of this nature or undertaking similar planning processes. It is our hope that this guide will contribute to further reflection and discussion in this regard.

**Procedure:** Attempt to answer the questions in this guide at the start of a project. Then, regularly update answers during the course of the project to supplement or adjust the knowledge-sharing plan.

It is normal if one cannot provide precise answers to <u>all</u> the questions asked; the goal is to detail, <u>to the extent possible</u>, our knowledge sharing strategy.

When one has no answer, consider:

- Whether the information lacking is important; and,
- If so, who can be consulted for an answer?

# 1 FOR WHOM, AND WHY?

## 1.1 Who are the various audiences we are trying to reach?

Process: Map the actors involved in the decision-making and implementation processes related to the subject on which we are working; then choose our target audiences from among these actors.

### a) List the actors

Identify them as specifically as possible.

For example, not simply "health authorities," but rather "injury prevention project managers," or "the head of Environmental Health."

- Consider actors at different levels:
  - · From local to national;
  - At different hierarchical levels within an organization.

Example: within health authorities (HAs), decision makers (who are often those who defend their HA's position to other actors) may not require the same type or form of information as project managers.

- Consider how circumstances may vary among provinces.
- Do not forget about the NCCHPP<sup>1</sup>, the other National Collaborating Centres, and other research groups and think tanks.

Checklist for verifying whether any categories of actors have been forgotten (this list was developed for international cooperation contexts, but it may be helpful):

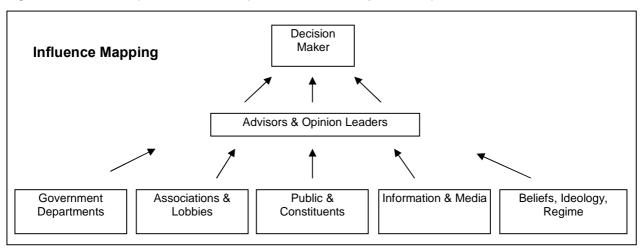
Private sector stakeholders	Public sector stakeholders	Civil society stakeholders
<ul> <li>Corporations and businesses</li> <li>Business associations</li> <li>Professional bodies</li> <li>Individual business leader</li> <li>Financial institutions</li> </ul>	<ul> <li>Ministers and advisors (executive)</li> <li>Civil servants and departments (bureaucracy)</li> <li>Elected representatives (legislature)</li> <li>Courts (judiciary)</li> <li>Political parties</li> <li>Local government/councils</li> <li>Military</li> <li>Para-governmental organizations and commissions</li> <li>International bodies (World Bank, UN)</li> </ul>	<ul> <li>Media</li> <li>Churches/religions</li> <li>Schools and universities</li> <li>Social movements and advocacy groups</li> <li>Trade unions</li> <li>National NGOs</li> <li>International NGOs</li> </ul>

Source: Start and Hovland, ODI, 2004, p. 26.

# b) Position the actors identified on an influence map

- Who makes decisions tied to the subject on which we are working?
- Who influences these decision makers, and how successfully?
- Consider how circumstances may vary among provinces (Example: those in which the public health department is part of the municipal government).

A generic influence map, such as the one presented below, may be an inspiration:

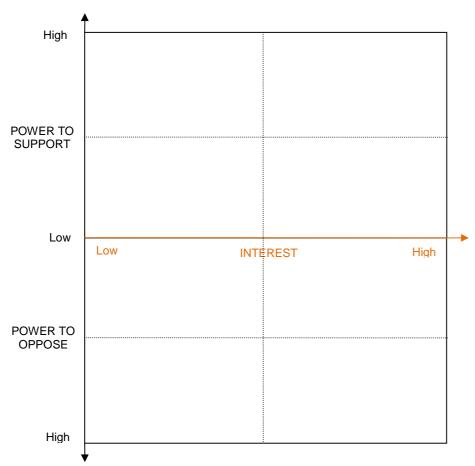


Source: Start and Hovland, ODI, 2004, p. 28.

Of course we are not an audience, but it is useful to position ourselves with respect to the other actors to determine when we should engage in knowledge sharing directly (rather than through the intermediary of other actors), if we are well positioned to do so.

# c) Position the actors with respect to their interest in the subject under study and their degree of influence in support of it, or in opposition to it

On an indicative basis, we mention this option which is better suited for organizations with a mandate which includes advocacy to directly promote the adoption of healthy public policy (which is not the case for the NCCHPP).



Source: Adapted from Start and Hovland, ODI, 2004, p. 27.

# d) Select target audiences

- Criteria for selecting target audiences:
  - Their interest in the subject on which we are working; their situation with regards to policy making on this subject.
  - Our mandate as an organization, which directs us to specific target audiences (in the case of the NCCHPP: public health actors in Canada).
    - Note: These two criteria may lead to contradictory results. Thus, compromise may be needed. For example: sometimes, public health actors do not wield the most influence over the subject being studied, for instance because decisions are made in another sector; but public health actors are, by mandate, the NCCHPP's main audience (besides, they may in turn try to influence other actors).
- At this stage, it is normal for some actors active in the area being studied <u>not</u> to be selected as target audiences; it is important, however, to be able to justify this decision.
- Among target audiences, distinguish between primary audiences (with whom we make a greater effort to share knowledge) and secondary audiences.

## e) Identify by name persons belonging to each target audience

- The idea is, if we already know some members of our target audience, to list them by name: we can target them directly for consultation during the development of the knowledge sharing plan, and for knowledge sharing itself.
- However, disproportionate efforts to identify new contacts are of no use: they will be reached indirectly
  through dissemination channels that are usually used by the audience to which they belong.

Target audiences	Primary or secondary?	Previously identified contacts (persons)

# 1.2 WHAT ARE THE OBJECTIVES OF KNOWLEDGE SHARING?

- Define objective(s) for each target audience.
- Do not forget that, generally, the NCCHPP aims to empower actors rather than to directly affect decisions.
   Our objectives can relate only to the results of our knowledge-sharing activities, and not to what extends beyond these.

For example: if we share knowledge with public health actors (supposing that they may then use it to influence decision making by other actors) our objective relates to how public health actors make use of this knowledge, and not to possible ultimate impacts in terms of decisions made by other actors.

- Set objectives that are realistic, given the context. Overall (to be expressed as specific objectives for each project), the range is as follows:
  - Being read or heard (minimum objective);
  - Integration of transferred knowledge into our audience's knowledge base;
  - Change in audience's way of perceiving a problem, a situation;
  - Modification of audience's practices, policies, etc. (maximum objective, more rarely achieved).
- If necessary, establish objectives with different timelines (e.g., in 6 months, in one year, etc.).
- Another possibility would be, for each audience, to set a minimum objective (e.g., for public health actors
  who are <u>not yet familiar</u> with the subject under study) and a maximum objective (e.g., for public health
  actors who are <u>already active</u> in the area being studied).

Audionaca	Knowledge-sharing objectives		
Audiences	in x months	in x years	

1.3	SHOULD SOME AUDIENCES BE CONTACTED BEFORE OTHERS? WHICH ONES? WHY?	

It is useful to begin defining the objectives as soon as the audiences have been identified. Then, return to the objectives and rework them, after having specified the knowledge needs of each audience.

### 2 WHAT?

#### 2.1 WHAT ARE THE KNOWLEDGE NEEDS UNDERLYING THE PRODUCT TO BE SHARED?

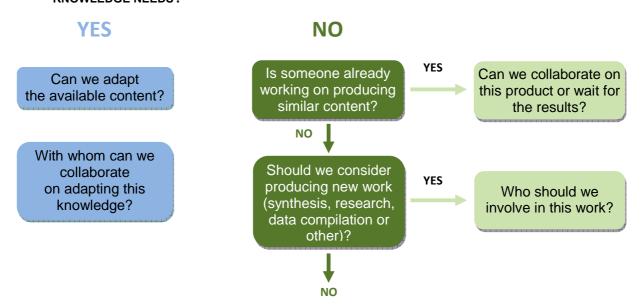
- We cannot respond to all needs (given our limits in terms of resources and capacity), but they must still be identified before we can decide to which we will respond.
- Identify the needs of each primary audience: What do they already know about the subject under study? What questions are they asking?
- To the extent possible, consult the target audiences to identify their needs.
- One must also try to foresee certain needs beyond those identified by primary audiences.

For example: HAs might be interested in the <u>effects</u> of a policy on health and request information about these effects; however, the decision makers they wish to influence might be, themselves, more concerned with the <u>costs</u> of the policy.

For a more comprehensive needs analysis, Force Field Analysis may be useful (Mind Tools, 2013). This exercise consists of graphically representing and assigning scores to the arguments for and against a change being considered. This process may help to identify relevant aspects to be documented. For more information on how to perform a Force Field Analysis, see:

http://www.mindtools.com/pages/article/newTED 06.htm

# 2.2 IS KNOWLEDGE ALREADY AVAILABLE IN ONE FORM OR ANOTHER THAT CAN MEET THESE KNOWLEDGE NEEDS?



Source: Adapted from Lemire et al., INSPQ, 2013, p. 52.

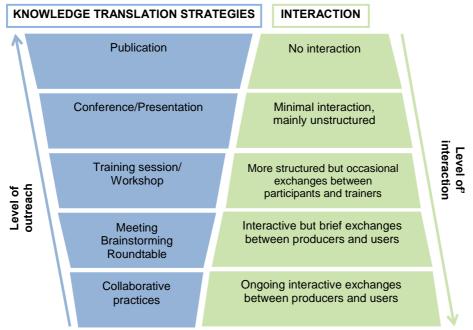
- If we consider producing new work: estimate the resources and capacity required as compared with the impact we can expect to have on primary and secondary audiences.
- Consider possible differences between provinces. For example, are there interesting resources which are little known in some provinces, because they are available only in French or in English?

Audiences	Knowledge needs	Needs identified by whom? (i.e., by us or by members of the target audiences)

# 3 HOW, AND WHEN?

In general, interaction with target audiences fosters their uptake and use of the knowledge shared.
 Reflect on what we can do, from maximum interaction (co-production of knowledge) to more modest forms of interaction at the time of dissemination (more interactive formats will be in person rather than in writing, in workshop format rather than a lecture presentation, etc.)
 One drawback is that the most interactive strategies also have the most limited outreach, since they

One drawback is that the most interactive strategies also have the most limited outreach, since they address smaller groups.



Source: Adapted from Lemire et al., INSPQ, 2013, p. 31.

- Questions to ask oneself on a case by case basis:
  - a) Preferences and abilities of each target audience (Jacobson, Butterill, & Goering, 2003):
  - Does the content need to be made more accessible? Degree of familiarity with the subject being studied, with the epistemological approach, the vocabulary and the research methods of the disciplinary tradition(s) within which the work falls.
  - Quantity of information and level of detail desired (ask oneself how the audiences will use the information and to what purpose).
  - Preference for written formats (electronic or paper?) and/or oral formats.
  - Level and frequency of interaction desired.
  - Personalized or group interaction.
  - Desire to be involved in the project.
  - Need for follow-up/guidance after the project is completed.

- Time and resources available for reading documents, for participating in presentations, workshops, and meetings, for co-producing knowledge, etc.
- Usual approach to researching and to sharing information, sources and channels used.
- Participation in networks, communities of practice, professional associations (= potential dissemination channels).
- b) Objective pursued / desired impact of knowledge sharing for each target audience: expend less effort on a secondary audience.
- c) Our limitations in terms of time and resources.
- Reminder: our website and e-Bulletin automatically become dissemination channels for all our projects, but we can be flexible in our choice of formats and release times, aligning them with the profiles of our target audiences.
- What would be opportune times to reach our audiences?
  For example, we could ask: Are they approaching an important step in one of their processes linked to the subject of study? Is one time of the year better than others? Might we find them at regular events such as annual conferences? Do they engage in consultation cycles that recur every x years? Etc.

Audiences	Strategies	Opportune times
	-	-
	-	-
	-	-
	-	-
	-	-

# 4 WHO, WITH WHOM, BY WHOM?

4.1	WHO WILL BEAR OVERALL RESPONSIBILITY FOR THE KNOWLEDGE-SHARING PROCESS?

# 4.2 WHO WILL BE THE KEY ACTORS INVOLVED IN THE KNOWLEDGE-SHARING PROCESS? IN WHAT ROLES?

- Consider producers and co-producers of content, target audiences, experts in accessible language or communication, potential messengers, facilitators or trainers, etc.
- Carefully reflect on their respective abilities to fulfill the roles envisioned.

Actors involved	Role in the knowledge-sharing process	At what time?	Is support needed to fulfill this role?

# 4.3 SPECIFICALLY, WHAT ROLES WILL BE ASSIGNED TO OUR TARGET AUDIENCES DURING THE PROJECT?

It is strongly advised that, at the very least, a few persons from each target audience be consulted to:

- Identify their knowledge needs.
- Identify their knowledge-sharing preferences.
- Identify opportune moments in their schedules.
- Identify dissemination channels and/or other persons belonging to the same audience who should be targeted directly.
- Pre-test the planned formats (note that in this regard, the production process for our documents involves submitting a draft to external reviewers to validate the content, format and relevance for the target audiences).

Who?	How? (email, telephone discussion, focus group, during a workshop)	At what point in the project? (gathering of suggestions, feasibility study, documentary search, determining formats, writing, validation, final production)

# 5 EVALUATION OF KNOWLEDGE SHARING

- Develop indicators for each of the objectives set for each target audience (see section 1.2).
- Indicators must be precise and measurable.

Objectives	Indicators	Measurement strategies
	-	-
	-	-
	-	-
	-	-
	-	-
	-	-

### REFERENCES

- Jacobson, N., Butterill, D., & Goering, P. (2003). Development of a framework for knowledge translation: understanding user context. *Journal of Health Services Research & Policy, 8*(2), 94-99. doi:10.1258/135581903321466067
- Lemire, N., Souffez, K. & Laurendeau, M.-C. (2013). Facilitating a knowledge translation process: Knowledge review and facilitation tool. Institut national de santé publique du Québec. Retrieved from: www.inspq.qc.ca/pdf/publications/1628\_FaciliKnowledgeTransProcess.pdf
- Mind Tools. (2013). Force Field Analysis. Consulted on May 21, 2013: http://www.mindtools.com/pages/article/newTED\_06.htm
- Start, D. & Hovland, I. (2004). *Tools for policy impact. A handbook for researchers*. London: Overseas Development Institute, Research and Policy in Development Programme. Retrieved from: http://www.odi.org.uk/resources/download/156.pdf

#### October 2013

Authors: Florence Morestin, National Collaborating Centre for Healthy Public Policy, with the contribution of the other members of the NCCHPP working group on knowledge sharing, namely, at the time when this tool was developed, François Benoit, Marie-Christine Hogue, Marianne Jacques and Michael Keeling.

#### SUGGESTED CITATION

Morestin, F. and the NCCHPP working group on knowledge sharing. (2013). NCCHPP Internal Tool – Guide for Developing a Knowledge-Sharing Plan. Montréal, Québec: National Collaborating Centre for Healthy Public Policy.

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.

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the National Collaborating Centre for Healthy Public Policy (NCCHPP). The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

All images in this document have been reproduced with permission or in accordance with licences authorizing their reproduction. Should you discover any errors or omissions, please advise us at <a href="mailto:ncchpp@inspq.qc.ca">ncchpp@inspq.qc.ca</a>.

This document is available in its entirety in electronic format (PDF) on the National Collaborating Centre for Healthy Public Policy website at: <a href="https://www.ncchpp.ca">www.ncchpp.ca</a>.

La version française est également disponible au : www.ccnpps.ca.

Information contained in the document may be cited provided that the source is mentioned.