Collaboration for Spread Handbook

An Approach to Guiding Spread of Successful Community-based Interventions

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Introduction

Welcome & background

Canada and Australia are two of many countries trying to improve their systems for delivering primary health care. Despite dedicated efforts over the past few decades, many people still experience limited access to, and struggle to connect with, quality health care. Poor access to primary health care leads to overloaded emergency departments, avoidable hospitalisations, increased costs and poor health outcomes in the long run.

The Innovative Models Promoting Access-to-Care Transformation (IMPACT) initiative was a five-year research program that provided an opportunity to build new and existing partnerships, programs, and research to co-create models of care that enhance access and ultimately improve health outcomes for vulnerable populations. Interventions that were implemented through the IMPACT research program (Russell et al., 2019) began with an explicit intent to form partnerships with local stakeholders in each of six sites across Canada and Australia (www.impactresearchprogram.com). Within IMPACT we called these local innovation partnerships (LIPs).

The IMPACT research team had varied experience with community-based research partnerships, from those who had in-depth experience (CS & VL) to those for whom it was a new way of working (JH). Researchers who had never done this type of research before had many questions. We soon realized that our research team needed support and guidance to both engage in authentic community-based research relationships and to facilitate a common way of working across the six sites. Support for local partnership development took the form of a "Partnership 101" guide and accompanying webinars on the topic.

Some of the IMPACT interventions generated interest from stakeholders in other settings. For example, the IMPACT intervention implemented in Ontario has since been implemented in Sydney; the IMPACT Pop-up intervention implemented in Alberta has been implemented in Melbourne; and the intervention implemented in Quebec is being implemented in other settings in Montreal.

This Collaboration for Spread Handbook grew out of our experiences in the IMPACT research program. *This Handbook and accompanying Guides are intended for people who are engaging in collaborative community-based research to advance primary healthcare (I.e., partners including health systems, community agencies, and researchers).* Our intent is to provide a foundation that will support achieving collaborative research aims. We will describe the potential benefits to <u>researchers</u> of working with local communities and the potential value to <u>communities and community stakeholders</u> of partnering with researchers.

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Our aims

Creating and maintaining the community-based research collaboration took time and effort, but the IMPACT team recognized the importance and value of this way of working. Upon completion of the initial IMPACT grant, we submitted a proposal to capture lessons that we learned about collaboration across all six sites with a more specific focus on our experience with interventions in Alberta and Quebec.

This Handbook builds on existing knowledge and is intended to provide an initial introduction to community-based collaborative research. It will be of interest to all stakeholders involved in community-based collaborative research with particular emphasis on supporting researchers to lead or participate. An intent of this Handbook is to help you better understand the knowledge, skill, and resource requirements needed to develop and sustain community-based research collaboration and partnerships.

In this Handbook we will:

1. Define what we mean by concepts that are key to community-based research and spread of interventions – prototypes; emerging, promising, and leading practices; collaboration; and partnership;
2. Describe criteria for deciding whether and when to pursue community-based collaborative research
3. Describe criteria for deciding when a formal level of collaboration (i.e., partnerships) is required to address collaborative aims
4. Provide an overview of Key Concepts and processes for developing collaborative relationships
5. Describe how to incorporate a robust approach to monitoring and evaluating to support ongoing improvement
6. Describe some of the tools and resources that supported our work
7. Discuss what we learned about what works and some of the common roadblocks that we encountered.

Why is this of interest to researchers

There have been many texts, articles and guides written that describe the theory and practice of community-based research (See, for example, CCPH, 2013; Israel et al., 1998; ICPHR, 2013 & 2020). Evidence generated from these, and other authors, demonstrates that involving end-users in the design and implementation of research not only increases the likelihood of findings being used but importantly, has potential to generate impact beyond the original time frame and scope of the research (ICPHR, 2020). In recent years, universities and funding organizations have increasingly emphasized the need for research that is relevant and responsive to community needs. However, not all researchers are prepared (nor inclined) to undertake all that is required for community-based collaborative research.

Through reading this, some researchers may learn that community-based collaborative research is not something they have the desire or capacity to undertake; for others, this Handbook will introduce the principles, processes, and resources that are needed to begin engaging in community-based collaborative research.

How to use this guide

Community-based interventions are unique based on the context within which they exist and the relationships that form to move the work forward. People involved in implementing interventions are encouraged to continuously learn from what works and what does not work, as well as from experiences of others, and to make timely adaptations to ensure that what they are doing remains responsive to community needs and resources.

The Handbook begins with an overarching description of a collaborative approach that supports the spread of interventions beyond their original settings. It also includes two specific guides that provide concrete examples of implementation of the Pop-up in Alberta and the Community Health Volunteer intervention in Montreal as well as samples of the tools and resources. We encourage users of the Handbook and Guides to continue to seek new information. The Handbook will continue to evolve as we learn from its application broader contexts. We encourage you to contact us with suggestions and to let us know how and why you are using the guide in your practice.

In this introductory section we illustrate the structure for each section of the Handbook. For each component of the Collaboration for Spread approach (see below) we will discuss: *key concepts; questions to consider; decision points; strategies to monitor, evaluate and improve; and tools and resources.*

Key Concepts

*The Handbook describes key concepts relevant to each section. In addition to these, there are four key **foundational** concepts that underpin the Collaboration for Spread Handbook. These include: 1) prototyping; 2) emerging, promising, leading practices; 3) collaboration; and 4) principles. We briefly define these concepts and encourage you to refer to the Appendix A - Glossary of Terms for key definitions.*

Prototyping

The concept of prototyping is associated with the "design thinking" approach to innovation. It reflects applying and improving ideas or models before they are finalized. In the context of IMPACT, the interventions were intended to be innovative models of primary health care (prototype 1.0), designed with community stakeholders to improve access to services for vulnerable populations. When we applied for the CIHR operating grant, we knew that the IMPACT interventions had achieved our intended outcomes and we also knew that they would need further adaptation and improvement to be successfully applied in other contexts to achieve similar outcomes.

From emerging to leading practice

We use the terms emerging, promising, and leading practices to describe our intended outcomes for engaging in this work. Through the IMPACT program, each of the six teams worked collaboratively with community stakeholders to develop interventions that were tailored to their context. These were the initial prototypes of the interventions (i.e., prototype 1.0). In this Handbook, we describe these interventions as *emerging practices* as they were implemented in one context, and they were evaluated to assess whether they achieved their intended outcomes.

Box 1. Emerging, Promising, Leading Practices

Emerging: intervention implemented in one context, evaluated, and achieved desired outcomes (e.g., prototype 1.0)
Promising: implemented in 1–2 different contexts, evaluated, and has demonstrated outcomes like those achieved at the original context (e.g., prototype 2.0 - x.0), more clarity about essential elements of the intervention
Leading: intervention implemented in multiple contexts, credibly evaluated, has demonstrated similar outcomes across all contexts

Adapted from: Health Council of Canada (n.d.) and Health Quality Ontario (2016).

Collaboration

Collaboration is an umbrella term for many ways of working with others. Terms such as partnership and collaboration are often conflated but they have distinct meanings. For the purposes of this document, we describe collaborative ways of working along a continuum with less structured connections at one end and partnerships at the more formal end of the continuum (Scott et al., 2020). Throughout this Handbook, we will use the term collaboration to mean many forms of working together. When it is determined that formal agreements are needed to clearly define how organizations work together, we will use the term "partnership".

Note that, if you are conducting community-based collaborative research, partnerships provide a formal mechanism to work with others. *Partnerships are defined as a formal collaborative relationship among stakeholders to achieve a common aim that could not be achieved by individual stakeholders* (adapted from: Gray, 1989). Partners develop formal governance agreements, structures, and processes to share resources that support partnership activities (Loban, 2021; Scott 1997, 2004; Gray, 1989). This level of formality (i.e., partnership) is usually required when collaboration involves combining or integrating services and processes among different organizations (see box in Figure 1 – aims to combine and integrate services require partnership). Partnership may not always be required to achieve collaborative aims (e.g., when interactions among organizations and service providers involve cooperation and coordination).
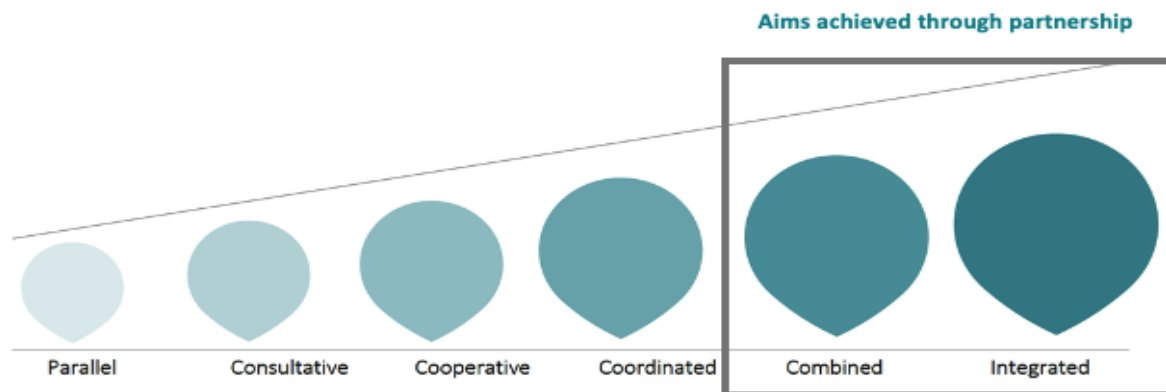
Figure 1. Continuum of Collaboration (adapted from: Scott et al., 2020)

Collaborating with others to achieve a common goal is an iterative process that requires flexibility, tolerance for ambiguity, humility, and responsiveness to context. We describe the process which includes the following *iterative components* (NB: we purposefully do not call these "stages" as that would imply a linear, step-by step process):

1. connect people;
2. confirm need and goals;
3. make aims explicit;
4. commit; and
5. implement.

Monitoring, evaluation, and improvement are embedded within each of these components (Figure 2).

Prototype 1.0   Prototypes 2.0-x.0   Leading Practice
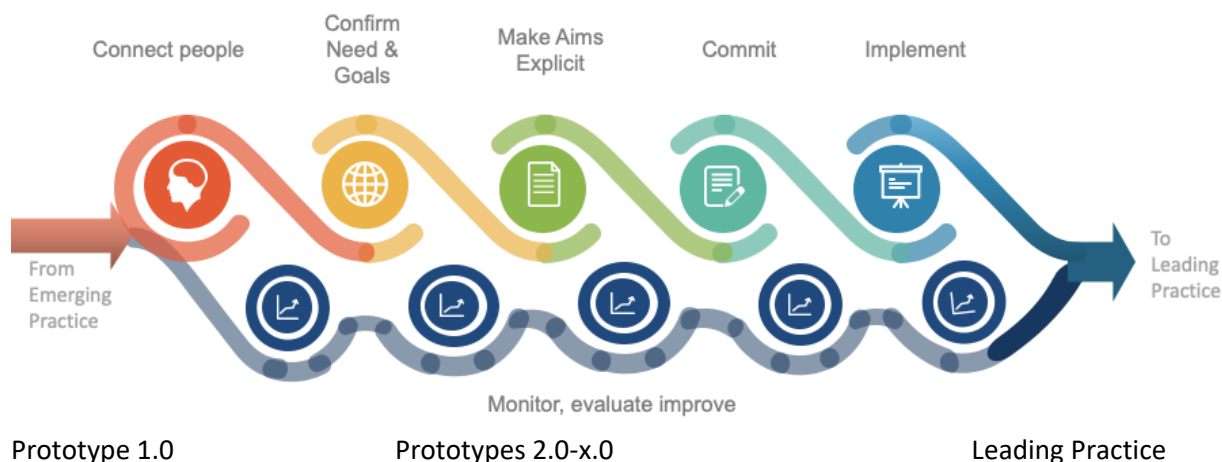
Figure 2. Collaboration for Spread: From Emerging (prototype 1.0) to Leading Practices through multiple iterations of Promising Practices

An assumption underpinning this Handbook is that collaboration is required to implement the intervention as you shift to new contexts. Creating a foundation for successful implementation requires **connect**ing with different people, **confirm**ing the need and goals for the intervention,

making aims explicit, formalizing **commitment** to work collaboratively, and, of course, **implement**ing the intervention.

We strongly recommend that each component in this process be considered when planning to collaborate; however, the process is rarely linear. At any point, you may need to reflect and act on an earlier (or later) component. For example:

- You may need to get a small group of people and/or organizations to **commit** time and resources to explore the **need** for the intervention before you **connect** with other potential stakeholders;
- You may begin to **implement** the intervention and realize that you need to **connect** with other stakeholders ensure success (e.g., connecting with thought leaders to fill knowledge gaps, hiring facilitators);
- when new people and/or organizations are ready to **commit** to collaboration, you may need to revisit the collaborative, organizational, and individual **aims** before they are willing to commit to being involved;
- if there is an opportunity to start **implement**ing before all the details have been discussed and before you have achieved commitment, it may be vital to seize the opportunity get started. If this is the case, it is equally important to plan for explicitly **review**ing all other components of the Collaboration for Spread process as you move forward.

Principles

When you have made the decision to work with others to achieve a common goal, it is important to articulate the principles that will guide your work. Principles are the foundation of successful collaboration, and they provide a touchstone to return to when new people or new organizations join, when conflicts arise, or when you lose sight of your reason for working together. Principles serve as a guide to both what you do and how you work together to accomplish collaborative aims (Huxham & Vangen, 2005).

Over the years, different authors have identified principles associated with community-based research (Horowitz et al., 2009; Israel et al, 1998; Rhodes, et al., 2010; Scott et al., 2004; Smith et al., 2015). Principles underlying collaborative ways of working have been articulated in the domains of partnership, participatory methods, public engagement, and community development.

Core themes in these lists of principles include: focusing on "a community of identity" (Israel, 1998, p. 178) (e.g., geographic, professional, organizational); promoting mutual trust; committing to iterative learning cycles; embracing positive and ecological perspectives on health and well-being; promoting long-term commitment by partners; embedding capacity development through sharing knowledge with all partners for the benefit of all partners; integrating knowledge into practice; attending to social inequities. Another example of

collaborative research principles was developed by Community-Campus Partnerships for Health (CCPH, 2013) [see Tools section below].

Questions to consider

Throughout the Handbook, the Questions to Consider will assist you to have robust conversations about what needs to be done, whether you've done it, and how you can improve.

Before you contemplate establishing a community-based research partnership to address community health needs, it is important to be clear about what community-based research partnerships are, whether the project you are contemplating requires or would benefit from partnership, and whether you have the capacity to undertake this kind of work. Working in partnership is not an easy thing to do; it requires skill and resources, particularly the resource of time from all participants. Partnerships should never be set up without careful consideration of their benefits weighed against their costs for all participants.

Box 2 – Questions to consider about community-based research partnerships

Does this project require – or would it benefit from – a community-based research partnership?
- Can the issue or question be addressed independently by either community or research stakeholders working alone in a way that will support improved access to primary healthcare? Is it possible to achieve collaborative aims without developing formal agreements to combine or integrate services. *This level of formality (i.e., partnerships) may not always be required to achieve collaborative aims (e.g., when interactions among organizations and service providers involve cooperation and coordination).*

Do we have the capacity (i.e., enough knowledge, skills, resources) to develop and sustain a community-based research partnership?
- This question is one that you may not know the answer to when you first identify the issue to be addressed. As you begin to connect with people to discuss collaborative aims, it will become more clear which type of collaborative relationship is needed.

Decision Point

In the Decision Point section, we highlight specific decisions that can be made to facilitate smooth transition to the next components of the process. (See Appendix B – Decision Path)

At this introductory stage, before you commit to community-based collaborative research, it is important to ask:

- "Are you willing or able to change the research question, research methods, or the intervention based on dialogue with community stakeholders"?

If not, stop now. Community-based collaborative research may not be the right approach for you.

If partnership formation is a funding requirement, be clear about what is possible and what is not. For example, let the funder know that you have chosen to work with community stakeholders as advisors rather than collaborators. Selecting an Advisory Group with clearly defined terms of reference (i.e., advisory not decision making) indicates that you intend to solicit input from a range of stakeholders while not requiring the same level of collaborative commitment that is associated with forming a partnership.

Monitor, Evaluate, Improve

Most people are familiar with the idea of evaluating an intervention. We discuss evaluation of the specific interventions in the Guides that accompany this Handbook. While it is less common to monitor and evaluate community-based research processes and procedures as projects unfold it is nonetheless valuable to support the spread of innovations.

We are committed to ongoing learning and improvement. This commitment is reflected by including strategies for monitoring, evaluation, and improvement within each component of the Collaboration for Spread process. We encourage you to reflect on what works and what doesn't as you go along, applying what is learned, and improving at each stage of community-based, collaborative research development. Two examples of helpful tools include the After Action Review and Decision logs.

The **"After Action Review"** (AAR) is one tool that is used across all components of the Collaboration for Spread process. This is a simple way to support a consistent approach to monitoring, assessing and learning while you implement a project. It may involve different people at different stages and can be incorporated as a quick activity into routine meetings as well as after major events or actions. Documenting answers to the After Action Review questions will support creating a record of what worked well and what didn't throughout the implementation process.

Box 3 - After Action Review

> The AAR process involves setting aside 10-15 minutes to ask four simple questions: 1) What was supposed to happen?; 2) What actually happened?; 3) Why was there a difference? (i.e., What worked, what didn't work, and why?); and, What will we do differently (including stopping)? (Collison & Parcell, 2004).

Keeping a **Decision Log** helps to track the detail of, and rationale for, changes to the intervention throughout implementation. This type of information will support subsequent spread of the intervention and will help to clarify capture contextual relevant changes to the intervention.

Information you collect through monitoring and evaluating each component of the Collaboration for Spread process will be helpful when you come to review the whole project and tell the story of the intervention, particularly for process-focused evaluation questions. Having documentation from the After Action Reviews and decision logs will support that process and provide evidence to validate people's recall and retrospective explanations for decisions.

Tools and resources

For each component of the Collaboration for Spread approach, we list some tools and resources that provide additional depth to understanding concepts or which could be helpful in guiding practice.

Many tools and resources have been created to support development and assessment of collaborative ways of working. Not surprisingly, most of these resources focus on working relationships that are at the more formal end of the collaboration continuum. In this handbook we will describe the approach that we are using but we also continue to draw from many existing resources.

We've included a few that we have found helpful and encourage you to explore other resources to support your project.
- Resources related to assessing collaborative ways of working and collaborative outcomes
  - https://usaidlearninglab.org/sites/default/files/resource/files/collaboration_mapping_facilitation_guide_formatted_201806_508.pdf
  - https://www.betterevaluation.org/methods-approaches/approaches/collaborative-outcomes-reporting
  - The VicHealth Partnership Analysis Tool is designed to be done by the group and used to reflect on strengths and weaknesses, including developing actions to address the latter. If you want to use these kinds of tools, it is a good idea to use them at multiple timepoints so that you can monitor and improve over time. https://www.vichealth.vic.gov.au/sites/default/files/2023-05/VH_Partnerships-Analysis-Tool_web%5B1%5D.pdf - Partnerships Analysis – Victoria Health (2016)
- Partnership Principles – Community Campus Partnerships for Health (2013)
  - https://ccphealth.org/partnering/principles-of-partnering/
- A wide range of evaluation frameworks and guides, resources & tools, methods & approaches supported through the international Better Evaluation collaborative
  - https://www.betterevaluation.org/

What's Next?

In the following sections we will describe each of the main components of the Collaboration for Spread approach. For each component, we will highlight key concepts; questions to consider; decision points; strategies to monitor, evaluate and improve; and tools and resources.

From Emerging Practice → Connect people → Confirm Need & Goals → Make Aims Explicit → Commit → Implement → To Leading Practice

Monitor, evaluate, improve

1. Connect people

Key Concepts

Once a decision is made to *explore the possibility* of implementing the intervention in a new context you will shift from having casual, initial conversations with one or two people to purposefully engaging with people who have the knowledge, skills, abilities, and authority to support implementation of the intervention.

Connecting people is a process that you continually return to as the intervention evolves. People will come and go, jobs and roles change, individual and organizational commitment might change, and gaps in the participant list become evident. Whatever the reason for change, staying connected with people through the process requires not only planning, but also ongoing effort and commitment.

At each stage of the collaborative research process, you may need to revisit your engagement plan to ensure that you have the right people around the table to do the work that needs to be done. As each component of the process requires different knowledge, skills, and experience, you may need to design different ways for people to participate. For example, not every participant will need to be involved in day-to-day decision-making but they might be involved in an advisory capacity. Some people may participate in a temporary, or ad hoc way while others may become formal stakeholders (i.e., people and organizations that are involved in decision-making).

Understand context

When you consider implementing an intervention in a new context, identifying potential stakeholders requires some understanding of the context. Perhaps some people have already approached you to explore implementing the intervention in their community but if not, it is important to get an initial sense of need and interest by starting with a few people whose knowledge and experience is aligned with the implementing the intervention. These people may be able to give you a good sense of the lay of the land (e.g., what has been attempted before, why it didn't work, any historical relationships or conflicts that might facilitate ore hinder next steps).

Identify potential stakeholders

In some instances, the focus of the proposed intervention will help to identify who initial stakeholders might be. Criteria for selection of stakeholders will vary from context to context and will depend on the type of intervention being proposed. One strategy to get started is to draw a **stakeholder map** (e.g., sociogram) of the service providers and community agencies that would logically be associated with the intervention (Figure 2).

In general, it will be important to have people who have:
- demonstrated expertise and capacity to address collaborative objectives in the context of the local community;
- demonstrated ability to engage with, and form, productive (and enjoyable) relationships with key stakeholders.

Box 4 - Understanding stakeholders (NB: these are not mutually exclusive stakeholder groups)

Stakeholder group	Description	Contributions
Local knowledge holders	People who have experiential knowledge of the community and the need for the proposed services. This includes community organizational representatives, people who provide services, people who require services and their families, and interested citizens (e.g., additional terms include "consumers" or "service end-users").	local knowledge of existing resources and services, service gaps, experience with accessing existing services
Decision-makers	People within the community and participating organizations who are in positions to make decisions that will influence the resources, activities, and outcomes of the intervention	organizational knowledge, support for creating environment that facilitates implementation
Researchers	People who have theoretical and methodological expertise to support evidence-informed design, implementation, evaluation, and improvement	methods and evaluative information that can be used to support funding applications

Stakeholder Mapping

Map according to stakeholder group, interest and power
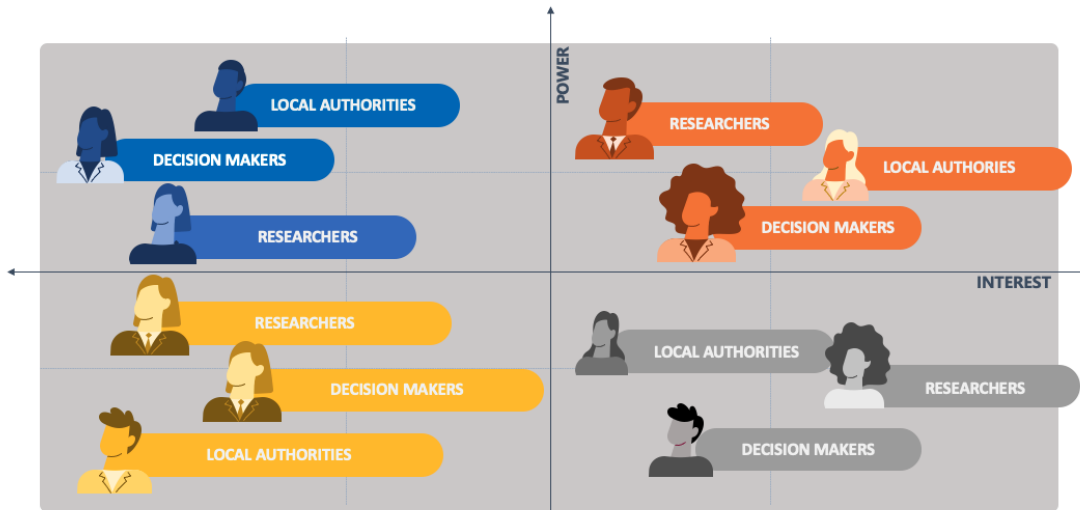
Stakeholder mapping

Map by stakeholder group
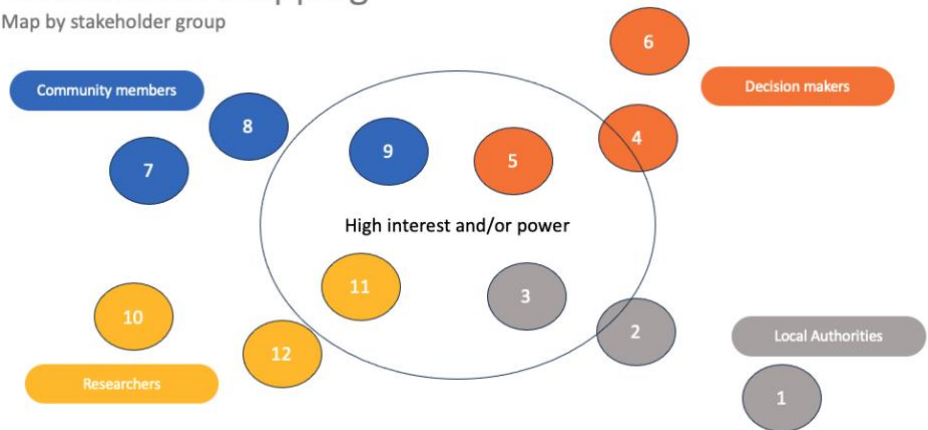
Stakeholder mapping detail

Name	Organization	Contact information	Resources, knowledge, skills	Influence	Role	Other...

Figure 2 – 3 options for stakeholder mapping

Facilitate conversations

Facilitating conversations among stakeholders isn't something that comes naturally to everyone. Convening a community meeting that is very structured and uses *Robert's Rules of Order* (Roberts, 1998) may not be the best way to start. Before you convene the conversation be very clear on the purpose and your goals (I.e., what needs to be achieved during this conversation?).

Choose a facilitation strategy that fits with your meeting purpose and the expectations of the people you are meeting with. Initially, it might just be a casual conversation with one or two people over a cup of coffee but as more people join, the need for more structured facilitation will increase. Effective facilitation keeps people engaged.

Box 5 – Facilitation

Facilitation is an expert skill developed through training and experience. Developing capacity was one of the goals of IMPACT. We committed to building capacity for facilitation within our team and learned that it was an investment that will reap great dividends. If you lack this expertise within your team, it is important to bring it in. Partners may be able to help or you may need to employ an independent facilitator.

Liberating Structures (Lipmanowicz and McCandless, 2013) is an online tool that can help you to match your meeting purpose with an effective facilitation strategy (see tools and resources below).

Throughout this Handbook we will insert examples of facilitation strategies that we used at each stage of the collaborative process. For example, one strategy that was used throughout meetings was 1-2-4-All (i.e., silent reflection for 1 minute; build on reflections in pairs for 2 minutes; share and generate ideas in groups of 4 for 4 minutes; each group shares one important idea for 5 minutes). This technique is used to equalize the playing field when everyone is asked to reflect on a question or problem before speaking (I.e., giving people who might not speak up quickly time to reflect, and requiring people who usually speak first to pause and write their ideas down).

Adapted from: Liberatingstructures.com

Contact and convene potential stakeholders

Practical Tips

- Ask people to introduce you to potential stakeholders (build on their existing connections and trust)
- Meet people face-to-face first whenever possible to build trust
  - Ask them how they would like to receive and communicate information
  - Provide clear information about the meeting (purpose, location, time)
- Take your stakeholder map with you and add to it during your conversations
- Check out some of our **Tools & Resources** on strategies for power sharing, creating a safe environment, fun ideas for virtual introductions

Thought Leader Guidance

It is a complex undertaking to implement community-based projects, particularly those that involve a research component. Working with diverse stakeholders and remaining responsive to context while achieving the overall project objectives requires a range of knowledge and skills. At the beginning of such a project, it is not always possible to predict the knowledge and skills that you will need to tap into to support successful implementation. From time to time, you may benefit from additional expertise that does not exist in your partnership or community.

Thought leaders are people who demonstrate expertise in specific areas. While you may have many essential thought leaders on your team, there will be gaps in some necessary areas of expertise (e.g., facilitation, knowledge mobilization, implementation, continuous improvement, user experience). It is often not feasible to have a large number of team members engaged in all aspects of the project. Engaging with thought leaders on an "as needed" bases is one way of safeguarding the success of your project and ensuring its feasibility.

Thought leader advice can be solicited on an ad hoc basis to address gaps in knowledge (e.g., people with knowledge and experience related to the target population, the intervention, research, evaluation, implementation). There are many options for engaging people who have expertise that you need but who are unable to participate in an ongoing way. Alternative ways of engaging thought leaders include: advisory panels or workshops, one-on-one interviews, focus groups, or more formal nominal group processes.

Questions to consider

- In order to start conversations with others, how do we describe our understanding of the perceived need and how intervention prototype 1.0 addresses it?
- Who must be at the table to:
    - Confirm that the need exists – or add depth to your understanding of it
    - Confirm that the proposed intervention has potential to address the need
    - Confirm that the intervention (or an adaptation of it) is feasible in this context
    - Identify other stakeholders
    - Help you understand the "lay of the land" in terms of historical relationships and conflicts that could facilitate or hinder collaboration.
    - Begin to identify feasible goals for implementing the intervention (e.g., resourcing and timelines)
- What roles do we need at each stage of implementation to adapt prototype 1.0? Which stakeholders can fill those roles? (e.g., operational, strategic, champion, resource acquisition, etc.).
- What strategies are needed to effectively engage different stakeholders?
- Have you identified and engaged other stakeholders that would strengthen the collaborative approach and the project?
    - Are there Thought Leaders or contractors that could be engaged to address gaps in knowledge and skills?

- What is the purpose of each conversation and how do we best facilitate the conversation to achieve that purpose?

Decision point
- "Have you identified a core group of potential stakeholders who have an existing interest in the area of need and are ready to confirm the need and set initial goals?"
  - If yes, next steps involve working with this core group to confirm the need for the intervention and affirm the overarching goals.
  - If no, not yet, what other steps do you need to take to engage a core group of stakeholders?
  - If no, there is strong resistance to the idea, stop here.

Monitor, Evaluate, Improve
The After Action Review (AAR) questions should be incorporated into team meetings from the outset. They can be used to review what's been done since the last meeting and inform the actions for the next period. They should be part of the minutes or notes of meetings that you keep (*Appendix D*).

The topics that you are likely to talk about when answering the AAR questions when implementing this component may include:
- Have our ways of identifying potential stakeholders led to connecting with people who are needed to support each stage of the process?
- Has our way of approaching people and explaining the project been engaging?
- Have we connected with the people needed to move forward (i.e., people who can strengthen the partnership and the intervention)?
- Does everyone have a good understanding of their role and how they will contribute at this stage?

Keep a record of the key discussion points and decisions (in minutes, shareable meeting notes, or a similar format). A **decision log** is a tool that helps track decisions over time to avoid unnecessarily re-visiting decisions that have already been made. This can be a simple excel sheet:

	A	B	C	D	E
1	Collaboration for Spread - Decision Log				
2					
3	Date	Decision Made (What was decided?)	Rationale (Why did we decide this?)	Who made the decision?	Process (formal, informal, F2F, email, phone, etc)
4					
5					
6					
7					
8					
9					
10					

Figure 3 – Decision Log

- Stakeholder engagement plan (will evolve) - Define engagement strategies (match strategies, stakeholders and purpose for engagement)
    - International Association for Public Participation (IAP2) – www.iap2.org
    - Approaches for exploring context and finding stakeholders. (Tieman & Lewis, 2021).
- Communication plans *(Appendix C)* (will evolve and is closely linked to the engagement plan at this stage). There are many free templates available. Go to the SmartSheet website for some examples - https://www.smartsheet.com/content/project-communication-templates.
    - The IMPACT communication plan is available online at:
        - https://pressbooks.pub/impactpartnershipimplementation/chapter/communication-plan/
- Collaborative map or sociogram (see Figure 1)
    - https://www.converge.net/toolkit/conducting-a-social-network-analysis
    - https://visiblenetworklabs.com/
    - https://usaidlearninglab.org/sites/default/files/resource/files/collaboration_mapping_facilitation_guide_formatted_201806_508.pdf
    - https://visiblenetworklabs.com/partner-cprm/
    - http://www.orgnet.com/BuildingNetworks.pdf
- Facilitation approaches that are "fit for purpose"
    - Liberating structures (facilitation) www.liberatingstructures.com (Lipmanowicz & McCandless, 2013).
- After action review (see Box 2) (Collison & Purcell, 2004)
- Creating spaces that are inclusive, support growth, and support people to contribute and challenge ideas (i.e., psychological safety) (Clark, 2020).
https://www.leaderfactor.com/4-stages-of-psychological-safety

Connect people — Confirm Need & Goals — Make Aims Explicit — Commit — Implement

From Emerging Practice — To Leading Practice

Monitor, evaluate, improve

2. Confirm need and goals

Key Concepts

Based on initial conversations and review of existing formal assessments of community needs and local capacity and readiness for change, the initial collaborators agree that:

- there could be an unmet need in the community;
- that the proposed intervention (prototype 1.0) has potential to address that need;
- and implementation of the intervention requires collaboration.

Additional steps are required to formally confirm that the perceived need exists and is a current priority in the local context. These may include: conducting an environmental scan, designing deliberative processes, and engaging thought leaders.

Environmental scan

An environmental scan can serve many purposes. In addition to the purposes listed below, the process of conducting an environmental scan (e-scan) also serves as an engagement strategy. For this reason, e-scan will be guided by *engagement and communications plans* and the *stakeholder maps* developed during the *Connect People* component of this process.

- Clearly define the need and the target population
- Identify existing local programs or interventions that are targeting similar needs
- Confirm gaps in services
- Identify examples of other programs or interventions that other jurisdictions have implemented (including prototype 1.0) to successfully address this need
- Develop an initial **logic model** (that reflects how prototype 1.0 contributes to desired outcomes)
  - Note that the intervention you are spreading should have developed some kind of representation of its underlying theory – it may be described as a program logic or a theory of change or by another term. You should start with this.
  - Keep the model as simple as possible. We strongly recommend that you work with someone who has experience with creating useful logic models.
  - Collaborative development of the logic model will support stakeholder engagement and commitment to essential elements of the intervention, its implementation and evaluation.
- Clarify local capacity and readiness to implement the intervention

In addition to confirming the magnitude of the local problem and assessing whether the intervention addresses the need, collaborators also begin to discuss what they would like to achieve by implementing the intervention. For example:

- The goal of establishing a volunteer service in the community is to improve access to primary care services in a specific context
- The goal of providing a range of primary healthcare services in one location to people living in one geographic area is to improve access to primary healthcare for people who would not normally have access to such services.

This information can be gathered through a comprehensive assessment of community needs, capacity, and readiness.

Deliberative processes

Deliberation is a problem-solving group discussion that allows stakeholders with different backgrounds, interests, and values to listen, understand, potentially persuade, and ultimately come to reasoned, informed, and public-spirited collective decisions (Ableson et al., 2003). Deliberative processes can take many forms. For example, they may be embedded in the approach that is taken to regular meetings with key stakeholders and/or through more formal events such as deliberative forums, citizens' juries, consensus conferences, etc. The following key elements guide any deliberative approach:

- Identify decisions that require collective engagement
- frame questions so that the decisions are clear
- Identify and recruit people who need to be involved in the decisions
- Develop background material so that all participants have access to information that is needed to inform their decisions
- Set clear time requirements for input
- Select the most appropriate form of deliberation based on the decision to be made and the stakeholders who will be involved. (*See Appendix E – Deliberative Process Checklist*)

Box 6 – Examples of deliberative processes

IMPACT's deliberative forums
One activity we performed in IMPACT was deliberative forums: bringing together different stakeholders to explore how they see the problem and getting their input on how to solve it. We invited a broad group of stakeholders, including health policy advisors, planners, managers, clinicians and members of the community, to help us identify primary care access gaps and to discuss how these gaps might be addressed. Some LIPs also included patient partners in deliberative forums as a component of person-centred care. LIP meetings also provided opportunities for collective decision making. For example, one of the LIPs structured their meetings to include informing members of the actions taken by the research team to address issues/comments raised at the previous meeting, followed by a general update on the progress of the project, small or large group discussions of questions

> generated prior to the meeting and short evaluation questionnaires to provide feedback on the meeting.

Questions to consider
- Is there sufficient evidence to support the need for the proposed intervention (i.e., prototype 1.0 or an adaptation of the prototype)? What other information do we need to gather to understand the need?
    - Is there an existing intervention that could be used to address this need (i.e., there is no need for implementation of prototype 1.0)?
- Do the stakeholders agree that the proposed intervention has the potential to address this need in this context?
- Is a collaborative approach required to address this need and implement the intervention?
    - While your initial assumption is that collaboration is necessary, it is important to reconfirm this decision with a broader group of stakeholders.

Decision point
- "Have you confirmed that the perceived need is an actual need?"
- "Does the intervention (i.e., prototype 1.0 or an adaptation thereof) have the potential to address this need?"
    - If yes, next steps involve making individual, organizational, and collaborative aims more explicit.
    - If no, not yet, what needs to be done to develop capacity and achieve readiness?
    - If no, not at all, it's time to stop.

Monitor, Evaluate, Improve
After Action Review (yes, here it is again) (see Box 2).
- In this component of the approach, the kinds of things you are likely to talk about when answering the AAR questions may include:
    - Did our approach help us to get all the information we require to make decisions about ways to address the local need?
    - Did our approach help us to confirm there is capacity and commitment among stakeholders?
        - Consider engaging content specific thought leaders, particularly if the group needs more support to consider issues and make decisions.
    - What advice would you give others about the process?

Tools and resources
- Environmental scan (may include a cross-jurisdictional component – not just local)
    - https://www.evalacademy.com/articles/how-to-complete-an-environmental-scan-avoiding-the-rabbit-holes
- Community needs assessment

- https://policywise.com/resource/what-are-community-based-integrated-service-delivery-hubs-in-alberta/
- Readiness assessment considers:
  - Health system readiness
  - Community readiness
  - Project team readiness
  - Stakeholder readiness assessment
  - https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/community-readiness/main
- Facilitation strategies and deliberative processes to confirm need and goals:
  - Liberating structures - www.liberatingstructures.com
  - Gamestorming - https://gamestorming.com/

Connect people — Confirm Need & Goals — Make Aims Explicit — Commit — Implement

From Emerging Practice — Monitor, evaluate, improve — To Leading Practice

3. Make aims explicit

Key Concepts

In order to implement the intervention, it is essential to move beyond a tacit to an explicit understanding of the aims of working collaboratively. Guidance on forming collaborative relationships consistently emphasizes the need to confirm the purpose of collaboration.

Untangling aims

Huxham and Vangen (2005) highlight the importance of untangling different aims that emerge when individuals and organizations work together to achieve a common goal. Collaborative, organizational, and individual aims are distinguished in the following way:

- **Collaborative** – what is the overarching aim that this intervention is intended to achieve that is common for all participating organizations (e.g., improving access to primary healthcare services for people who have limited access)
- **Organizational** – what does each organization hope to gain from collaborating with the other organizations (e.g., raising the profile of their organization, establishing inter-organizational relationships for future collaboration, sharing resources)
- **Individual** – what does each individual hope to gain from their participation (e.g., getting to know more about the services, making personal connections, advancing their career, developing new knowledge and skills)

Lack of success is often attributed to one or more stakeholders (organizations and individuals) not perceiving that their aims have been addressed through collaboration. We recommend early and ongoing, structured, open dialogue to make unstated aims explicit. Such conversations can also be guided by well-established guidelines for crucial conversations (Patterson, Grenny, McMillan, Switzler, 2012). It is very tempting not to engage in crucial conversations; however, without this, the success of the collaboration will be jeopardized.

Through the process of making aims explicit, it may become clear that some people or organizations are missing. It may also become clear that the collaborative aim is no longer a fit for some people or organizations.

One participant's perspective	Explicit	Assumed	Hidden
Collaboration aims	The purpose of the collaboration		Perceptions of joint aims aren't, by definition, hidden
Organizational aims	What each organization hopes to gain for itself via collaboration		
Individual aims	What each individual hopes to gain for themself via collaboration		

Figure 4 – Understanding collaborative, organizational and individual aims
Adapted from: Huxham & Vangen, 2005, p. 62. A framework for understanding aims in collaboration

Questions to Consider
- Is addressing this need a common aim among stakeholders?
- Do participating organizations agree with the collaborative aim?
- Have individuals and organizations voiced their aims?
- Is there a high likelihood that the aims of individuals and organizations will be addressed through collaboration?
- What are the stakeholder boundaries and overlapping interests?
- Are there competing interests? If yes, how will these be addressed?

Decision Point
- "Can enough of the organizational and individual aims be met to support commitment of key stakeholders to addressing the collaborative aim?"
  - If yes, by most organizations, then you're ready to commit.
  - If no, not everyone will continue but others might join. You may need to revisit *Connect People* again in a more targeted way (in view of the individual and organizational aims). You may still proceed to Commit with the organizations that are prepared to move forward.

Monitor, Evaluate, Improve
- After Action Review: The kinds of things you are likely to talk about when answering the AAR questions may include:
  - Which activities contributed most to clarifying aims?
  - Which strategies were most effective in recognising and aligning different perspectives and aims of stakeholders?
- Decision log: the Decision Log should capture key decisions that affect how the intervention is being adapted, including modifications to aims.

Tools & Resources

These two books are highly recommended. Both are based on theory and include practice examples, tools and resources to guide practical application.

- Collaboration
  - Huxham C & Vangen S (2005). Managing to collaborate: the theory and practice of collaborative advantage. London, UK: Routledge.

- Crucial conversations are conversations between two or more people where opinions vary, the stakes are high, and emotions are strong (Patterson, Grenny, McMillan, Switzler, 2012).
  - https://brocku.ca/vp-academic/wp-content/uploads/sites/65/Crucial-Conversations-Resources.pdf

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4. Commit

Key Concepts

It is at this stage that the collaborative working relationship becomes more formal but may not be as formal as a partnership. Commitment from stakeholders is the foundation for successful implementation.

While you may have had conversations about how you will work together and the resources that will be required, there are many important considerations that must be confirmed so that stakeholders know what commitment entails. Factors that must be confirmed include:

- The level of collaboration needed for successful implementation (e.g., cooperate, coordinate, combine, or integrate services) (see Figure 1 – Continuum of Collaboration)
- Potential for achievement of individual, organizational, and collaborative aims through the implementation of the intervention
- Initial structure and governance (including approach to decision-making, and establishing sub-groups)
- Responsibilities and resource sharing agreements to ensure that there is capacity for both collaborative activities and implementation (e.g., project management, monitoring and evaluation)
- Design and implementation of initial communication strategies (including how to ensure all partners feel engaged, particularly if you have multiple governance groups)
- Description of the intervention (i.e., prototype 1.0 and potential adaptations, initial logic model based on prototype 1.0)
- An initial Evaluation Framework and plan for evaluation of the intervention, including how it is done and the consequences (impacts/outcomes) (possibly from prototype 1.0).

It may be that collaborators are ready to establish a partnership and create an administrative hub (i.e., an existing or new organization that manages administration of the collaborative initiative). It may also be that they are not ready for that level of formality but want to continue to coordinate what they are doing without formalizing a new collaborative structure, collaborative processes, and resource sharing through a partnership agreement. The nature of the intervention that is being implemented may affect the structure and processes of

collaboration. For example, if external funding is supporting the intervention, more formal agreements may be required to outline roles and accountability of partners. Two approaches to assessing the readiness to commit include the commitment continuum (Figure 5) or the red card/green card approach (see Tools & Resources). If there is a lack of strong commitment, more conversation is required.
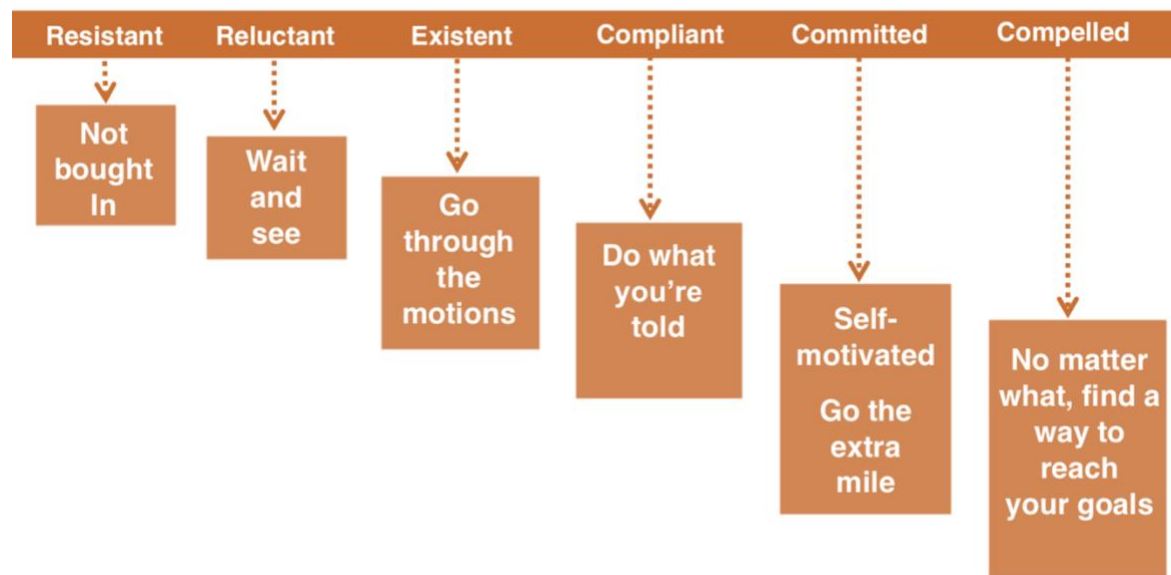
Figure 5 – Commitment Continuum
From: https://www.heyporter.com/wp-content/uploads/2013/02/Commitment-Continuum.png

Capacity building – orientation, training
Success of the intervention is dependent on the development of capacity in core areas (e.g., evaluation, implementation, partnership, and community building). Strategies are also needed support evaluation of capacity in these core areas. The intent is not that all stakeholders will develop capacity in all areas but that increased capacity will be demonstrated in relevant areas to support achievement of desired outcomes.

Questions to Consider
- How formal (or informal) is the working relationship among stakeholders? (I.e., Is partnership required to achieve our collaborative aims?)
- What governance structures need to be established? Will there be a "lead" organization or will you form a new administrative structure.
- How will decisions be made?
- What infrastructure is needed (e.g., communication, administrative, operational)?
- How will resources be shared?
- How will we communicate (with each other, with the public)?
- How will we know that we have achieved our desired impacts and outcomes…

- Have you established clear governance, communication, operational processes and infrastructure to support implementation (e.g., project management, coordination)?
- Do you have a shared understanding of the underlying logic or theory of the intervention - that is, does everyone agree that what you intend to do is feasible and likely to lead to the intended consequences?
- Do you have a draft Evaluation Plan that outlines the data that will be needed at each stage of implementation?
- Do we clearly understand the resource requirements to implement and evaluate the intervention in this context?
- Based on the what has been learned by 1) connecting with people, 2) confirming needs and goals, and 3) making aims explicit, do the stakeholders have the capacity to implement the intervention? Are they ready to 4) commit to implementation?
    - Do the stakeholders and the community have the capacity to implement? Are they ready to do so?

Decision Point

- "Is there capacity and readiness in the group for implementation of the intervention (i.e., governance, resources, decision frameworks, communication strategies, agreement on processes and infrastructure, evaluation plan)?"
    - If yes, the next step is to begin implementation.
    - If no, will you make changes to gain commitment from key stakeholders? Can you move forward if some stakeholders stop participating?

Monitor, Evaluate, Improve
After Action Review

- In this component of the approach you may just be doing a quick AAR after regular meetings to check that meetings continue to be effective in generating discussion and decisions.
- You may also do an AAR to review collaborative processes. For example, developing communication strategies and evaluation plans.
    - e.g., Has everyone had an opportunity to have input? Are individual, organizational, and collaborative aims being met? What issues have been identified that may need to be managed?

Evaluation of collaborative ways of working

- When stakeholders are ready to commit to working together, it is valuable to assess whether or not the collaboration is working. This information will help to guide activities that support successful collaboration.
- There are a number of different tools and approaches that you can use. Some of these were identified in the introductory section of the Handbook. Additional resources are listed below (Tools and Resources section) for consideration.

Intervention focused evaluation

As part of developing the details of the intervention, you should have or begin to develop, a program logic or other theory-based representation of the intervention. Ideally, there will be a program logic from prototype 1.0 that you will be able to use and refine. A logic model will illustrate how intervention inputs and processes, outputs, outcomes, and impact are aligned with the collaborative aim. The process of developing the program logic can have a strong effect on the collaboration; it is important to have a skilled facilitator for discussions about the logic of the intervention to support the commitment of all partners.

The program logic will guide you in determining what data you need to collect once you implement the intervention. For examples of intervention focused evaluation, see the accompanying Guides. The design and methods you use to evaluate the intervention will need to be determined in discussion with the collaborators and will be influenced by the type of intervention, the resources you have available, and the preferences of collaborators, particularly the researchers.

Tools & Resources

- Crucial conversations are conversations between two or more people where opinions vary, the stakes are high, and emotions are strong (Patterson, Grenny, McMillan, Switzler, 2012).
    - https://brocku.ca/vp-academic/wp-content/uploads/sites/65/Crucial-Conversations-Resources.pdf
- Facilitation
    - Liberating structures – www.liberatingstructures.com
    - GameStorming – provides a number of facilitation tools that have been co-created by innovators around the world
        - https://gamestorming.com/
- Gaining commitment. Ask stakeholders to indicate their level of commitment on a continuum of commitment. If there is a lack of strong commitment, more conversation is required.
    - The commitment continuum can be posted on the wall and/or included as a handout for each individual. Participants can be invited to indicate their level of commitment with sticky dots or through round-table discussion
    - Red card/green card – a quick way to gauge agreement, disagreement or uncertainty
        - https://gamestorming.com/redgreen-cards/
- There are many evaluation tools and resources – some are discussed in Section 6 of this Handbook. For an overview of program theory including program logic, consider:
    - https://www.betterevaluation.org/en/rainbow_framework/define/develop_programme_theory
- Some tools that can be used to evaluate collaboration and partnerships:

- o https://www.vichealth.vic.gov.au/media-and-resources/publications/the-partnerships-analysis-tool
- o https://www.ccghr.ca/resources/partnerships-and-networking/partnership-assessment-tool/
- o https://www.publichealthontario.ca/-/media/documents/C/2012/community-partnership-evaluation.pdf?la=en
- o https://www.cdc.gov/dhdsp/docs/partnership_guide.pdf
- o https://www.nccmt.ca/knowledge-repositories/search/10

Connect people — Confirm Need & Goals — Make Aims Explicit — **Commit** — Implement

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Monitor, evaluate, improve

5. Implement

Key Concepts

In each of the previous components of the Collaboration for Spread approach, steps have been taken to create a foundation for implementing a successful intervention. When you are ready to implement, it is assumed that you have completed the exploration and design and capacity and readiness assessment components of implementation by: building on prototype 1.0; connecting with people; confirming the need and goals for the intervention in the new setting; making aims explicit; and, committing to aims, governance and operational strategies. Successful implementation requires confirmation and commitment to the responses generated from the *Questions to Ponder* section described in the **Commit** component of the Collaboration for Spread approach.

Stages of implementation

Given all the groundwork that you have done to prepare for implementation, it would be tempting to think that you could jump to stable implementation. Even though you are not starting from scratch, it is still important to consider strategies for *early implementation* to create a solid foundation for *stable implementation*, and *sustainability and spread*. We will discuss each of these stages separately as each stage involves unique questions to ponder, decisions to make, and implications for monitoring, evaluation, and improvement.

Early Implementation

This stage of implementation is intended to ensure that everything is set up for the intervention to launch as smoothly as possible. It involves finalising modifications to prototype 1.0 for local context (e.g., confirming the structures, processes, resource requirements for prototype 2.0). Up to now decisions have been made based on past experience, opinions of stakeholders, evidence and theory. In this stage, you start to put the intervention into practice and test whether it can be implemented as intended or needs further modifications. If you're spreading an intervention to multiple sites, you may want to involve only one site in the early implementation phase.

IMPACT

In this component of the approach, the questions to consider are primarily focused on the intervention itself, although you should still monitor how well the collaborative relationship among stakeholders is functioning.

- Are key stakeholders engaged in refining and implementing the intervention?
  - Do we need to adjust our engagement, governance, communication strategies?
  - Do we need to connect with other stakeholders to support implementation?
- How are we monitoring and continuously improving the intervention? How are we supporting change in practice?
  - Are we gathering formal and informal feedback that suggests that the intervention is/is not working as intended?
- How are we monitoring and continuously improving the way we are implementing?
  - Are we gathering formal and informal feedback that suggests that the way we are implementing the intervention is/is not working as intended?
- Do we need to revise the logic model?
- Do we need to adjust the resource requirements to implement and evaluate in this context?
- Do we need capacity building activities to ensure people have and/or develop knowledge and skills required for implementation?

Decision point
- Have we demonstrated that all of the elements of the intervention are operating as we want them to be? Is the process of implementation stable and consistent?
  - If yes, move forward to stable implementation.
  - If no, do we need to revisit other components of the collaboration for spread approach (I.e., connect people, confirm need and goals, make aims explicit, commit) to create a more stable foundation?

Monitor, Evaluate, Improve
In this stage, the focus is on understanding how the intervention is being implemented, rather than what it achieves for organisations or people. We want to use the information at the time it is gathered so that we can refine the intervention if necessary. This approach is sometimes known as **Utilisation-focused evaluation**, and includes **Developmental Evaluation** (Quinn Patton, 2021).

Decision logs are essential during this phase because you want to document any (further) changes you make to prototype 1.0 and justify them. This is important information to share in reports and other outputs.

Monitoring strategies and data collection will focus on ensuring that the intervention is being implemented as reflected in the prototype 2.0 logic model. The kind of data to collect and strategies to collect them include:

- Asking project staff to keep a diary of their actions during this phase. In some settings, this may already be available and part of the digital health system. In other settings, you may need to put one together on paper.)
  - This will help to clarify what is required to set up the intervention and will help to identify potential barriers that need to be addressed before you can expect the intervention to roll out smoothly. (e.g., if the intervention involves referring to community services, there needs to be an up-to-date comprehensive list of such services that someone can access).
- Using simple data capture (e.g., excel sheets) to document key steps in the intervention. In some cases, existing data collection systems may have useful data.
  - For example, if the intervention involves cold calling people to offer them a service or support, ask project staff to keep a record of the outcome of each call including how many calls were required for contact, whether people accepted the offer, reasons for rejecting it
- Apply deliberative processes to engage stakeholders in revisions to the logic model if required. If it becomes clear through the developmental evaluation that aspects of the intervention need to be changed, the collaborators should be engaged in discussions.

During this stage, you will also want to check that your proposed methods and procedures for collecting information/data to formally evaluate the effectiveness of the intervention (as part of the next phase) are feasible. For example, if you're planning to do a pre- and post-intervention design, figure out what needs to be built into the intervention to make it work well.

Stable Implementation
Once you've demonstrated that the intervention is being implemented as intended, you move to formally evaluating its effectiveness. From a collaborative perspective, it is important that communication mechanisms are clear and strong. In this stage the focus will be on the people implementing the intervention and the evaluation. There can be a tendency for this focus to take up all the time and energy, with a perception that there is no news to share with the partners. Try to avoid cancelling meetings. Keep partners informed and involved as much as possible.

Questions to consider
Questions are focused on the effects of the intervention.
- Is there good engagement in the evaluation? Are intervention participants agreeing to complete surveys and participate other data collection strategies? If not, consider what can be done to improve response rates.
- Is there evidence that the intervention is achieving the intended consequences for individuals and/or organisations?
- Are stakeholders engaged in the evaluation and ongoing learning opportunities about the intervention?

- Has the intervention achieved the intended results? (If not, don't make changes yet, but consider what might need to change.) What are the experiences of people delivering the intervention and those receiving the intervention?

Decision Point

Ideally, analysis of the results of the evaluation will demonstrate whether the intervention as you implemented it (prototype 2.0) achieved the intended consequences. You should be able to compare your findings with those from prototype 1.0. You want to demonstrate similar positive consequences so that you can argue that the localised/contextualised form of the intervention you implemented was successful. The collaborators should be involved in discussing what to do with the intervention next.

- "Based on the evaluation, will the intervention continue to be adapted? Will it be incorporated into business as usual? Will it be spread to other settings and sites?"
  - If yes, do we continue to implement in this setting? Do we explore implementation in a new setting?
  - If no, what do we need to adjust to demonstrate stable implementation? Do we discontinue the intervention?

Monitor, Evaluate, Improve

You should now be implementing your formal evaluation of the consequences of the intervention for participants. Participants may include health provider organisations, health professionals, and people who access the intervention. Your evaluation plan will have developed data collection tools and procedures to collect necessary information. Your earlier process and/or utilisation-focused evaluation will have helped to identify which indicators of process you might want to continue to collect in this stage.

Sustainability & Spread

Sustainability represents a commitment among key stakeholders for the intervention to continue. For health and social interventions, the process of achieving sustainability can take 2–4 years depending on the complexity of the intervention. This stage is where knowledge generated from stable implementation is integrated into standard practices, policies, and procedures. There is ongoing need for balancing the need for flexibility with adherence to the contextualized prototype (e.g., 2.0) to ensure the intervention is responsive to local realities while achieving desired outcomes.

This is where all of the effort to build strong relationships with local stakeholders should bring rewards! By working closely with relevant organisations and people, it is more likely that there will be a commitment to supporting ongoing implementation of the intervention. The intervention will be understood, and the commitment to implementing it to meet an identified need should support discussions about sustainability and further spread.

Sustainability and further spread involves:

- capacity building activities that ensure people have and/or develop knowledge and skills required for implementation (see text box below);
- making further adaptations to accommodate and strengthen the intervention (e.g., working with community to adjust public transportation routes);
- clearly defining and acquiring necessary financial and physical resources;
- supporting relationships that facilitate implementation within one setting and/or across implementation sites
- establishing monitoring systems to confirm the intervention continues to achieve desired outcomes
- routinizing the daily work

Questions to consider
- How are we supporting routinization of daily work? How will staff turnover affect the intervention? What ongoing training and support might be helpful?
- What ongoing governance is required? Is more formal collaboration required (e.g., partnership)?
- How are we monitoring, continuously improving, and evaluating the intervention to meet future needs?
- Where the intervention is being sustained, is it being implemented as intended? Is it maintaining the core components and implementing them as intended?

Decision point
- Are new stakeholders needed to sustain and/or spread the intervention?
  - If yes, go back to the **Connect People** component of the approach and proceed from there.

Monitor, Evaluate, Improve
Once the intervention has become part of usual practice the focus is on monitoring, emphasizing routine data collection that doesn't require additional resources. The effort and resources that went into evaluating the prototype are unlikely to be available, and the depth of the evaluation should not be necessary once the intervention is stable and demonstrated to be achieving the intended consequences. But it is important to have some indicators that allow you to assess whether the intervention is still being implemented as intended, experienced as intended, and achieving intended consequences for participants.

Tools & resources
Implementation tools
- https://melaniebarwick.com/implementation-tools/
- https://implementation.effectiveservices.org/tools
Developmental evaluation
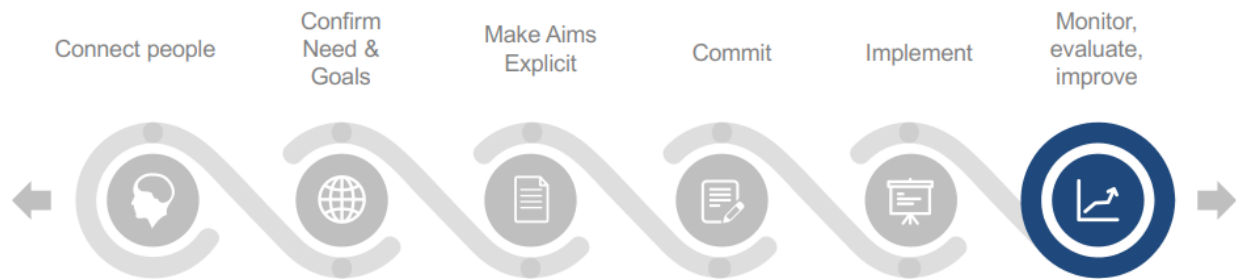- https://mcconnellfoundation.ca/wp-content/uploads/2017/07/A-Developmental-Evaluation-Primer-EN.pdf

Capacity building
- For impact - https://innoweave.ca/
- For evaluation - https://www.betterevaluation.org/

Organizational change
- https://www.nccmt.ca/organizational-change

Connect people   Confirm Need & Goals   Make Aims Explicit   Commit   Implement   Monitor, evaluate, improve

6. Monitor, evaluate, improve

Key Concepts

The process of gathering data to inform what we do is continuous. We recognize the importance of different kinds of data being used at every stage of implementation. It's important to be open to what the data tell you at each stage, and to consider the implications of your findings. Based on your analysis and interpretation of data, you may decide to continue, adapt, or discontinue an intervention in a given context. These kinds of decisions can be difficult to make, particularly when working collaboratively. The stronger your collaboration, the more dynamic your decision making can be. Good data at every stage will help make decisions.

If data and their interpretation are connected through a living program logic and linked strongly to context, they will be useful in a variety of ways. One of the outcomes of working collaboratively is an enhanced capacity of the organization to monitor on a day-to-day basis after the project is completed. This might include gathering more relevant routine data or adopting more robust methods for data collection, analysis and interpretation.

When working collaboratively, stakeholders may have preconceived ideas about what evaluation practice looks like, and may even use common words in different ways. For example, words like "impacts" and "outcomes" are used interchangeably in different evaluation approaches. Similarly, there are many different theory-based evaluation approaches (e.g., theory of change, logic model) that use different words for similar processes or products). Focusing on the commonalities, rather than trying to choose a particular named approach is likely to be of more value to the partnership.

Questions to Consider
- Have we designed and implemented monitoring, evaluation, and improvement strategies for each stage of collaboration for spread?
- Are the strategies fit for purpose?

Decision Point
- Are we using our data and information to make decisions?

- If yes, continue doing what you're doing! It's working.
- If not, review and improve your data collection, analysis, communication and decision-making strategies.

Tools & Resources

Logic Models Guides
- https://med-fom-familymed-research.sites.olt.ubc.ca/files/2012/03/faciliter_modele_logiques_CJPE-2002_f.pdf

Evaluation
- The BetterEvaluation website has a wealth of evaluation resources https://www.betterevaluation.org/

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Appendices

Appendix A – Glossary of Terms

Aims

- **Collaborative** – what is the overarching aim that this intervention is intended to achieve that is common for all participating organizations (e.g., improving access to primary healthcare services for people who have limited access)
- **Organizational** – what does each organization hope to gain from collaborating with the other organizations (e.g., raising the profile of their organization, establishing inter-organizational relationships for future collaboration, sharing resources)
- **Individual** – what does each individual hope to gain from their participation (e.g., getting to know more about the services, making personal connections, advancing their career, developing new knowledge and skills). (See Handbook p. 25)

Collaboration

Collaboration is an umbrella term for many ways of working with others. Terms such as partnership and collaboration are often conflated but they have distinct meanings. For the purposes of this document, we describe collaborative ways of working along a continuum with less structured connections at one end and partnerships at the more formal end of the continuum (Scott et al., 2020). (See Handbook p. 8)

Deliberative processes

Deliberation is a problem-solving group discussion that allows stakeholders with different backgrounds, interests, and values to listen, understand, potentially persuade, and ultimately come to reasoned, informed, and public-spirited collective decisions (Ableson et al., 2003). (See Handbook p. 22)

Partnership

Partnerships are defined as a formal collaborative relationship among stakeholders to achieve a common aim that could not be achieved by individual stakeholders (adapted from: Gray, 1989). Partners develop formal governance agreements, structures, and processes to share resources that support partnership activities (Loban, 2021; Scott 1997, 2004; Gray, 1989). This level of formality (i.e., partnership) is usually required when collaboration involves combining or integrating services and processes among different organizations. (See Handbook p. 8)

Emerging, Promising, Leading Practices:

- **Emerging:** intervention implemented in one context, evaluated, and achieved desired outcomes (e.g., prototype 1.0)
- **Promising:** implemented in 1–2 different contexts, evaluated, and has demonstrated outcomes like those achieved at the original context (e.g., prototype 2.0 - x.0), more clarity about essential elements of the intervention
- **Leading:** intervention implemented in multiple contexts, credibly evaluated, has demonstrated similar outcomes across all contexts

Collaboration for Spread: Decision Path

Stop here!

Collaborative based collaborative research

Try again

No

"Are you willing or able to change the research question, research methods, or the intervention based on dialogue with community stakeholders"?

Yes

Back

1. Connect people

Try again

No

"Have you identified a core group of potential stakeholders who have an existing interest in the area of need and are ready to confirm the need and set initial goals?"

Yes

Back

2. Confirm need

Try again

No

"Have you confirmed that the perceived need is an actual need?" "Does the intervention (prototype 1.0) have the potential to address this need?"

Yes

Back

3. Make aims explicit

Try again

No

"Can enough of the organizational and individual aims be met to support commitment of key stakeholders to addressing the collaborative aim?"

Yes

Back

4. Commit

Try again

No

"Is there capacity, and readiness (i.e., governance, resources, decision frameworks, communication strategies, agreement on processes and infrastructure, evaluation plan) for implementation of the intervention?"

Yes

Back

5. Implement

Try again

No

"Based on the evaluation, will the intervention continue to be adapted? Will it be incorporated into business as usual? Will it be spread to other settings and sites?"

Yes

Sustain & Spread

IMPACT

Appendix C- Communication Plans

Ongoing, transparent communication, including reporting, was essential for the success of each LIP. It was important to discuss strategies that work most effectively for the LIP Core Team and the broader network. It is also important to clearly document the activities of each LIP (See Appendix D for a meeting notes template). Whatever communication plan you use, it should include clarification of how information and decisions will be communicated to each of the stakeholder groups.

IMPACT fostered links between its six LIPs by establishing structures for ongoing dialogue between the decision makers, researchers, clinicians, and members of the vulnerable communities in each partnership.

Given the international nature of our research program, we supported the development of a range of communication strategies within and across LIPs. A consistent approach to documentation and document management was key to success. Details of the IMPACT communication plan are available online at:
- https://pressbooks.pub/impactpartnershipimplementation/chapter/communication -plan/

Appendix D - Meeting notes template

*include time for collaborative check-in at the beginning of every meeting, **w**hy we continue to be here

Mtg Name		Location	
Date		Time	
Mtg Type	Decision-making / Consultation / Information	Chair	
Attendees		Minutes	
Apologies			

<table>
<tr>
<td rowspan="3">Focus
Frame</td>
<td>Context</td>
<td>Include a brief summary of the background to engage and motivate invitees to attend</td>
</tr>
<tr>
<td>Purpose</td>
<td>Write a pin point statement of purpose for the meeting in 10 words or less</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Describe the specific, concrete product you want to deliver at the end of the meeting</td>
</tr>
<tr>
<td rowspan="9">Awareness
Discussion</td>
<td>Topic 1</td>
<td>Define the 2–3 topics that will surface the information needed to achieve the purpose.</td>
</tr>
<tr>
<td>Question</td>
<td>Direct the conversation on each topic with a generative question written here</td>
</tr>
<tr>
<td>Discussion</td>
<td>•   Take notes here during the meeting</td>
</tr>
<tr>
<td>Topic 2</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td></td>
</tr>
<tr>
<td>Discussion</td>
<td>•</td>
</tr>
<tr>
<td>Topic 3</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td></td>
</tr>
</table>

	Discussion	•
Solution Decisions & Priorities		Capture key decisions or priorities for each topic during the meeting
	1	
	2	
	3	
Unexpected outcomes/lessons		Topics not on agenda but important for informing activities of LIP. Something that was learned that is valuable for informing LIP activities.
After Action Review		What was supposed to happen? What actually happened? Why was there a difference? What will we do differently?

		What	*Who*	*When*
Traction Actions & Accountability		Establish accountability for each specific action		
	1			
	2			
	3			

Appendix E- Deliberative process checklist

Deliberation is a problem-solving group discussion that allows stakeholders with different backgrounds, interests, and values to listen, understand, potentially persuade, and ultimately come to reasoned, informed, and public-spirited collective decisions (Abelson et al., 2003). Deliberation can be expressed through different methods, such as citizens' juries, deliberative forums, and consensus conferences.

Deliberative processes include (see detail below):

- Identifying collective decisions and framing questions
- Stakeholder identification and recruitment
- Background material
- Time requirements
- Community deliberative processes
- Activities for deliberative processes

Deliberative Processes	Tasks	Materials Generated
1) Identifying a collective decision that needs to be made and framing questions	Appropriate framing: Select/highlight aspects to be presented in deliberative forum	List of highlights to be presented
	Clarify and present the range of available perspectives • How will problems, arguments, information, and positions be presented?	Summary document presenting perspectives, problems, arguments, information, and positions
2) Identifying stakeholders that all need to be able to participate as peers in decision making	Identify participating members of Research team and Management team	List of attendees from Research team and Management team
	Identify method for selecting participants Identify ad hoc participants (representatives from local government, non-health sectors, and broader general public, including community organizations that represent vulnerable subgroups) Create invitation	Method for selecting ad hoc participants List of ad hoc participants Invitation
3) Identifying and providing the appropriate	Create reader-friendly overview of program and local partnership	Summary documents Summary document – chosen forum process

background materials to inform decisions	Create clear description of the process that will be used during the forum Identify method for selecting participants Create concise overview of range of perspectives that need to be considered Write reader-friendly summary for academic literature	Description of method for selecting participants Summaries of academic literature
4) Facilitating listening during the deliberative process itself	Select facilitative approach/strategy	Description of approach/strategy Other relevant material
5) Facilitating the process of reaching a collective decision	Select decision making approach	Description of decision making approach Ex. Agreement Certainty Matrix
6) Facilitating learning about the completed deliberative process	After Action Review: • What was supposed to happen? • What actually happened? • Why was there a difference? • What can we learn from this?	After Action Review applied to: 1) Identifying collective decision and framing questions 2) Identifying stakeholders 3) Identifying background material 4) Facilitative approach/strategy 5) Decision making strategy

Deliberative tools and resources

https://www.inspq.qc.ca/pdf/publications/1202_EvaluerProcessusDeliberatif_Angl.pdf
http://www.ncchpp.ca/57/Deliberative_Processes.ccnpps
 https://cihr-irsc.gc.ca/e/45358.html
https://www.oecd.org/gov/open-government/good-practice-principles-for-deliberative-processes-for-public-decision-making.pdf
https://bioethicsarchive.georgetown.edu/pcsbi/sites/default/files/3%20Guide%20to%20Deliberation%20for%20Public%20Health%20Professionals%2010.30.16.pdf