

one child 
every child



PATHWAYS TO IMPACT:

Value, Impact and Knowledge Mobilization Integrated Planning Tool

Created by:

One Child Every Child

Value, Impact & Knowledge Mobilization Accelerator

University of Calgary, 2026



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The University of Calgary, located in the heart of Southern Alberta, both acknowledges and pays tribute to the traditional territories of the peoples of Treaty 7, which include the Blackfoot Confederacy (comprised of the Siksika, the Piikani, and the Kainai First Nations), the Tsuut'ina First Nation, and the Stoney Nakoda (including Chiniki, Bearspaw, and Goodstoney First Nations). The City of Calgary is also home to Métis Nation within Alberta (Nose Hill Métis District 5 and Elbow Métis District 6). The University of Calgary is situated on land Northwest of where the Bow River meets the Elbow River, a site traditionally known as Moh'kins'tsis to the Blackfoot, Wîchîspa to the Stoney Nakoda, and Guts'ists'i to the Tsuut'ina. On this land and in this place we strive to learn together, walk together, and grow together "in a good way."

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VALUE, IMPACT & KNOWLEDGE MOBILIZATION PLAN

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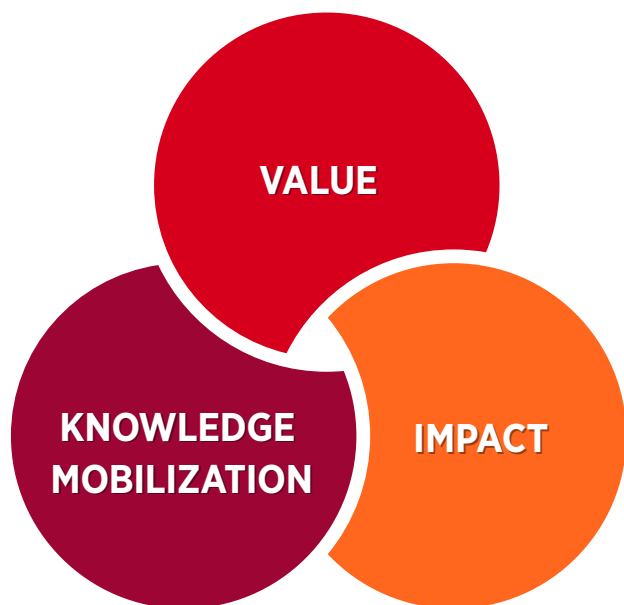
Using the Value, Impact and Knowledge Mobilization Integrated Planning Tool



This tool is designed to guide you in developing an integrated Value, Impact, & Knowledge Mobilization plan that aligns with the research activities. It supports research teams and partners at all stages to plan, develop, refine and implement practical and meaningful knowledge mobilization to achieve impact and create value. Use this resource to monitor your progress throughout the research lifecycle and to drive meaningful improvements in child health and wellness.

Terminology: How Does OCEC Define Value, Impact and Knowledge Mobilization (KM)?

Throughout this tool, we will use the terms **Value**, **Impact** and **Knowledge Mobilization**. These are distinct yet **interrelated** concepts. Here is how we have defined them in OCEC:



VALUE

The **significance** of the impacts (the changes or effects) resulting from the research. Value measures **how much, and to whom**, the research impacts matter.

IMPACT

The **broader, long-term changes** resulting from an intervention or initiative. These can be intended or unintended, positive or negative, and often span across multiple dimensions (economic, social, health, environmental, cultural).

KNOWLEDGE MOBILIZATION (KM)

The process of **taking knowledge and making it useful and accessible** to people in our networks and communities who can put it into action.

Decolonizing OCEC Research



Relationships are foundational to ethical and impactful research.

Within OCEC, we recognize that Value, Impact, and Knowledge Mobilization are not just technical processes, but deeply relational. Decolonizing research means **working intentionally** to design and carry out work in ways that prioritize equity, respect, and accountability to the people and communities we engage with. We acknowledge and value the guidance of the **OCEC Indigenous Accelerator** in shaping these priorities and embedding principles of relationality, respect, and reciprocity throughout this work.

Recognizing different ways of sharing knowledge, including oral traditions, is essential.

Speaking and storytelling bring cultural meaning and connection. Valuing these approaches helps makes knowledge sharing activities stronger and creates a more inclusive and respectful space for learning and working together.

Consider an ethical space of engagement¹ in your approach to using this tool.

In this tool, we draw on **Willie Ermine's** concept of the **ethical space of engagement**, which invites us to consider the space between worldviews as a site for dialogue and mutual respect. Engaging in ethical research requires humility, reciprocity, and relational accountability. Ethical space offers a framework for engaging across different knowledge systems, particularly Indigenous and Western, by creating a shared space grounded in mutual respect, dialogue, and relational accountability.

Walking Parallel Paths

One Child Every Child (OCEC) is guided by **ii' taa'poh'to'p**, the University of Calgary Indigenous Strategy, and walks parallel paths with Indigenous Elders and scholars to encompass the wisdom, voices and priorities of Indigenous peoples for the betterment of all. OCEC brings together Indigenous and non-Indigenous communities, child health research institutes, education and healthcare providers, equity-deserving groups, local, national and global interest-holders to accelerate outcomes for children and their families. For more information, please visit the [Ucalgary website](#).

¹ Ermine, W. (2007). The ethical space of engagement. *Indigenous LJ*, 6, 193.
<https://heinonline.org/HOL/Page?handle=hein.journals/ij6&id=193>

SECTION 1. DESCRIBING THE RESEARCH

Use the prompts below to begin thinking about your Value, Impact, and KM plan.

The following questions are designed to help you explore not just **what** the research is about, but **why** you'll carry it out with the people and communities involved.

1. Research/Project Title

2. Research/Project Duration

3. Type of Research/Project (e.g., clinical, population health, implementation, mixed methods etc.)

4. What is the change this research/project is intended to create or help bring about?

1. DESCRIBING THE RESEARCH

5. How will this research/project work to create that change and strengthen knowledge and action?

6. What do you anticipate learning from the process and findings of this research/project?

7. How does this research/project embody or honour Ethical Space or Indigenous Parallel Path?

SECTION 2. PATHWAYS TO VALUE AND IMPACT

What do you want to do with this research?

What are you trying to accomplish with these research findings? Select your top few from the list below and describe the area(s) where applicable.

| Pathways to Value & Impact <i>(Select from list below)</i> | Elaborate for this research | | How does the research reflect what matters most to those it aims to benefit? |
|---|--|---|--|
| | In the short term <i>(within project timeframe)</i> | In the long term <i>(beyond project timeframe)</i> | |
| <input type="checkbox"/> Build Capacity e.g., training and mentoring, curriculum development, comprehensive data sharing | | | |
| <input type="checkbox"/> Advance Knowledge e.g., understanding mechanisms of disease, developing frameworks, theories, methodological advances | | | |
| <input type="checkbox"/> Change Attitudes e.g., reframing health issues, build awareness, education | | | |
| <input type="checkbox"/> Inform or Influence Policy e.g., support legislation change, shaping or developing policies | | | |

2. PATHWAYS TO VALUE AND IMPACT

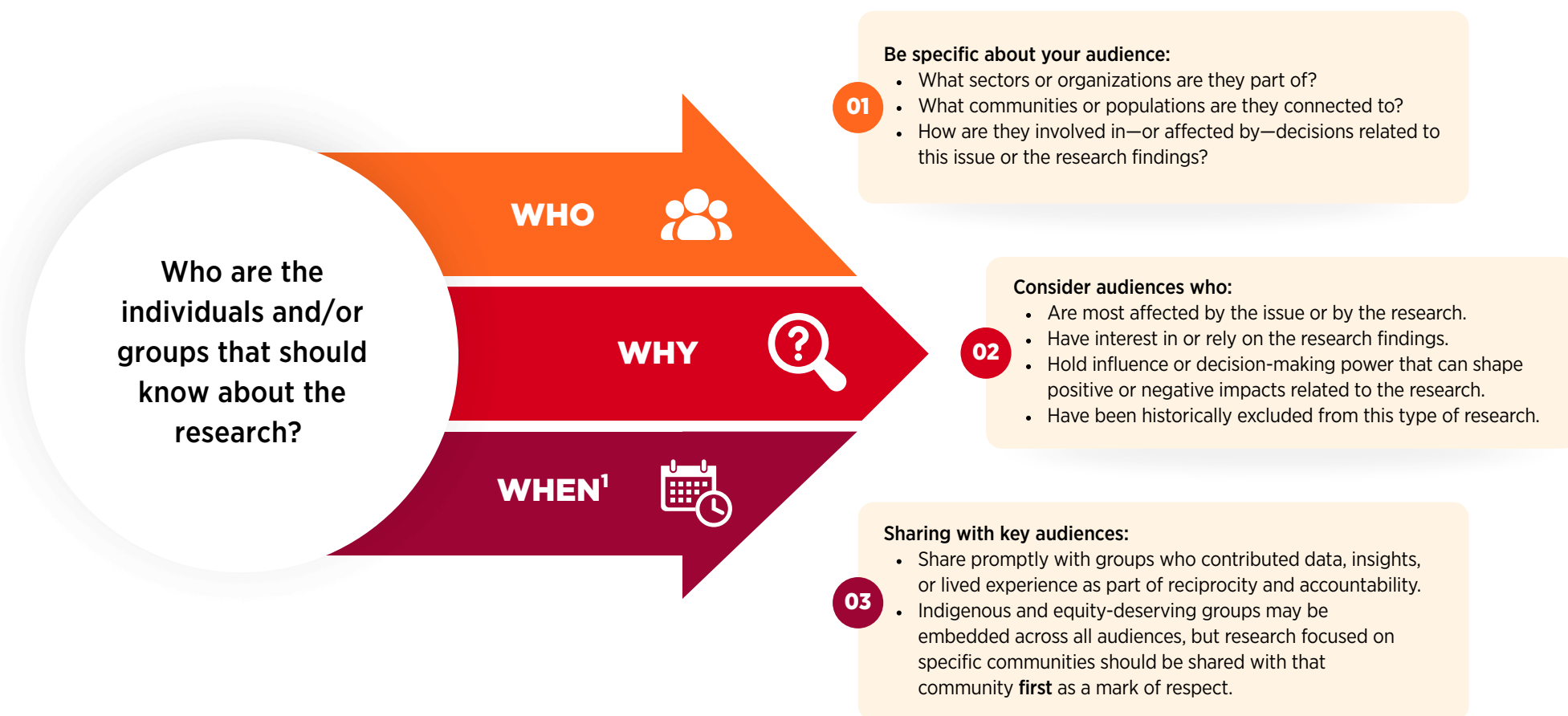
| Pathways to Value & Impact <i>(Select from list below)</i> | In the short term <i>(within project timeframe)</i> | In the long term <i>(beyond project timeframe)</i> | How does the research reflect what matters most to those it aims to benefit? |
|---|---|--|---|
| <input type="checkbox"/> Guide Practice e.g., developing new clinical practice guidelines, competencies, standards | | | |
| <input type="checkbox"/> Discover, Develop or Refine Process e.g., informing service delivery models, developing a new lab technique | | | |
| <input type="checkbox"/> Design or Develop Product e.g., improve or develop new products, services, devices or treatments | | | |
| <input type="checkbox"/> Change Behaviour e.g., changes in diagnostic or treatment practices, increasing public awareness and/or understanding of health issues | | | |
| <input type="checkbox"/> Implementation/Scaling e.g., piloting new models of care or service delivery, developing and deploying digital tools or platforms, expanding successful pilot programs | | | |
| <input type="checkbox"/> Other (specify): | | | |

SECTION 3. KEY AUDIENCES

Who needs to use, apply, or act on the findings for the research to achieve its intended impact?

Key audiences are the people or groups whose engagement, understanding, or use of the research is essential to achieving its goals and intended impact. Who needs to be engaged or informed for this research to make a difference?

Some audiences may be engaged not just as recipients of information, but as **partners** in the research process. Engaging in meaningful partnerships is essential to ethical and impactful research and should begin early and continue throughout the research lifecycle. More on this will be explored in **Section 7: Ethical, Meaningful & Inclusive Partnerships**.



¹ When engaging Indigenous Families and Communities in the Audiences, consult the One Child Every Child Indigenous Accelerator and the Indigenous Research Support Team (IRST) at UCalgary.

3. KEY AUDIENCES

Select 2–3 key groups or audiences to help focus efforts and resources toward the impact you want to achieve:

| Key Audiences | Audience Description | |
|--|----------------------|------|
| | Who? | Why? |
| <input type="checkbox"/> Indigenous Families and Communities¹ | | |
| <input type="checkbox"/> Children/Youth (e.g., individuals with relevant lived or living experience, including experiences in care, community, or health settings) | | |
| <input type="checkbox"/> Families/Caregivers (e.g., individuals with lived or living experience supporting or caring for children/youth) | | |
| <input type="checkbox"/> Community Organizations (e.g., advocacy groups, nonprofit or community-led organizations providing programs, services, or supports) | | |

¹ When engaging Indigenous Families and Communities in the Audiences, consult the One Child Every Child Indigenous Accelerator and the Indigenous Research Support Team (IRST) at UCalgary.

3. KEY AUDIENCES

| Key Audiences | Audience Description | |
|---|----------------------|------|
| | Who? | Why? |
| <input type="checkbox"/> Health Professionals and Practitioners (e.g., physicians, nurses, therapists, specialists etc.) | | |
| <input type="checkbox"/> Researchers (e.g., clinical, population health, data science, implementation science, trainees) | | |
| <input type="checkbox"/> Research/Professional Associations (e.g., clinical associations, academic societies) | | |
| <input type="checkbox"/> System/Organization Leaders (e.g., health, education, social services, child & family services, justice) | | |

3. KEY AUDIENCES

| Key Audiences ¹ | Audience Description | |
|---|----------------------|------|
| | Who? | Why? |
| <input type="checkbox"/> Government/Policy Makers (e.g., federal/provincial ministries, municipal governments, regulatory bodies) | | |
| <input type="checkbox"/> Funders/Philanthropy (e.g., Tri-Council, foundations, donor networks) | | |
| <input type="checkbox"/> Industry (e.g., biotech, medtech, digital health) | | |
| <input type="checkbox"/> Other (specify): | | |

SECTION 4. KEY MESSAGES

What do you want to tell the research audience?

Key messages communicate the most important and impactful aspects of the research in ways that are meaningful, relevant, and actionable for the intended audience(s). They help you focus on **what matters most** for each audience and to ensure communication is clear, consistent, and aligned with the impact you want to achieve.

For each audience that you listed in Section 3, identify key messages. Keep it to one or two sentences and use language that intended audiences are likely to understand.

- What are the main research **themes, take-aways, or ideas**?
- What does the audience **need to know or understand**?
- How does this insight or information **matter to the audience**?
- What is the most important **contribution or benefit** this research offers this audience?
- What **change or outcome** are you trying to support by communicating this message?



When developing key messages, consider insights that extend beyond the primary research goals. How do the research findings or methods contribute to, challenge, or compliment broader evidence in the field?

| Audience <i>(Copy from Section 3)</i> | Key Messages for this Audience <i>(What do you want to tell this audience?)</i> |
|---|---|
| | |
| | |

4. KEY MESSAGES

| Audience <i>(Copy from Section 3)</i> | Key Messages for this Audience <i>(What do you want to tell this audience?)</i> |
|---|---|
| | |
| | |
| | |
| | |

SECTION 5. RESEARCH CONTEXT

What else is happening that may influence how the research is received?

Understanding context helps you align KM activities with the real-world conditions that influence how research is received and applied. Reflect on audience needs, system constraints, and broader societal or environmental factors that may influence the reception of this research. Use these insights to inform how you frame key messages and choose KM activities that will meaningfully resonate with the intended audiences.

What are the key current contextual factors relevant to the research? (e.g., economic, health, social, environment, cultural, political, legal, education, international).

How will these factors influence the design/delivery of KM activities? (e.g., how you frame your messages, timing of activities, formats/channels you choose).

SECTION 6. KNOWLEDGE MOBILIZATION ACTIVITIES

Which KM activities will drive your pathways to value and impact?

Knowledge Mobilization activities are the specific ways that you will reach your key audiences. When selecting KM activities, take time to consider the following reflective questions:

| WHAT | WHO | WHEN | HOW |
|---|--|---|---|
| <ul style="list-style-type: none">• What knowledge or evidence needs to be mobilized? (e.g., research findings, community insights, policy recommendations).• What format will make this knowledge most useful? (e.g., infographic for public audiences, technical brief for policymakers).• What level of detail does the intended audience need? (e.g., plain-language summary vs. full data tables).• What additional perspectives or knowledge should be included? (e.g., traditional knowledge systems, lived-experience narratives).• How will partners or communities be involved in the activity? (e.g., co-designing materials, co-hosting dissemination events)• Does the activity uphold sovereignty & equity principles? (e.g., sharing data first with affected communities; ensuring accessible consultation). | <ul style="list-style-type: none">• For whom should the activity create value beyond information? (e.g., capacity building for local organizations).• For whom might this knowledge have unintended consequences? (e.g., communities affected by sensitive data or messages).• For whom do you need to tailor messaging differently? (e.g., diverse languages, equity-deserving groups, cultural responsiveness).• Who needs to be engaged early in the research lifecycle to help shape priorities or direction? (e.g., community leaders, people with lived experience, service providers). | <ul style="list-style-type: none">• When is the best time in the research lifecycle to share this knowledge for maximum influence? (e.g., before policy review deadlines, during community planning cycles).• When in the research or decision-making cycle will this activity have the most impact? (e.g., early engagement for shaping priorities vs. later for implementation).• When do key audiences have the capacity to engage meaningfully? (e.g., outside peak operational periods, before major system changes).• When should feedback loops be built in for adaptation? (e.g., mid-project check-ins, post-event surveys).• When should community review or approval occur before broader dissemination? (e.g., prior to publishing findings that involve equity-deserving groups). | <ul style="list-style-type: none">• How will the knowledge be communicated? (e.g., webinar, podcast, policy brief, graphic, workshop).• How will key audiences be engaged early to shape priorities and direction? (e.g., during agenda-setting, early planning sessions).• How will activities encourage interaction or co-creation? (e.g., roundtable discussions, co-design sessions).• How will accessibility and inclusivity be ensured? (e.g., multiple languages, visual/ audio formats, accessible spaces).• How will intersectionality be reflected in presenting data? (e.g., situating findings within systemic inequities).• How will issues of power and representation be addressed? (e.g., adherence to DORA guidelines).• Are there adequate resources to carry out planned activities? (e.g., time, personnel, budget, space).• How will success be measured? (e.g., reach, engagement, changes in practice or policy). |

6. KNOWLEDGE MOBILIZATION ACTIVITIES

For each pathway to value and impact you identified in Section 2, list up to three KM activities, the key audiences (from Section 3), when you will do them, and how you will ensure accessibility and relevance. For examples of KM activities, see **Appendix A: List of KM Activities**.

1. PATHWAY TO VALUE AND IMPACT (Copy from Section 2): _____

| KM Activity <i>What activities will you carry out?</i> | Key Audience (from Section 3) <i>Who is this activity for?</i> | Timing <i>When will it occur?</i> | Accessibility & Relevance <i>How will you tailor the activity to meet audience needs?</i> |
|--|--|---|---|
| | | | |
| | | | |
| | | | |

2. PATHWAY TO VALUE AND IMPACT (Copy from Section 2): _____

| KM Activity <i>What activities will you carry out?</i> | Key Audience (from Section 3) <i>Who is this activity for?</i> | Timing <i>When will it occur?</i> | Accessibility & Relevance <i>How will you tailor the activity to meet audience needs?</i> |
|--|--|---|---|
| | | | |
| | | | |
| | | | |

6. KNOWLEDGE MOBILIZATION ACTIVITIES

3. PATHWAY TO VALUE AND IMPACT (Copy from Section 2): _____

| KM Activity <i>What activities will you carry out?</i> | Key Audience (from Section 3) <i>Who is this activity for?</i> | Timing <i>When will it occur?</i> | Accessibility & Relevance <i>How will you tailor the activity to meet audience needs?</i> |
|--|--|---|---|
| | | | |
| | | | |
| | | | |

4. PATHWAY TO VALUE AND IMPACT (Copy from Section 2): _____

| KM Activity <i>What activities will you carry out?</i> | Key Audience (from Section 3) <i>Who is this activity for?</i> | Timing <i>When will it occur?</i> | Accessibility & Relevance <i>How will you tailor the activity to meet audience needs?</i> |
|--|--|---|---|
| | | | |
| | | | |
| | | | |

6. KNOWLEDGE MOBILIZATION ACTIVITIES

5. PATHWAY TO VALUE AND IMPACT (Copy from Section 2): _____

| KM Activity <i>What activities will you carry out?</i> | Key Audience (from Section 3) <i>Who is this activity for?</i> | Timing <i>When will it occur?</i> | Accessibility & Relevance <i>How will you tailor the activity to meet audience needs?</i> |
|--|--|---|---|
| | | | |
| | | | |
| | | | |

6. PATHWAY TO VALUE AND IMPACT (Copy from Section 2): _____

| KM Activity <i>What activities will you carry out?</i> | Key Audience (from Section 3) <i>Who is this activity for?</i> | Timing <i>When will it occur?</i> | Accessibility & Relevance <i>How will you tailor the activity to meet audience needs?</i> |
|--|--|---|---|
| | | | |
| | | | |
| | | | |

SECTION 7. ETHICAL, MEANINGFUL & INCLUSIVE PARTNERSHIPS

Who will you partner with to optimize the research impact?

Partnership is a fundamental component of effective and impactful Value, Impact, and KM planning.

Partners are those individuals or organizations who actively collaborate with you to guide the planning and implementation of your Value, Impact and KM Plan. There are many broad types of partners who may contribute to the research in different ways. As each partner brings their own unique identity, knowledge, and lived experience, the specific terms, roles, and language used to describe any partner should be determined through **mutual dialogue** with those involved and reflect how they choose to identify and describe their involvement.



Patient partners¹ are a **distinct group of partners** who include individuals with lived or living experience and informal caregivers such as family or friends, who bring unique perspectives and considerations to research. As their role has evolved from participants to active collaborators, it is essential to recognize and support their **distinct** needs and contributions.

Engagement levels may vary among partners, so it is important to establish a **shared understanding** of roles and expectations early on and revisit these collaboratively as the work evolves. The figure below outlines different levels of research partnership and can be used as a **starting point** to consider the types of roles your partners may take on.

| | | Levels of Research Partnership | | | |
|------------------|-----------------------|--|---|---|---|
| | | Consult | Involve | Collaborate | Lead/Support |
| Role in Research | Partners: | Provide feedback and advice on specific research activities | To work directly with the research team throughout the project | Partner on equal footing with researchers in all aspects of research | Make decisions and lead research activities |
| | Research Teams: | Seek input on an ad hoc basis | Include as standing members of an advisory group | Partner equally with partners as team members | Follow a partner's lead and support their decisions |
| | How this can be done: | <ul style="list-style-type: none"> Scientific cafes Focus groups Priority setting activities Members of ad hoc working groups Expert panels | <ul style="list-style-type: none"> Standing working groups Research advisory committees | <ul style="list-style-type: none"> Co-investigators Research partners Research steering committees | <ul style="list-style-type: none"> Partner or community steering committees Partners as Principal Investigators |

Figure adapted from: Manafó E, Petermann L, Vandall-Walker V, Mason-Lai P (2018) Patient and public engagement in priority setting: A systematic rapid review of the literature. PLoS ONE 13(3): e0193579. <https://doi.org/10.1371/journal.pone.0193579>

¹ Canadian Institutes of Health Research. (2019). Strategy for Patient-Oriented Research: Patient Engagement Framework. <https://cihr-irsc.gc.ca/e/48413.html#a4>

SECTION 7A. WHAT TYPES OF PARTNERS WILL YOU ENGAGE?

For each relevant partner group, identify which partners you already work with, which you may need to engage or build new relationships with, and how they will be involved in the research.

Use the **Levels of Research Partnership figure (pg. 21)** to help identify the roles your partners may take on.

| Who will you engage as partners? <i>(Select from list below)</i> | Which partnerships do you already have in place, and which do you need to develop? <i>(List organizations or names)</i> | What is, or will be, this partner's level of engagement in the research? <i>(Use Levels of Research Partnership figure)</i> |
|--|---|---|
| <input type="checkbox"/> Indigenous Families and Communities¹ | | |
| <input type="checkbox"/> Children/Youth (e.g., individuals with relevant lived or living experience, including experiences in care, community, or health settings) | | |
| <input type="checkbox"/> Families/Caregivers (e.g., individuals with lived or living experience supporting or caring for children/youth) | | |
| <input type="checkbox"/> Community Organizations (e.g., advocacy groups, nonprofit or community-led organizations providing programs, services, or supports) | | |

¹ When engaging Indigenous Families and Communities in the Audiences, consult the One Child Every Child Indigenous Accelerator and the Indigenous Research Support Team (IRST) at UCalgary.

7A. WHAT TYPES OF PARTNERS WILL YOU ENGAGE?

| Who will you engage as partners? <i>(Select from list below)</i> | Which partnerships do you already have in place, and which do you need to develop? <i>(List organizations or names)</i> | What is, or will be, this partner's level of engagement in the research? <i>(Use Levels of Research Partnership figure)</i> |
|---|---|---|
| <input type="checkbox"/> Health Professionals and Practitioners (e.g., physicians, nurses, therapists, specialists etc.) | | |
| <input type="checkbox"/> Researchers (e.g., clinical, population health, data science, implementation science, trainees) | | |
| <input type="checkbox"/> Research/Professional Associations (e.g., clinical associations, academic societies) | | |
| <input type="checkbox"/> System/Organization Leaders (e.g., health, education, social services, child & family services, justice) | | |

7A. WHAT TYPES OF PARTNERS WILL YOU ENGAGE?

| Who will you engage as partners? <i>(Select from list below)</i> | Which partnerships do you already have in place, and which do you need to develop? <i>(List organizations or names)</i> | What is, or will be, this partner's level of engagement in the research? <i>(Use Levels of Research Partnership figure)</i> |
|---|---|---|
| <input type="checkbox"/> Government/Policy Makers (e.g., federal/provincial ministries, municipal governments, regulatory bodies) | | |
| <input type="checkbox"/> Funders/Philanthropy (e.g., Tri-Council, foundations, donor networks) | | |
| <input type="checkbox"/> Industry (e.g., biotech, medtech, digital health) | | |
| <input type="checkbox"/> Other (specify): | | |

SECTION 7B. ENABLING MEANINGFUL AND QUALITY RELATIONSHIPS

Reflecting on the **Aspects of Quality Partnerships table (Appendix B)**, identify the roles, benefits, and actions you will take to support meaningful partnerships with your selected partners in this research.

| Who will you engage as partners? <i>(Copy from Section 7A)</i> | Which KM activities will this partner support, and how? <i>(Copy activities from Section 6)</i> | What potential benefits will this partner gain from being part of the research? | What actions will you take to ensure a quality partnership? <i>(See Appendix B)</i> |
|--|---|--|---|
| | | | |
| | | | |
| | | | |

Birnie, K. A., Marbil, M. G., MacKenzie, N. E., ... & Hadjistavropoulos, T. (2025). Ethical issues in patient partnership in psychology and health research. Canadian Psychology/Psychologie canadienne. <https://doi.org/10.31219/osf.io/7exus>.
 MacKenzie, N. E., Chambers, C. T., Marshall, D. A., ... & Birnie, K. A. (2025). Unique and shared partner priorities for supporting engagement in knowledge mobilization in pediatric pain: a best-worst scaling experiment. Health Research Policy and Systems, 23(1), 49. <https://doi.org/10.1186/s12961-025-01310-2>

7B. ENABLING MEANINGFUL AND QUALITY RELATIONSHIPS

| Who will you engage as partners? <i>(Copy from Section 7A)</i> | Which KM activities will this partner support, and how? <i>(Copy activities from Section 6)</i> | What potential benefits will this partner gain from being part of the research? | What actions will you take to ensure a quality partnership? <i>(See Appendix B)</i> |
|--|---|--|---|
| | | | |
| | | | |
| | | | |
| | | | |

SECTION 8. MONITORING & EVALUATION

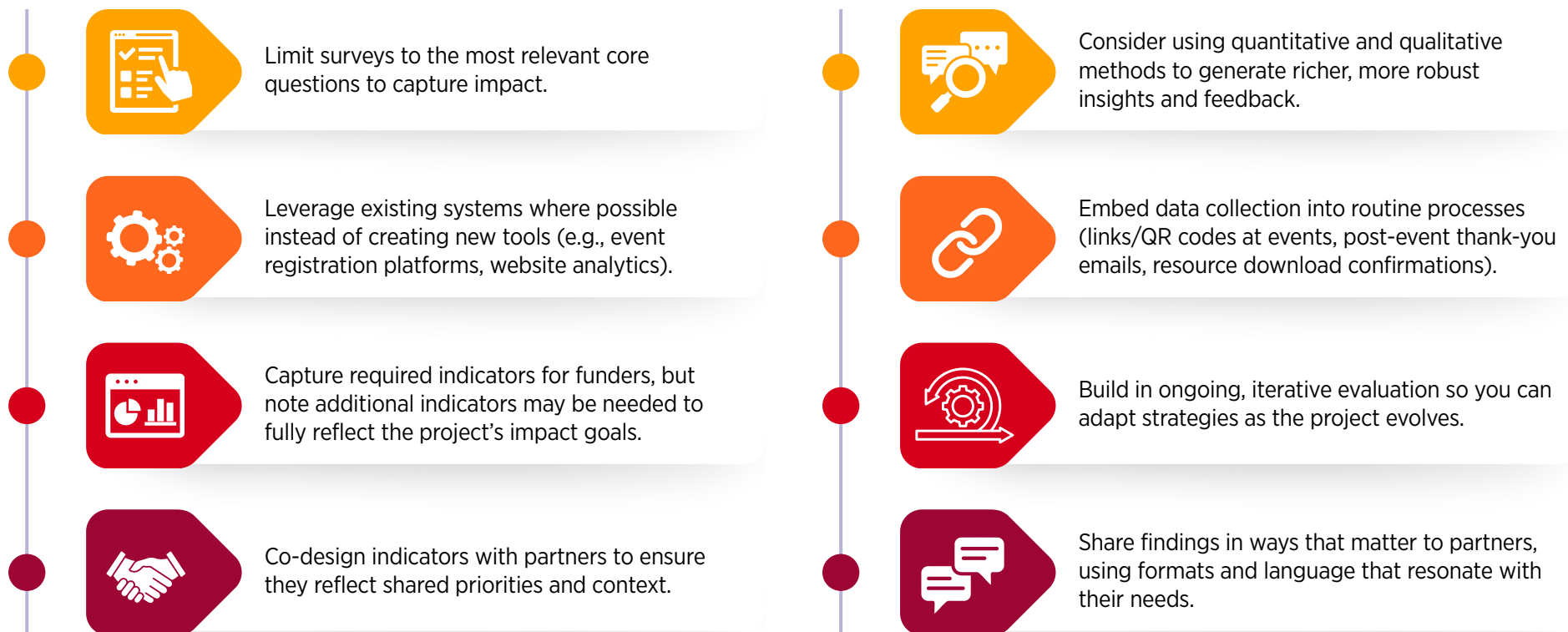
How will you know your KM activities are working toward the desired impact and value?

Monitoring and evaluating KM activities helps ensure they are contributing meaningfully to your intended impact. It allows you to assess whether the activities are reaching the right audiences, resonating with them, and fostering the connections or changes that support your broader goals.

By integrating ongoing evaluation into your approach, you can:

- Make informed decisions about **where to focus or adapt efforts** and allocate resources
- Demonstrate **value, impact and accountability** to partners, funders, and other interest holders
- Show **evidence of progress** toward both short- and long-term outcomes

When evaluating, aim to:



8. MONITORING & EVALUATION

For each KM activity identified in Section 6, list one or two indicators that will help demonstrate the value, reach, and impact of the activity. Ensure the indicators you choose align with the research goals, intended impacts, and key audiences, and that they are meaningful to those groups. For a list of example indicators, see **Appendix C: Evaluation Indicators**.

| KM Activity <i>(Copy from Section 6)</i> | Key Evaluation Indicators <i>(See Appendix C)</i> |
|--|---|
| | |
| | |
| | |

8. MONITORING & EVALUATION

| KM Activity <i>(Copy from Section 6)</i> | Key Evaluation Indicators <i>(See Appendix C)</i> |
|--|---|
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SECTION 9. RESOURCE CONSIDERATIONS

What resources are needed to achieve the intended impacts and value?

Value, Impact, and KM activities often require a range of supports – from people and partnerships, to tools and infrastructure.

Use the example list below to generate ideas of what types of resources may be needed to carry out your identified activities, and which may have cost implications for the overall project budget.

| Category | Examples of Resource Needs |
|-------------------------------|---|
| Partnerships | <ul style="list-style-type: none"> • Honoraria/compensation for partner contributions (e.g., community advisors, youth research partners, Indigenous knowledge holders) <ul style="list-style-type: none"> ◦ See Guidelines from Canadian Institutes of Health Research • Stipends or funding contribution for community groups or organizations time, space, leadership or other to support KM activities • Capacity-building supports (e.g., training for partners in methods or evaluation) |
| Monitoring & Evaluation | <ul style="list-style-type: none"> • Survey tools¹ and licenses (e.g., Qualtrics, advanced social media analytics) • Data analysis software¹ (e.g., NVivo, ATLAS.ti, statistical packages etc.) • Evaluation planning time • Evaluation or analysis consultant (e.g., developmental evaluation, economic evaluation, data modelling) • Licenses, toolkits, or instruments for Impact, Value, or KM assessments (e.g., quality-of-life scales, burden-of-illness tools, KM readiness/uptake tools) • Data access fees for administrative, clinical, or economic datasets |
| Events (Hosting or Attending) | <ul style="list-style-type: none"> • Sponsorship booth • Venue • Audio/Visual requirements • Accommodations and/or travel • Registration fees |
| Project Team Personnel | <ul style="list-style-type: none"> • Project coordinator • Knowledge Broker • Communications specialist • Evaluation lead or analyst • Health economist (e.g., cost-of-illness, cost-effectiveness, cost-utility, ROI analyses) • Biostatistician or quantitative analyst (e.g., regression, latent class modelling) • Qualitative researcher (e.g., lived-experience perspectives on significance/value) • Data manager / data engineer for linking, cleaning, preparing datasets for value or impact assessments. |

¹ Examples are provided for information only; OCEC does not endorse any specific tool, software or platform.

9. RESOURCE CONSIDERATIONS

| Category | Examples of Resource Needs |
|--------------------------|---|
| Infrastructure | <ul style="list-style-type: none"> • Tools¹ for collaboration (e.g., Slack, Miro, Basecamp etc.) • Web hosting or platform¹ access for sharing resources • File storage and version control systems • Physical office or lab space for staff/trainees • Design Software¹ (e.g., Canva, InDesign, Figma etc.) • Analytic software for modelling, economic evaluation, regression, or simulation analyses. • Survey platforms with advanced experimental-design capabilities (e.g., for discrete choice experiments) • Secure storage for linked datasets needed for burden-of-illness or utilization analyses • Lab infrastructure and equipment costs |
| Accessibility | <ul style="list-style-type: none"> • Translation services (e.g., diverse languages, ASL) • Captioning and alt text tools • Production of materials in multiple formats (including plain-language adaptation of economic, evaluation, or modelling results to ensure accessibility for families, communities, and decision-makers) |
| Expert Engagement | <ul style="list-style-type: none"> • Graphic designer for visual products • Web developer for websites or interactive tools • Government relations advisor to support policy engagement • Communications expertise (e.g., media, public relations) • Facilitator for partner dialogues or focus groups • Videographer and production • Specialized analytic consultant for burden-of-illness, utilization, or cost analyses (if not part of the core team) |
| Miscellaneous | <ul style="list-style-type: none"> • Printing and distribution costs for physical materials • Contingency funds for emergent needs (e.g., adapting materials based on partner feedback) • Publication costs (e.g., open access peer reviewed journals, online articles and publications) • Dissemination costs (e.g., paid podcasts, newsletter posts) |

¹ Examples are provided for information only; OCEC does not endorse any specific tool, software or platform.

9. RESOURCE CONSIDERATIONS

For each KM activity listed in Section 6, identify the resources you expect will be needed to support it.

| KM Activity <i>(Copy from Section 6)</i> | Resources Required <i>(List resources you will need for this activity)</i> |
|--|--|
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9. RESOURCE CONSIDERATIONS

| KM Activity <i>(Copy from Section 6)</i> | Resources Required <i>(List resources you will need for this activity)</i> |
|--|--|
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APPENDICES

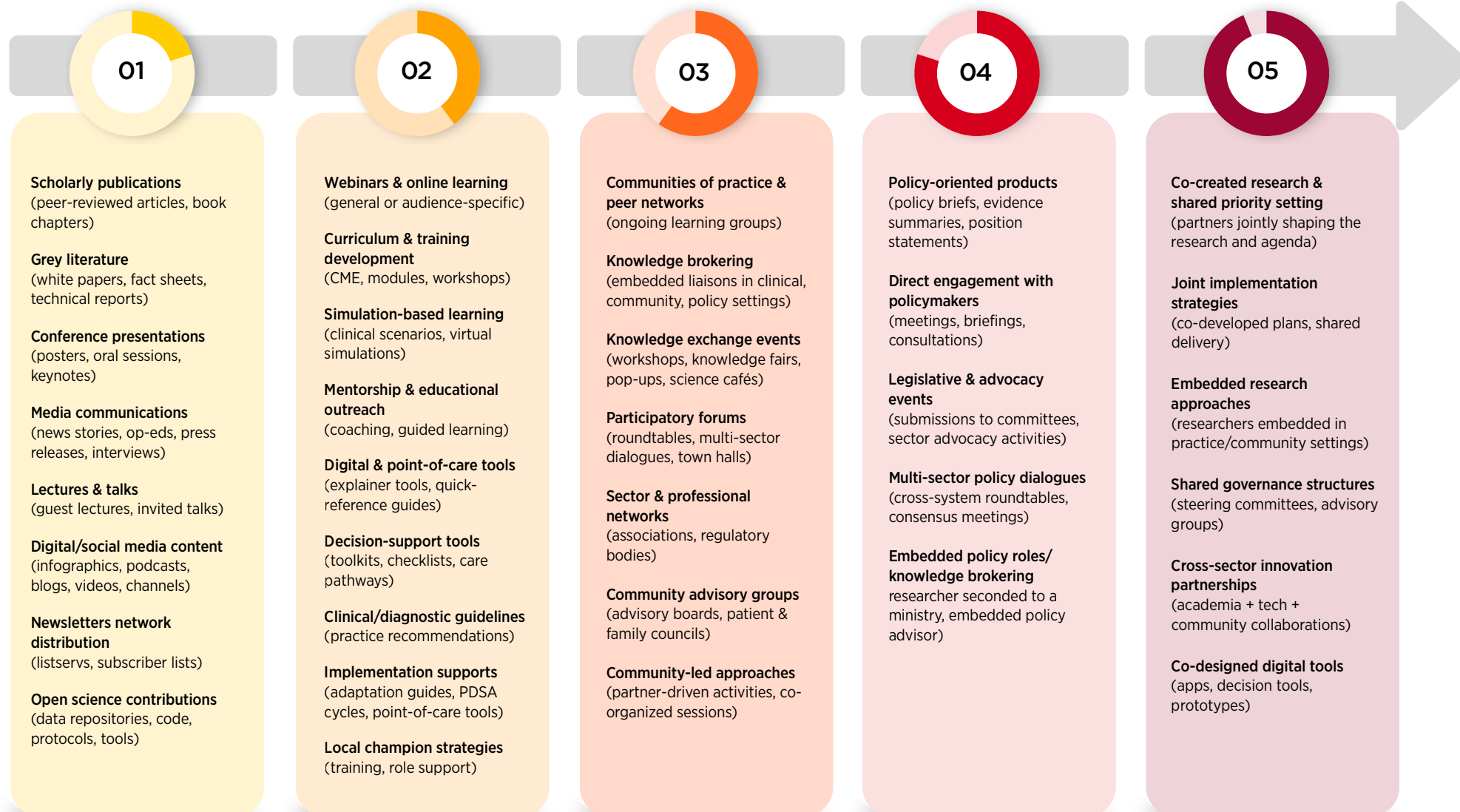


APPENDIX A: List of Potential Knowledge Mobilization Activities

The activities below are organized based on their overall engagement with end users. Use them as a foundation to spark ideas and design creative approaches for reaching key audiences. KM activities should be tailored to intended audiences (ideally through co-creation) to achieve intended impact and value.

Lower Engagement

Higher Engagement



For more ideas, please see:
<https://research.ucalgary.ca/engage-research/knowledge-mobilization-activities>

1. Role Clarity, Shared Values & Expectations

Building quality partnerships in research requires intentionality in defining roles, aligning values, and establishing shared expectations.

- **Foster** an environment of openness and respect for all team member perspectives and contributions.
- **Identify** shared goals and values (such as integrity, accountability, transparency, mutual respect). Align approaches with partners' unique knowledge and interests.
- **Co-develop** clarity around roles. Outline each partner's role early in the collaboration and revisit as needed.
- **Address** what partners should know and understand when entering into a relationship researchers. Be clear about what partners can expect in terms of what information about them or their experiences is kept private and confidential.
- **Honour** the cultural, organizational, and personal values of all partners.
- **Shared Leadership:**
 - Address and minimize power differentials among team members. Focus on building a sense of belongingness for all.
 - Reflect on the degree of vulnerability of partners relative to others engaged in research activities. Trauma-informed, intersectional, and critically reflexive approaches to partnership emphasize trust, self-awareness, empathy, and relationship building.

2. Mutual Respect & Benefit

Partnership should be viewed as an ongoing relationship, not just a one-time collaboration. Partners should be acknowledged formally for their contributions. Be aware that youth and family partners typically hold less rights and protections than others on the research team (e.g., researchers, employees, trainees, other collaborators).

- **Co-production:** Partners can be engaged early, often, and throughout all stages of the research process with demonstrated significant benefit to partners, researchers, and the research itself.
- **Continuous Reflexivity:** Check in regularly with communities, even mid-project, to ensure alignment with evolving needs and priorities. This supports a dynamic, responsive approach rather than a static, top-down model.
- **Care and Benefit:** Promote the wellbeing of partners by maximizing benefit to them/their communities through partnership in research activities. Take steps to minimize or mitigate risks and to offset or correct any harms to partners while emphasizing their self-autonomy, rights, and decision-making.
- **Compensation:** Youth and family partners should receive compensation that is fair, ethical, and aligned with equity, transparency, and mutual benefit. Use compensation guidelines and structures that address systemic barriers (e.g., hourly rates, stipends, or honorariums). Consider providing compensation to other partners (e.g., community groups/ organizations) to support equitable engagement.
- **Co-authorship:** Ensure partner contributions are recognized, not just acknowledged, through mechanisms such as authorship (including in academic publications or outputs). Ask what impact or recognition is meaningful or valued by partners.

3. Inclusiveness & Accessibility

There is a known lack of diversity in research partnerships. Deliberate action to increase diversity and support inclusive, equitable patient partnership is warranted to support the democratization of research and mitigate tokenistic engagement.

- Purposively seek and include partners with diverse and representative expertise. Ensure shared values of plurality and diversity of experiences amongst the research team.
- Develop intentional criteria and transparent reporting of the research partner selection process (e.g., open calls for partners).
- Consider your meeting/event environment (i.e., default to audio-captioning, offer interpreters, wheel-chair accessible spaces, meet outside of healthcare or research institutions).
- Support trauma-informed, culturally responsive partnership practices.

4. Skill & Competence

Support the development of skills and competence in quality research partnerships.

- **For Self:** As a researcher, seek formal and informal training (e.g., courses, mentorship). Reflect on power imbalances (e.g., institutional authority vs. community knowledge). Create strategies to mitigate inequities and opportunity to learn from partners, such as co-leadership models.
- **For Team:** Support team members such as employees, trainees, and other in advancing their training in research partnership (e.g., courses, journal clubs).
- **For Partners:** Support partners to develop skill and competence in research (e.g., TCPS-2) and in partnership. Embed capacity-building opportunities for partners and ensure they gain benefits that are meaningful to them.

5. Learning & Evaluation

Engage in reflective partnership through evaluation and contribute to the developing evidence base to guide the practice and impact of research partnership.

- Use validated tools for ongoing and/or one-time evaluation (e.g., Patient Engagement in Research Scale [PEIRS-22]; Ways of Engaging-Engagement Activity Tool [WE-ENACT], Research Quality Plus for Co-Production [RQ+ 4 Co-Pro]; Public and Patient Engagement Evaluation Tool [PEET]). Use of these tools can inform and assess the quality of partnerships in evidence co-production partnerships. They can also be used to inform and evaluate how partnerships are developed.
- Apply reporting guidelines in peer-reviewed publications for the integration of partnership in research (e.g., GRIPP-2 reporting checklist).

APPENDIX C: Monitoring & Evaluation Indicators

This list of indicators is organized by low-effort, easy-to-collect measures (easy to track, likely using existing data sources) to high-effort (involve greater investment or long-term tracking to capture sustainability and real-world impact). This list allows research teams to start their evaluation efforts with quick wins and scale up to deeper evaluations as capacity and resources grow.

Low Effort

01

Number & type of knowledge mobilization activities

(presentations, articles, webinars, etc.)

Number/diversity of audiences engaged

(attendees by sector, geography, role)

Number of resources distributed

(reports, briefs, infographics; web or print)

Number of activities accessed

(website analytics, social media metrics)

Media coverage & citations

(mentions in news, blogs, podcasts, or academic citations of KT products)

Engagement duration

(average time spent on webinars or website pages)

Number of new partnerships or collaborations formed

(new organizational or cross-sector relationships)

Growth of professional networks

(increase in LinkedIn connections, listserv or community-of-practice membership)

Participation in conversations and meetings

(attendance at working groups, community roundtables, or dialogues)

Training uptake

(number of staff trained using newly developed KM resource)

02

Usefulness assessments

(survey responses indicating relevance, applicability, or intent to use information)

Audience/interest holder satisfaction

(post-event surveys, interviews, qualitative feedback)

Measures of appropriateness

(alignment with audience needs, cultural context, or values)

Cross-sector representation

(proportion of partners from policy, clinical, community, education sectors)

Suitability for everyday use

(feedback on practicality, timeliness, compatibility with workflows)

Accessibility/inclusivity of materials

(plain language, multilingual, multiple formats such as print, digital, audio)

Comprehension or clarity checks

(quick polls or quizzes during webinars)

Timeliness of dissemination

(resources released within X weeks of evidence generation)

03

Involvement in co-production or co-creation processes

(joint development of resources, tools, or policies with partners)

Ongoing contributions to project

(advisory committee, community leads, continued engagement post initial funding)

Depth of engagement

(number of partners contributing content vs. just attending, degree of meaningful engagement)

Measures of adoption

(number intending to use, number actively using the resource)

Measure assessing change in beliefs, behaviours, attitudes, knowledge

(validated measure, survey, administrative data)

Measures of fidelity

(degree to which the tool, resource or practice is being used as intended)

Integration into organizational policies

(documented inclusion in guidelines, protocols, curricula)

High Effort

04

Measures of sustainability

(outcomes capturing how well change or implementation has sustained over time)

Replication or scale-up

(KM approach adopted by other teams or jurisdictions)

Policy citations or legislative references

(KM outputs referenced in policy briefs, regulations)

Economic or resource impact

(cost savings, time efficiencies, reduced duplication)

Equity impact

(improved access or outcomes for equity deserving populations)

APPENDIX D: Considerations & Methods for Incorporating Assessment of Value in Planning Research to Optimize Value, Impact and Knowledge Mobilization

All types of research studies (from basic science to intervention studies to implementation science) can consider assessing value broadly using one or more methods.

- Approaches to assess value need to be considered in the planning stage of research, and can't generally be added post-hoc because it affects study design, who is on the research team, methods, and data collection requirements including consent in cases where study data need to be linked to external data.
- Some methods of value assessment are described briefly below, with specific examples. Note, they apply to particular types of research studies being considered for value assessment.
- For other types of research, there are ways to assess value that follow the guidance for impact assessment detailed earlier in this Pathways to Impact: Value, Impact and Knowledge Mobilization Integrated Planning Tool.

Please refer to the *VIKM Health Economics Value Tool* for more detailed information.

METHODS TO ASSESS VALUE

Traditional Economic Evaluation Methods¹

Specific methods of analysis for studies that are evaluating an “intervention.” An intervention may be at an individual treatment level, or system level, or population level. These require a comparator, and broadly assess the incremental value of alternative ways of doing things measured as both costs and outcomes.

- Cost analysis, cost of illness, burden of illness
- Outcome analysis, comparative effectiveness analysis
- Cost-effectiveness analysis, cost-consequence analysis and cost-utility analysis, cost minimization analysis
- Cost-benefit analysis
- Budget impact analysis

Patient Reported Outcome Measures⁵

PROMs are measures of a realized outcome (what is or what it is like). A PROM is any report of a patient's health condition that comes directly from patients without interpretation by a clinician or anyone else. Here, we focus the health economics perspective and so on utility-based PROMS.

- Patient reported outcomes (utility-based)

Health Preference Methods⁶⁻¹²

Another type of economics study is to conduct qualitative or quantitative assessments of the relative desirability of specific treatments or service options that differ. These methods measure what patients (or others) want or prefer. Here, we focus on health economics methods, so identify the quantitative preference methods.

- Discrete choice experiments
- Best-worst scaling
- Contingent valuation
- Threshold techniques
- Swing-weighting

Value Assessment Methods

Emerging Advanced Methods²⁻⁴

Related to and building on traditional economic evaluation methods, there are a variety of emerging advanced methods of economic evaluation to address things like equity, multi-sectoral, and complex real-world interventions.

- Generalized cost-effectiveness analysis (GCEA)
- Generalized risk-adjusted cost-effectiveness analysis (GRACE)
- Distributional cost-effectiveness analysis (DCEA)
- Extended cost-effectiveness analysis
- Realist economic evaluation

Broader Valuation Techniques¹³⁻¹⁵

Methods which are helpful (generally speaking) in more macro level evaluations that support decisions about investments in health and health research and inform health policy.

- Return on investment
- Social return on investment
- Policy analysis

APPENDIX D: Considerations & Methods for Incorporating Assessment of Value in Planning Research to Optimize Value, Impact and Knowledge Mobilization

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The Value, Impact, and Knowledge Mobilization Integrated Planning Tool is a living resource that will continue to evolve.

If you have suggestions for new materials or questions about any component, please contact onechildeverychild@ucalgary.ca or visit <https://research.ucalgary.ca/one-child-every-child>

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