

***Thinking through “equity” in the field of knowledge translation and program evaluation***  
Universities Without Walls (UWW) 2018-2019 Fellowship: FINAL REPORT

### ***Background***

Fostering the use of research knowledge in practice and decision making is now commonly known as knowledge translation (KT). The benefits of narrowing the gap between what we know and what we do with what we know are being discussed widely in health research.<sup>1,2</sup> In healthcare and health policy, effectively translating results should allow knowledge users to make faster and better-informed decisions and promote the most significant clinical, social, and systems impact of research.<sup>3-5</sup>

At the same time, reducing knowledge-to-action gaps requires explicit efforts,<sup>6</sup> and as a result, health funders and agencies in Canada have made KT a research and capacity-building priority.<sup>7</sup> However, despite the imperative of engaging in KT in health research, we are only beginning to discuss how we can evaluate the effectiveness and impact of KT strategies.<sup>8-10</sup> Initial guidelines to assess KT have generally included three indicators: reach, usefulness, and use.<sup>11,12</sup> While collaboration and capacity building have also been proposed as suitable indicators for KT evaluations,<sup>12</sup> one may also ask: Can we assess whether and how equity and social justice goals might be accomplished through KT activities?<sup>13,14</sup> And if the answer is affirmative, how can we accomplish this evaluation task?

### ***Approach***

I initially set out to develop a KT strategy and a KT evaluation plan for my postdoctoral research project, which focuses on understanding the contextual factors and health equity considerations shaping the implementation of online sexual health services in British Columbia, Canada. I envisioned my KT strategy would involve engagement processes and KT transfer and uptake products. Following Lavis et al.’s five-question framework for knowledge transfer (e.g., what, to whom, by whom, how, with what end),<sup>15</sup> my KT evaluation plan would include reach, use, and usefulness as key evaluation indicators. I planned to develop a fourth “equity” evaluation indicator that would help me assess KT engagement processes and KT impact.

I first discussed my draft KT strategy and KT evaluation plan during the UWW Exchange (April 15). I then circulated my draft for discussion with the members of Health Equity Reading Group at the BC Centre for Disease Control (May 1). Since I am a conference evaluation lead for the 2020 CESBC Evaluation Conference, I also proposed to use an equity indicator with specific equity-oriented outcomes to the conference planning stakeholders (June 17). I drew on the ideas and feedback I received on those occasions to continue my thinking on whether and how assessing equity in KT may be possible. My reflection eventually evolved from developing a specific KT evaluation plan into writing an evaluation practice note concerned more generally with equity notions and equity indicators in program evaluation.

### ***Insights and Next Steps***

I presented some of my preliminary insights on these matters during the UWW Learning Institute (June 21). I would like to continue developing and refining my thinking into a formal “practice note” that can be submitted to the *Canadian Journal of Program Evaluation*.<sup>16-18</sup> So I leave the details of my insights out of this public report; but, in short, I concluded that equity evaluation indicators must be flexible, context- and power-sensitive, and open to empirical investigation. Equity in KT evaluations, and program evaluation more broadly, must account for what, how, for whom, and under what circumstances things work, partially work, or fail to work altogether. While efforts to think through “equity” in evaluation are ongoing,<sup>13,14</sup> developing quantitative and qualitative equity evaluation indicators is still a pending and important issue.

**Works Cited**

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