



CAPTURE

Canadian platform to increase usage of real-world evidence

Plateforme canadienne pour accroître l'usage de données probantes du monde réel

REPORT ON INAUGURAL INTERNATIONAL ADVISORY BOARD MEETING

MAY 2010

INTRODUCTION

The CAPTURE Project will revolutionize how chronic disease prevention practitioners and program managers learn from what they do. We are building a web-based evaluation platform to help them understand what works in their community and under what context.

CAPTURE is about making evaluation easy, accessible and practical. With features like e-networking and a Google-like resource search engine, CAPTURE will also offer a range of unique evaluation tools and services that cover all aspects of program planning, evaluation, report generation, and dissemination.

ABOUT THE INTERNATIONAL ADVISORY BOARD MEETING

On April 12 and 13, 2010, CAPTURE held its inaugural International Advisory Board (IAB) meeting in Vancouver, British Columbia. The meeting was attended by 10 members of the 15 member advisory board (see Appendix A for list of IAB members). The objectives of the meeting were to familiarize the IAB with The CAPTURE Project and its progress to date; share CAPTURE's plans for the next two years; obtain strategic advice on partnering, marketing, creating demand, fostering system change in evaluation capacity building, and sustainability; and generate discussion on the role of IAB members in being CAPTURE ambassadors.

WHAT WE HEARD

The main advice provided by IAB members is summarized below:

Expand the focus of communications to clients

The questions and comments of some IAB members indicated that The CAPTURE Project has not yet succeeded in obtaining an adequate understanding of its products and services and the needs it is seeking to address. Advisory board members encouraged The CAPTURE Project to find the “sizzle” of CAPTURE: a compelling and exciting story to “sell” the platform to different audiences. CAPTURE was advised to develop a

communications plan that addresses the needs of two target audiences: the users of the platform (health promotion practitioners and program managers) and clients (decision-makers, senior managers, and funders) who are responsible for setting the overall direction for evaluation and evidence-informed practices within their organizations or initiatives.

Pursue a “local needs” based development approach

IAB members urged CAPTURE to find other early adopters like the CLASP initiative of the Canadian Partnership Against Cancer for whom CAPTURE can build platform features in service of pressing organizational needs. This will enable CAPTURE to build the platform and demonstrate its immediate value-add.

Provide “high touch” supports

IAB members advised CAPTURE to focus on high touch supports just as much as, or even more than, high tech features. In order for CAPTURE to be more than “just another website” it will need to develop features and services that will facilitate relationship building. CAPTURE was also urged to provide a range of supports for different levels of evaluation capacity.

CAPTURE Milestones

IAB members were asked to identify the indicators for CAPTURE success at 2, 5 and 10 years. Their responses are presented in Appendix B. Regardless of the time frame, success for CAPTURE was seen to involve sustained funding, an increasing client base, and increased awareness and recognition. At the end of two years, the establishment of the platform with a handful of successful pilot clients was the indicator of success.

WHAT WE WILL DO

In response to IAB discussion and advice, CAPTURE will undertake the following:

- Continue to refine its messaging and communication materials to include a client-centered focus that highlights CAPTURE as a solution to unmet needs and clearly shows the value-add of CAPTURE.

- Clearly define the CAPTURE platform's users and clients.
- Work towards obtaining other clients so CAPTURE can develop features that meet existing needs.
- Continue to conduct market research on client needs and evaluation activities, supports and expenditures within Canada.
- Identify high touch supports to be developed in partnership with other organizations.
- Develop features that address a range of evaluation needs from organizations that have existing planning and evaluation processes and policies to those with little internal capacity for evaluation and/or data system creation.
- Develop a process to better inform IAB members about the progress of CAPTURE and the thinking behind it so more of the meeting time can be devoted to discussion.
- Review its performance monitoring and evaluation framework with reference to IAB indicators of success.

The next IAB meeting will be held in the fall of 2010. Appendix C shows the list of topics IAB members requested for inclusion at the meeting.

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APPENDIX A: IAB MEMBERS

Ted Bruce (Executive Director for Population Health, Vancouver Coastal Health Authority)

Chris Calitz (Director Partnership Development, North America – MEND)

Lawrence W. Green (Professor, Department of Epidemiology & Biostatistics, Co-Leader, Society, Diversity & Disparities Program, School of Medicine and Comprehensive Cancer Center, University of California at San Francisco)

Margo Greenwood (Academic Leader, National Collaborating Centre for Aboriginal Health)

Tim Hutchinson (Director, Centre for Chronic Disease Prevention and Control, Public Health Agency of Canada)

Jon Kerner (Chair, Primary Prevention and Senior Scientific Advisor for Cancer Control and Knowledge Translation, Canadian Partnership Against Cancer)

Laura Kettel Khan (Senior Scientist, Office of the Director, Division of Nutrition, Physical Activity & Obesity Prevention, National Center for Chronic Disease Prevention & Health Promotion)

Ian McKillop (Associate Professor – Information Systems – Public Health Program, David R Cheriton School of Computer Science and Executive Director, University Health Research, Office of Research, University of Waterloo)

Hallie Preskill (Executive Director, Strategic Learning & Evaluation Center, FSG Social Impact Advisors)

Judith Purcell (Prevention Coordinator, Cancer Care Nova Scotia)

Harry Rutter (Director, English National Obesity Observatory, Oxford, England)

Jocelyne Sauvé (Director of Public Health, Agence de la santé et des services sociaux de la Montérégie)

Gregory Taylor (Director General, Office of Public Health Practice, Public Health Agency of Canada)

Jacqueline Tetroe (Senior Advisor, Knowledge Translation and Public Outreach Portfolio, Canadian Institutes of Health Research)

Megan Ward (Associate Medical Officer of Health, Regional Municipality of Peel)

APPENDIX B: THE CAPTURE PROJECT MILESTONES

| CAPTURE MILESTONES | | | |
|--|--|---|--|
| Key Performance Area | 2 years | 5 years | 10 years |
| Funding | <ul style="list-style-type: none"> ▪ Secure sustainability funding and key clients e.g. PHAC | <ul style="list-style-type: none"> ▪ Sustainable funding for at least 5 years ▪ Successfully license products to international clients ▪ CAPTURE has a viable licensing model (appropriate pricing) ▪ A stable set of customers who support the basic infrastructure of CAPTURE | <ul style="list-style-type: none"> ▪ Sustained, ongoing funding |
| Development of repository of evidence and evaluation tools | <ul style="list-style-type: none"> ▪ Repository of grey literature on chronic disease prevention programs ▪ Consolidator of real-world evidence ▪ Repository of cross-chronic disease prevention measure that can be used in real world settings ▪ Consolidator of evaluation resources ▪ Defined product ▪ A synthesis of grey literature ▪ A database of practice based program evaluations ▪ A set of indicators useful for local program evaluations | | |

| CAPTURE MILESTONES | | | |
|--|--|--|---|
| Key Performance Area | 2 years | 5 years | 10 years |
| Increased Evidence-Based practice and evaluation | | <ul style="list-style-type: none"> ▪ Increase in evidence-based practice, evaluation and reporting in Canada ▪ Improved evaluation of public health programs ▪ Improved evidence base for public health practice | <ul style="list-style-type: none"> ▪ Percent of users who can identify a combination of research and practice based evidence used in 1 or more interventions they have implemented ▪ Evidence-based public health practices |
| Clients | <ul style="list-style-type: none"> ▪ A completed pilot ▪ Local application trial system | <ul style="list-style-type: none"> ▪ Unable to meet volume demand ▪ Researchers able to go to CAPTURE database to identify interventions for research investment ▪ Uptake by 2 or more partners or groups ▪ Set of targeted users applying info drawn from CAPTURE platform in 1 or more interventions ▪ Pilots scaled up in multiple provinces | |
| Awareness and Recognition | <ul style="list-style-type: none"> ▪ Recognition of CAPTURE across the public health in Canada ▪ Some community knowledge/awareness of CAPTURE ▪ CAPTURE is used as a teaching tool in MPH programs ▪ Influential organizations like PHAC, CDPAC, have | <ul style="list-style-type: none"> ▪ Recognition of CAPTURE across the public health world in Canada ▪ Some community knowledge/awareness of CAPTURE ▪ CAPTURE is used as a teaching tool in MPH programs ▪ Influential organizations like PHAC, CDPAC, have demonstrated application and | <ul style="list-style-type: none"> ▪ Sweden has come to see what/how CAPTURE could be used by them ▪ Canada-wide uptake ▪ Broaden use of CAPTURE products ▪ CAPTURE is the go-to platform for grey literature synthesis and chronic disease prevention evaluation metrics |

| CAPTURE MILESTONES | | | |
|----------------------|--|---|--|
| Key Performance Area | 2 years | 5 years | 10 years |
| | demonstrated application and integrated CAPTURE into their “ way of doing” business | integrated CAPTURE into their “ way of doing” business <ul style="list-style-type: none"> Public health practitioners look to CAPTURE first before searching their library | <ul style="list-style-type: none"> Recognized as international leader in evaluation of practice-based evidence Widespread awareness of CAPTURE and its products International recognition Core funding from FPT table to support CAPTURE as a resource for public health units across Canada |
| Other | <ul style="list-style-type: none"> Ian finally gets it IAB can do 100 squats without pain!¹ | | |

¹ At the end of the first meeting day, IAB members and CAPTURE staff participated in a boot-camp-like workout that left many of us in physical discomfort.

APPENDIX C: TOPICS FOR FALL 2010 IAB

- Present user/consumer definitions for CAPTURE audiences
- Present a table of needs, customers and users
- Present web statistics
- Present marketing plan
- Discussion of “evidence”
- Discussion of potential conflicts of interest between IAB members who are or become CAPTURE clients.