

Evaluation of the Ontario SCI Initiative, 2017–20:

Key findings



Relevance

The 2017–20 Initiative was relevant and aligned with stakeholders' priorities, including those of the Ontario government as well as partners.

The 2017–20 SCI Initiative (the Initiative) built upon previous SCI research and best practices. It was informed by Ontario and Canadian SCI stakeholders' priorities in SCI research, treatment, and care.

The emphasis on knowledge translation, best practice implementation, and patient engagement made the 2017–20 Initiative distinctive from other sources of SCI funding.

The Initiative was aligned with MOHLTC priorities to involve patients more in healthcare decisions and to move toward more coordinated and comprehensive care. The fit with MEJDCT's economic priorities was less clear and detracted from the Initiative's focus and impact.



Implementation

The Initiative was mostly implemented as planned over the 2017–20 term.

Just under \$6m was distributed to 21 projects focused on SCI in four different strategic areas. Some modifications were made in response to various opportunities and challenges. Modifications were determined jointly and strategically by the partners.

Some activities related to commercialization and healthcare utilization were not carried out as expected due to lack of suitable applications for funding.

Project implementation got off to a slow start due to delays in the release of funds. Delays were mitigated by effective collaboration and trust.

Many people with SCI were substantially involved and effectively engaged in the Initiative. The Initiative did an excellent job of engaging people with SCI, but this type of engagement is still relatively new to some and there is room for improvement.



Partnership, collaboration, and stakeholder engagement

Historic partnerships and effective collaboration were a major strength of the Initiative and essential to all activities.

The core partnership between Praxis Spinal Cord Institute (Praxis) and the Ontario Neurotrauma Foundation (ONF) was synergistic. Partners collaborated on shared priorities and saw value in working together to achieve common goals.

There were some operational challenges between Praxis and ONF caused by lack of clarity regarding roles, the complexity of the funding arrangement, and differences in priorities.

Relationships with grant leads, delivery partners, and the wider SCI community were positive and productive.

There was some lack of familiarity and understanding of the Initiative among stakeholders. The role of SCI Ontario was not always well understood.



Outcomes

The 2017–20 Initiative achieved significant outcomes, though it is too early yet to see the long-term impact on the health system or health outcomes of people living with SCI.

People with SCI were empowered through increased knowledge about SCI, strengthened connections with the SCI community, and deeper involvement in research.

The Initiative supported Ontario's SCI research capacity and more and stronger SCI connections and networks.

Funding supported research jobs and collaborations. Researchers developed stronger skills in knowledge translation and patient engagement.

Leading-edge SCI research was produced and shared, including over 170 peer-reviewed publications as well as training, presentations, and clinical guidelines.

Clinical practice changes grounded in Initiative-funded research are poised to support better patient care and quality of life improvements for people with SCI.

Evaluation of the Ontario SCI Initiative, 2017–20: Recommendations



Recommendations

- 1 Align future iterations of the Initiative to MOHLTC-related priorities only to bring clarity of focus to the Initiative.
- 2 Continue to engage the broader SCI community to maintain the Initiative's relevance.
- 3 Implement a more efficient funding and accountability model.
- 4 Increase resources for patient engagement activities.
- 5 Provide grantees with tools to guide them in using best practices in patient engagement.
- 6 Implement improvements to competitive grant award processes.
- 7 Clarify the partners' roles.
- 8 Clarify the Initiative's objectives and focus, and implement a branding and communications strategy.
- 9 Seek deeper engagement from stakeholders in areas beyond the Greater Toronto Area and Southern Ontario.
- 10 Clarify the role of SCI Ontario in the Initiative and its distinction from/relationship to the Ontario SCI Alliance.
- 11 Encourage grantees to follow through on their plans for downstream evaluation.
- 12 Continue to support a mix of SCI research and best practice implementation/knowledge translation activities that include meaningful patient engagement.
- 13 Continue to fund mature projects with significant pre-existing capacity and momentum.
- 14 Continue to support communication of findings of funded research.
- 15 Mobilize branding and communication tactics that will increase coordination of effort and magnitude of impact.
- 16 Coordinate sharing of knowledge and best practices generated by Initiative-funded projects.



About the evaluation

Cathexis Consulting (an Ontario-based evaluation firm) was contracted by Praxis Spinal Cord Institute and the Ontario Neurotrauma Foundation to conduct an independent evaluation of the Initiative's 2017–20 funding term

The evaluation was designed to assess the relevance, implementation, and outcomes of the Initiative, as required by its funders, and to identify key areas for improvement.

The evaluation was carried out from April 2019 to June 2020. It used a mixed-method design, with information drawn from four different sources:

- documentation about the Initiative and projects;
- interviews with 17 stakeholders
- surveys with grant teams and Ontarians with SCI who participated in the Initiative
- case studies profiling five projects (all consumer/patient engagement activities funded by the Initiative and a best practice implementation project, Primary Care Mobility Clinics)

The evaluation was guided by Praxis and ONF and an 8-person advisory committee. The authors extend thanks to the 100+ stakeholders who contributed to the evaluation.