

**Knowledge Transfer in Community-Based Organizations: A needs assessment study**

Christian Dagenais, Ph.D.

Université de Montréal, Québec, Canada

C. Dagenais, is an expert in the field of evaluation research and knowledge translation, the discipline which he teaches at Université de Montréal. Since 2002, he is the evaluation director of an organization dedicated to knowledge translation, le Centre de liaison sur l'intervention et la prévention psychosociales (CLIPP). He continues to fulfill his function at the CLIPP ever since being hired in 2004 by the psychology department at the Université de Montréal. He is also the head of a team of researchers ardently invested in research on knowledge translation within their respective disciplines. The objective of this emergent research team is to develop the field of knowledge translation research through interdisciplinary and inter-university collaborations.

Key words: knowledge transfer, needs assessment, community-based organizations, research utilization

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## Knowledge Transfer in Community-Based Organizations: A Needs Assessment Study

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Université de Montréal, Québec, Canada

### Abstract

Research-based knowledge remains relatively underutilized by social practitioners. Many studies have shown that, in order to be used, research results have to be compatible with users' needs and beliefs. The purpose of this needs assessment study was to identify the priority needs of community-based organization practitioners in terms of new research-based knowledge. The first phase of the study focused on a large-scale survey designed to identify what kind of information should be more available to practitioners. In this phase, we used concept mapping technology to construct a graphic representation of the participants' main concerns. In the second phase, we conducted focus groups to develop a knowledge transfer strategy that takes into account the identified needs.

### Introduction

Researchers, practitioners and decision-makers are placing increasing importance on the use of empirical evidence for the improvement of population health and well-being (McQueen & Anderson, 2000; Nutley, Walter & Davies, 2007; Newman, 2002). Despite this trend, studies show that research-based knowledge remains relatively underutilized among practitioner and decision-making communities (Brown, 2000). Olsson (2007) reports that evidence-based practice not only encourages decisions that are based on the best available, valid, relevant evidence, but also synergistically combines this evidence with the practitioner's expertise and with the values and expectations of those who receive care. Optimal use of research findings is not possible without taking into consideration the needs, concerns, and degree of receptivity of the potential users of this knowledge (Dagenais, 2006; Hanney, Gonzalez-Block, Buxton & Kogan, 2003). However, information about the particular needs of CBO workers for new knowledge is practically non-existent.

The community movement in Québec has contributed significantly to the province's history and evolution. Distinct from government public services, community-based organizations (CBO) are established by citizens and aim to improve the lives of Québécois. To be recognized as a CBO, an organization must satisfy four criteria: 1) be non-profit, 2) be rooted in the community, 3) have an associative and democratic life, and 4) be free to determine its mission, approaches and practices. There are currently some 8,000 CBOs in Québec. Together, they represent more than 35,000 workers and \$720 million in annual funding.

This article describes the methods and findings of a needs assessment study to determine the perceived

need for new research-based knowledge by CBO workers in the province of Québec (Canada). We conducted the study with two objectives: 1) to identify the priority topics that could be the object of knowledge transfer (KT) for stakeholders in community-based organizations, and 2) to develop an appropriate KT strategy.

### Research Problem

There is an emerging consensus in the scientific literature that efforts generally spent on making knowledge available are a necessary but insufficient condition for this knowledge to be actually used in practice (Bero, et al., 1998; National Center for the Dissemination of Disability Research [NCDDR], 1996a, 1996b; Rubin, Frommer, Vincent, & Phillips, 1998; Weill, 1990).

An examination of empirical studies on research-based knowledge transfer identifies a myriad of conditions that facilitate the KT process. These may be grouped into four categories: (1) *Conditions associated with organizations*: continuous support during implementation of the change (Joyce & Showers, 2002; Nutley, Walter, & Davies, 2003); leadership of key players (Fullan & Hargreaves, 1997; Nutley, et al., 2003; Rohrbach, et al., 2005; Walter, Nutley, Percy-Smith, McNeish, & Frost, 2004); organizational culture (Armstrong & Anthes, 2001; Lachat & Smith, 2005; Nutley, et al., 2003; Rohrbach, et al., 2005; Walter, et al., 2004). (2) *Conditions associated with the KT strategy*: involvement of potential users in research activities (Barker, 2005; Estabrooks, Floyd, Scott-Findlay, O'Leary, & Gushta, 2003; Huberman, 1990); formulation of explicit recommendations regarding actions to be taken (Denis, 2000; Hanney, Gonzalez-Block, Buxton, & Kogan, 2003; Hughes, et al., 2000); dissemination, at an opportune time, of

answers to problem situations experienced by users (Hanney, 2004; Innvaer, Vist, Trommald, & Oxman, 2002; Jacobson, Butterill, & Goering, 2005; Waddell, et al., 2005); sustained personal contact between the disseminators of knowledge and potential users (Backer, 1991; Hanney, et al., 2003; Huberman, 1989; Landry, Amara, & Lamari, 2000; NCDDR, 1996b). (3) *Conditions associated with available resources*: the material and time required (Sleeter, 1992; Walter, et al., 2004), human and financial resources (Demers, 1997; McQueen & Anderson, 2000). (4) *Conditions associated with individuals*: congruence between the needs of users and the characteristics of the proposed change (NCDDR, 1996a, 1996b; Rohrbach, Ringwalt, Ennett, & Vincus, 2005); congruence between the proposed change and the values and beliefs of users (Breslin, Li, Tupker, & Sdao-Jarvie, 2001; Briscoe, 1991); the importance of taking the concerns of potential users into account when effecting KT (Dagenais, 2006; Elliott & Popay, 2000; Francis & Perlin, 2006; Hughes, McNeish, Newman, Roberts, & Sachdev, 2000). The present study focuses on this fourth condition, as little information is available about the needs for new knowledge on the part of CBO workers.

Various KT models are described in the scientific literature. These models may be categorized in different ways and the literature abounds with a variety of nomenclature. The four most documented models are: (a) The *science push* or *knowledge push* model, which postulates that high-quality knowledge will, of necessity, be rapidly used (Denis, Lehoux, & Champagne, 2004; Landry, Amara, & Lamari, 2001a). This model is unidirectional, moving from the realm of research to intervention. The *evidence-based decision making* stream flows from this model. (b) The *demand pull* or *problem solving model*, in which it is users who formulate research requests in order to solve problems (Denis, et al., 2004; Weiss, 1980). According to this view, the use of research findings will increase when findings provide concrete answers to user questions. Studies show, however, that this is not always the case and findings are seldom used when they do not fit user expectations (Landry, et al., 2001a). (c) The *dissemination model* which promotes developing mechanisms to disseminate research findings at an additional stage that is integrated into knowledge production (Landry, et al., 2001a). (d) The *social interaction* model, where exchange between researchers and users is bi-directional: they are equal partners (Blackburn & Demers, 1996). In this model, the more interaction between researchers and users intensifies and is

regularized, the more knowledge is used (Landry, et al., 2001a; Landry, Amara, & Lamari, 2001b).

Each of the KT models is based on varying principles and mechanisms. Each is generally associated with a particular field where it proves appropriate. For example, in the field of health, the *science push* model largely predominates. No KT model, however, has been developed for the field of CBO practice.

### Method

The procedure planned for this study began with preparatory activities to set up a Monitoring Committee and determine both the target population and the most appropriate methods. In the first phase (objective 1: identification of needs), we used interviews and concept mapping (CM) technology to identify priority needs in the selected organizations. In the second phase (objective 2: develop a knowledge transfer strategy), we validated results and identified the conditions for successful knowledge transfer by means of focus groups in each of the sectors and targeted regions. Lastly, we submitted the findings to the Monitoring Committee for analysis and developed a KT strategy adapted to the realities of the community organizations.

### Preparatory Activities

From the very outset of the project, we considered it crucial to identify partners who were central to the world of community organizations in order to involve them in the process. Initial contacts targeted the Centre de formation populaire (CFP), a key player in the field of training throughout Québec, and Relais-femmes, a feminist organization whose mission is to foster social change and promote the rights of women and their organizations. Research, training and joint action are the main mandates of Relais-femmes. We also invited several other organizations working in the targeted regions or in cooperation with the sectors to take part in the project, including the Regroupement des organismes communautaires de la région Gaspésie-Îles-de-la-Madeleine (ROC GÎM), the Regroupement des organismes communautaires autonomes jeunesse du Québec (ROCAJQ), the Regroupement intersectoriel des organismes communautaires de Montréal (RIOCM) and the Regroupement des organismes communautaires de l'Estrie (ROC de l'Estrie). Note that each organization and community coalition received approval from its board to participate in the study. Next, we invited several groups of organizations working in the targeted regions to join the project's Monitoring Committee. The Committee's mandate was to monitor the study through each of its phases and to:

- support work planning;
- validate strategic and methodological choices;
- contribute to the identification of conditions for effective KT;
- contribute to the development of KT strategies; and
- contribute to the development of a dissemination plan for the results of the study.

The formation of the Monitoring Committee made it possible to integrate key leaders in the community sector, as well as an academic with extensive research experience in the practices of community organizations, into the entire process.

There are over 10,000 community-based organizations (CBOs) in the province of Québec. Considering the areas of expertise of the Center for Liaison on Intervention and Prevention in the Psychosocial Area (CLIPP), the large number and variety of community organizations and, by extension, the diversity of the content to be transferred, the Monitoring Committee decided to concentrate on organizations in three intervention sectors: a) Youth (e.g., youth centers, shelters, street outreach, advocacy), b) Women (e.g., women's centers, advocacy, women's shelters, sexual abuse intervention), and c) the Elderly (e.g., volunteer action centers, home support, advocacy). We initially approached the Child/Family sector; however, in consultation with the Monitoring Committee, we opted for the Elderly Sector instead. This change was due to the fact that organizations in the Child/Family sector had already been called on to take part in a number of studies in the two years prior and, in a change of reporting structure, were about to be assigned to a different government department. As well, when we contacted the Regroupement des organismes familles du Québec (ROFQ), it had just obtained funding for a knowledge transfer study that was already taking up a lot of practitioner time.

All CBOs in three representative regions were invited to participate. Although the project initially targeted organizations in all regions of Québec ( $n = 17$  representatives), the consultations we conducted led us to change our strategy and focus on three representative regions. These regions were strategically selected by the Monitoring Committee to reflect differences in terms of number of CBOs, level of urbanization, and presence or absence of universities. With regard to this last criterion, we hypothesized that the presence of nearby universities might influence the level of need for research-based knowledge on the part of organizations in these regions. Thus, Region 1 (Gaspésie-Îles-de-la-Madeleine) had fewer than 100 CBOs, was located in

a rural area, and had no university within a 500-kilometre radius. Region 2 (Estrie) had between 101 and 150 organizations, was semi-urban and semi-rural, and was near a university. Region 3 (Montreal) had over 150 community organizations, and was located in an urban area with four universities. The targeted population for the study consisted of a total of 119 Youth sector organizations, 117 Women sector organizations, and 102 Elderly sector organizations.

The concept mapping technique (Dagenais & Bouchard, 2003; Kane & Trochim, 2006; Ridde, 2008; Trochim, 1989a, 1989b; Trochim, Cook, & Setze, 1994) makes it possible to identify the primary components, dimensions, and particularities of a reality and to determine their relative importance (Caracelli, 1989; Daughtry & Kunkel, 1993). The technique produces images that simultaneously represent the main concepts, ideas and dimensions at play, and their relative importance (Fisher, 1990). It also fosters collaboration among participants, who remain involved throughout the process (Daughtry & Kunkel, 1993; Trochim, 1989a, 1989b).

Our review of the literature on this method identified 145 articles published in peer-reviewed journals between 1985 and 2008. These articles cover 11 professional fields: health, mental health, general psychology, organizational psychology, industry, communication, education, social services, sociology, research and research methods. In the majority of these articles (55 articles: 37.9%), the technique was used to develop a theory or was applied in the context of program evaluations (31 articles: 21.4%). In 16 of these articles ( $n = 11.7\%$ ), concept mapping was used for the purposes of needs assessment studies. In the current needs assessment study, we used the technique to inventory participant viewpoints regarding topics that should be prioritized for eventual knowledge transfer. The technique also allowed us to identify regional differences and to compare intervention sectors. Since the procedure is well described in the literature (Dagenais, Ridde, Laurendeau, Souffez, 2009, 2010; Kane & Trochim, 2006; Ridde, 2008), this article will only briefly describe the process and then concentrate on the findings. We applied the method in five steps for this study. In the first step, we inventoried the viewpoints of respondents on topics that should be prioritized for eventual knowledge transfer. This type of information gathering normally takes place during a brainstorming session. However, due to the number of organizations involved and their geographic locations, we used telephone interviews to gather this data. In the second step, we reduced the data on the



numerous topics that were mentioned during the telephone interviews. In the third step, participants ranked the topics and grouped them into categories. We analyzed the data in the fourth step in order to produce the preliminary maps. Lastly, in the fifth step, we used focus groups in each region to validate the content of these maps.

Confidentiality was maintained throughout this needs assessment study and all participants signed an informed consent form.

*Step 1: The telephone interview.* The purpose of the telephone interview was to inventory the opinions of stakeholders on the topics that should be prioritized for eventual knowledge transfer. Each interviewee had to complete the following sentence: “*It would be useful to your practice to have access to research results about subjects such as...*”.

*Step 2: Data reduction procedure.* We used a data reduction procedure to bring the number of topics mentioned during the telephone interviews down to a manageable size for generating concept maps. The first data reduction step allowed us to eliminate topics that were too vague, confusing or not relevant to the study (e.g., *How to solve poverty?*; *New short-term approaches: which are best?*). A second data reduction step enabled us to eliminate duplications and merge closely related topics, and thereby reduce the list to 250 topics (e.g., *Dropout intervention* and *Dropout intervention new practices*). We used the third step to eliminate topics that occurred only once. Finally, in the fourth step, we conducted a more detailed analysis of the topics and identified opportunities for merging similar topics (e.g., *Knowledge of youth interests* and *Better understanding of youth*). We then invited participants to validate these shortened lists.

*Step 3: Rating and grouping into categories.* Participants who had agreed to participate in this stage proceeded to sort (Rosenberg & Kim, 1975) the topics in such a way as to create distinct categories which each represented an idea or concept. Respondents were allowed to create as many categories as they wished, but could not put the same topic into more than one category. They also had to rate each topic in order of importance on a scale of 1 to 5, with 5 indicating the most important.

*Step 4: Data analysis and production of preliminary maps.* After grouping the topics into categories, we developed a preliminary map for each sector and region. These concept maps were constructed using a series of three statistical analyses:

1. Firstly, we subjected the categories of items created by each participant to a statistical analysis called multidimensional scaling. This analysis uses two-dimensional space on a graph to situate items in relation to each other, based on the strength of their association (Fitzgerald & Hubert, 1987; Kruskal & Wish, 1978). Topics that are most closely associated are therefore near each other and the ones that are least associated are at opposite ends of the map. Each point on the map corresponds to one of the topics that was retained.

2. Secondly, we used hierarchical cluster analysis (Borgen & Barnett, 1987) to group topics representing similar concepts to participants. This procedure, which uses Ward’s algorithm, permits any number of clusters to be created, from a hundred, which would represent each of the statements made, to a single cluster which would group them all together.

3. Lastly, in the third stage of analysis, we calculated the average scores assigned to each topic in each category during the rating exercise that had been previously carried out. This average score determined the relative importance of the categories in participant opinion; it was transposed graphically in the form of strata. However, certain clusters contain more dispersed statements than others, and as a result they vary considerably in size. The size of clusters is not proportional to their importance; instead, their importance is represented by the number of strata they comprise. Thus, the more important a category is, the more strata it will have.

*Step 5: Focus Groups.* We validated results during focus groups composed of a sample of respondents from each of the regions and sectors. The primary objective of these groups was to finalize the preliminary maps, that is, to validate the results, establish a consensus about the optimal number of categories that should be retained, and choose an appropriate name for each category.

The consultations that were conducted via focus groups with participants from the three sectors and the targeted regions also served to acquaint participants with the conditions for knowledge use derived from the scientific literature in order to see to what extent these conditions would be applicable in CBOs. Two meetings with an expanded Monitoring Committee and a number of exchanges while this report was being prepared produced a series of recommendations about follow-up to this study. The culmination of this work, which was done in close collaboration with the main stakeholders, has made it

possible to propose a knowledge transfer strategy adapted to the realities of community groups.

**Results**

**Objective 1: Identify the priority topics that could be the object of knowledge transfer for CBOs.**

This section is divided into three parts that respectively present the results for the Youth, Women, and Elderly sectors.

*Results for the Youth sector*

It is important to point out that the methodology used caused the number of participants to decrease at each stage of the study (nested sampling). In total, 119 organizations were targeted, 72 workers agreed to participate in the telephone interviews, and 26 of them took part in rating the topics and grouping them into categories. Eleven of these 26 participants were involved in the focus groups. A list of 427 topics was compiled from the telephone interviews for the Youth sector. Data reduction brought this number down to 96 topics.

*Construction of the concept map*

A total of 26 participants rated and categorized the 96 topics on the final list. The statistical analyses used for concept mapping produced 11 categories. Figure 1 presents these categories in the form of islands, whose height, represented by the number of strata, indicates the importance assigned to the topics that compose them.

The categories “Love relationships”, “School dropout”, “Delinquency” and “Mental health” were each assigned five strata, which means that participants attributed greater importance to these topics. The categories “Organization of work”, “Family relationships” and “Assessment of practices” only had four. “Mobilization of youth”, “Addiction” and “Sexuality/STDs” had three strata. The category “Cultural aspects” was deemed least important and consisted only of a single stratum. Table 1 presents examples of the topics in each of these categories.

**"It would be useful to the YOUTH sector practitioners to have access to research results about subjects such as..."**

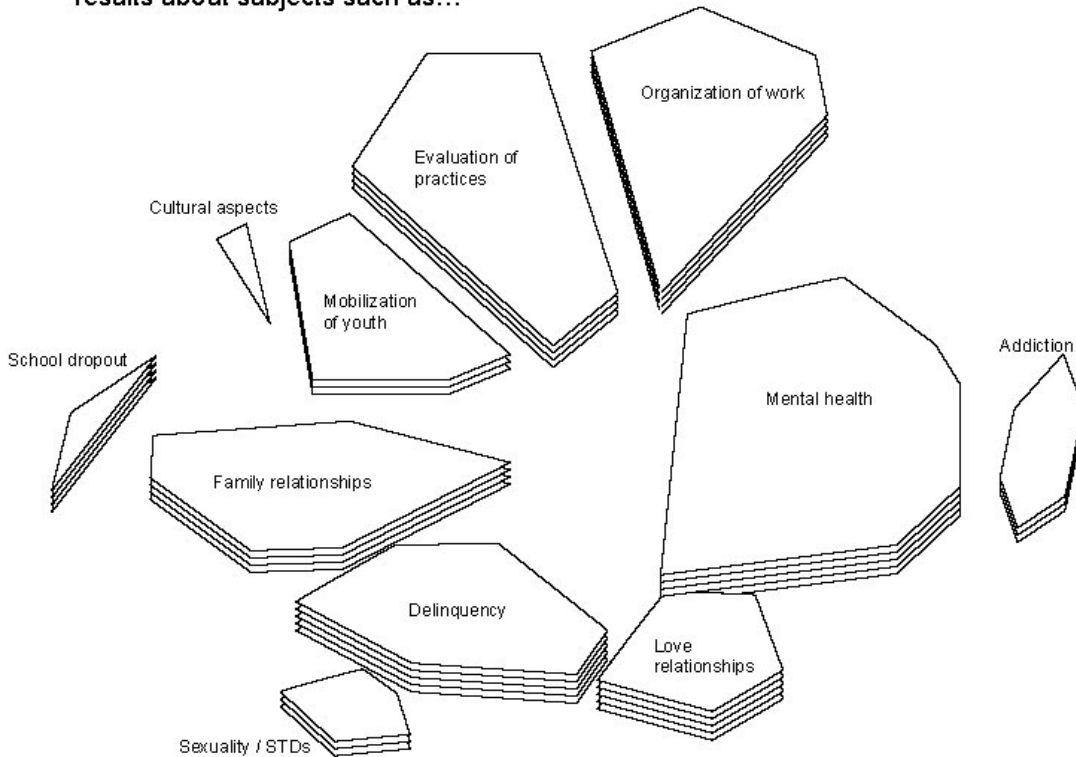


Figure 1. Concept map for the Youth sector (including the three regions).

Table 1  
Examples of Topics by Category and Ratings for the Youth Sector

Cultural aspects		
34	Active research on improving multi-ethnic practices	2.54
1	The needs of youth in multi-ethnic communities	2.46
Mobilization of youth		
69	Reality of youth today: new needs of youth in terms of family, school, society	3.69
55	Youth interests and vision of the future	3.35
27	Involvement of youth in community organizations to which they belong	3.12
School dropout		
3	Causes and consequences of school dropout on the future of youth	3.73
5	Prevention of school dropout	3.50
Love relationships		
23	How to help youth effectively manage love relationships and sexuality	3.88
48	Dating violence: prevention	3.81
Delinquency		
7	Delinquency prevention	3.88
18	Street gangs: how to prevent criminality	3.65
Family relationships		
71	Intervention with youth living with family conflict	3.46
37	Parent-adolescent relationships	3.42
Sexuality/STDs		
59	Sexuality in youth: increasing precocity	3.54
39	Risky sexual behaviour	3.38
Mental health		
67	Intervention for moral and psychological distress in youth	4.04
70	Self-esteem in youth	3.85
Addiction		
44	Addiction: knowledge of new substances	3.58
94	Responsibilization of youth regarding drugs	3.38
Evaluation of practices		
20	Impact of the organization's interventions within the community	3.85
29	How to apply theoretical knowledge to intervention	2.96
Organization of work		
68	Burnout in community organizations	3.77
73	How to remain motivated as a community worker	3.38

### *Validation of results by region*

There are numerous distinctions to be made about the different regions. As this study is first and foremost about priority needs for new research-based knowledge, only the categories considered most important by respondents will be dealt with here, i.e., those that had four or five strata. Table 2 presents a comparison of the relative importance of the categories for each of the three regions.

*For region 1 (rural, remote from universities).* When the mapping results were presented to a focus group (n = 11), participants found them to be very representative of the reality experienced in this region. In contrast to the interventions of

organizations in other regions, which mostly focussed on target groups or specific problem issues, the work of these stakeholders tended to be more generalized; this explains why 10 of the 11 categories were all considered significant. Participants emphasized there was a great need to acquire new knowledge about almost all of the categories mentioned, due to limited access to resources (training, universities or other) and the related costs.

*For region 2 (semi-urban, one university).* In this region, 7 of the 11 categories were considered important. When presented with the results, focus group participants indicated that KT priorities should focus on mental health (due to limited access to training on this subject), assessment of practices, organization of work, and mobilization of youth.

Table 2

*Comparison of the Number of Strata by Category for Each Region for the Youth Sector*

Category Names	Region1	Region 2	Region 3
Love relationships	5	5	5
Delinquency	5	5	4
Mental health	5	5	-
Organization of work	5	4	-
Addiction	5	4	-
Assessment of practices	4	4	-
Mobilization of youth	4	4	-
School dropout	4	-	4
Family relationships	5	-	-
Sexuality / STDs	4	-	-
Cultural aspects	-	-	5

*Note.* Dashes indicate the data unreported.

The low level of importance given to “School dropout” is explained by the fact that several youth centres have chosen to leave this type of intervention to schools. As for the “Family relations” category, its low level of importance is due to the fact that the organizations do not work directly with families, but rather with youth.

*For region 3 (urban, four universities).* In this region, only four categories were judged to be important. As it was impossible to form a focus group in the region, members of the Monitoring Committee were asked to validate the content of the map. All of the members found that the proposed concept map was a good depiction of the reality in this region. For example, the category “Addiction” was deemed not important since organizations in the region have rapid access to information on this subject and, due to the local availability of a large number of specialized resources, they are able to proceed with referrals. In contrast, the category “Cultural aspects” was assigned five strata, due to the multi-cultural nature of the region.

#### *Results for the Women sector*

In total, 117 organizations in the Women sector were targeted and 66 of them participated in the telephone interviews. Twenty-two participants took part in rating the topics and categorizing them. Four people were involved in the focus groups.

A preliminary list of 194 topics was compiled from the telephone interviews. About ten organizations then proceeded with team reflection and produced a collective response. This method of operating is characteristic of the culture of women’s groups. As a result of data reduction, the final list was shortened to 96 topics.

#### *Construction of the concept map*

A total of 22 participants rated and categorized the 96 topics. Concept mapping operations led to eight identified categories in the final map. Figure 2 shows that the “Domestic violence” and “Studies and assessment” categories were deemed to be the most important and were composed of five strata. Only the “Masculinist discourse” category had four strata. The categories “Women and minorities” and “Organizations and approaches” were each given three strata, while “Sexual assault” only had two. Finally, less importance was given to the “Health” and “Living conditions” categories. Table 3 presents examples of the topics grouped into these eight categories.

#### *Validation of results by region*

As was the case with the Youth sector, there were numerous differences among the various regions and only those categories deemed by participants to be most significant are treated here, namely those consisting of four or five strata. Table 4 presents a comparison of the relative importance of the categories for each of the three regions.



"It would be useful to the **WOMEN** sector practitioners to have access to research results about subjects such as..."

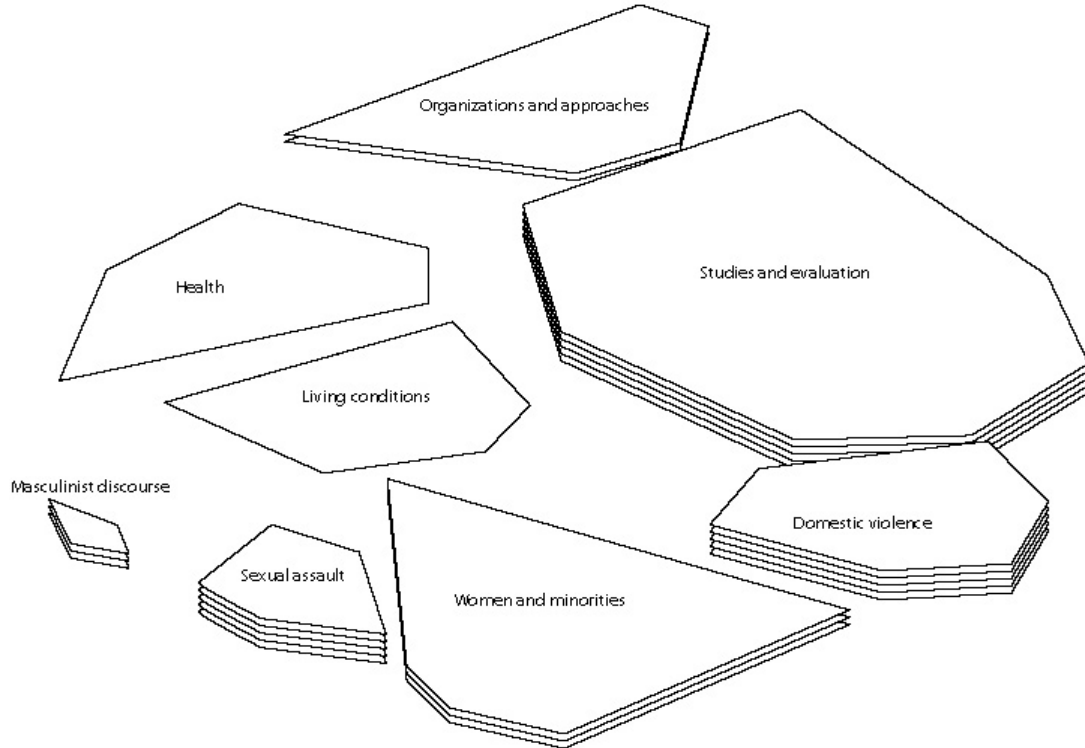


Figure 2. Concept map for the Women sector (including the three regions).

*For region 1 (rural, remote from universities).* The only category deemed important by participants from this region was “Masculinist discourse”, which had 5 strata. No other category was given more than 3 strata.

The large number of participants in this region made it possible to compare the results obtained from two types of organizations in this sector, namely women’s centres and shelters; this was not possible in the two other regions. Of the four categories judged important by one or both types of organization, only the “Masculinist discourse” category was of comparable importance for participants. This finding highlights the fact that an analysis that is too global runs the risk of masking needs that are actually clearly identified. Indeed, it is only by taking into consideration the type of organization to which the

participants belonged that needs associated with the “Domestic violence” category emerged for the shelters and those associated with “Living conditions” and “Organizations and approaches” emerged for women’s centres.

*For region 2 (semi-urban, one university).* The results for this region go completely against those of region 1. In fact, whereas “Masculinist discourse” was deemed the only important category in region 1, it was the only category not considered important in region 2.

*For region 3 (urban, four universities).* Participants in this region considered three of the eight categories to be very important. These were: “Studies and assessment”, “Domestic violence” and “Women and minorities”.

Table 3  
*Examples of Topics by Category and Ratings for the Women Sector*

Sexual assault		
2	Intervention following sexual assault	3.33
42	Intervention to defend the rights of victims of sexual assault	3.06
Masculine discourse		
30	Masculine groups: their real discourse and intentions	3.44
62	Response to masculine discourse	3.39
Living conditions		
27	Single-parent families and the parent-child relationship	3.22
48	New contraceptives and their effects on women's health	2.61
Health		
46	Medicalization and mental illness	3.22
76	Eating disorders in women	2.89
Organizations and approaches		
13	Working conditions in community organizations	3.28
28	Management in a community organization	2.83
Studies and assessment		
90	How to intervene with the concurrent problems of violence and mental health	4.39
17	Consequences of domestic violence perpetrated against women	4.22
31	Impact of the feminist approach	4.17
Domestic violence		
81	Domestic violence and mental health problems	4.17
26	Intervention with battered women	4.00
15	Consequences of violence on children	3.94
Women and minorities		
94	Research on violence against women of various ethnic groups	3.61
1	Aboriginal women and sexual assault	3.28
4	The needs of immigrant women	3.28

#### *Results for the Elderly sector*

In total, 102 organizations were targeted, 70 of them participated in the telephone interviews and 21 participants took part in rating and categorizing the topics. Three people participated in the focus groups.

A preliminary list of 215 topics was compiled from the telephone interviews and then reduced to 96 items as a result of data reduction.

*For region 2 (semi-urban, one university).* The results for this region go completely against those of region 1. In fact, whereas "Masculinist discourse" was deemed the only important category in region 1, it was the only category not considered important in region 2.

*For region 3 (urban, four universities).* Participants in this region considered three of the eight categories to be very important. These were: "Studies and assessment", "Domestic violence" and "Women and minorities".

Table 4  
*Comparison of the Number of Strata by Category for Each Region*

Category Names	Region 1	Region 2	Region 3
Studies and assessment	-	5	5
Domestic violence	-	5	4
Women and minorities	-	4	5
Masculine discourse	5	-	-
Living conditions	-	5	-
Sexual assault	-	4	-
Organizations and approaches	-	4	-
Health	-	4	-

*Note.* Dashes indicate the data unreported.

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A preliminary list of 215 topics was compiled from the telephone interviews and then reduced to 96 items as a result of data reduction.

#### *Construction of the concept map*

A total of 21 people rated and categorized the 96 statements. Seven categories emerged from the concept mapping operation, as shown in Figure 3. The categories “Informal caregivers” and “The organization” were considered to be the most

important ones and had five strata. The categories “Volunteerism” and “Studies and assessments” had four strata. The category “Health / Mental health” only had two strata. Finally, the categories “Social problems” and “Family relationships” were judged least important. Table 5 shows a few examples of the topics in these seven categories.

#### *Validation of results by region.*

As was the case with the previous sectors, there were numerous differences among the various regions and only the categories considered most important by participants are treated here, that is, those with four or five strata. Table 6 presents a comparison of the results by region.

"It would be useful to the **ELDERLY** sector practitioners to have access to research results about subjects such as..."

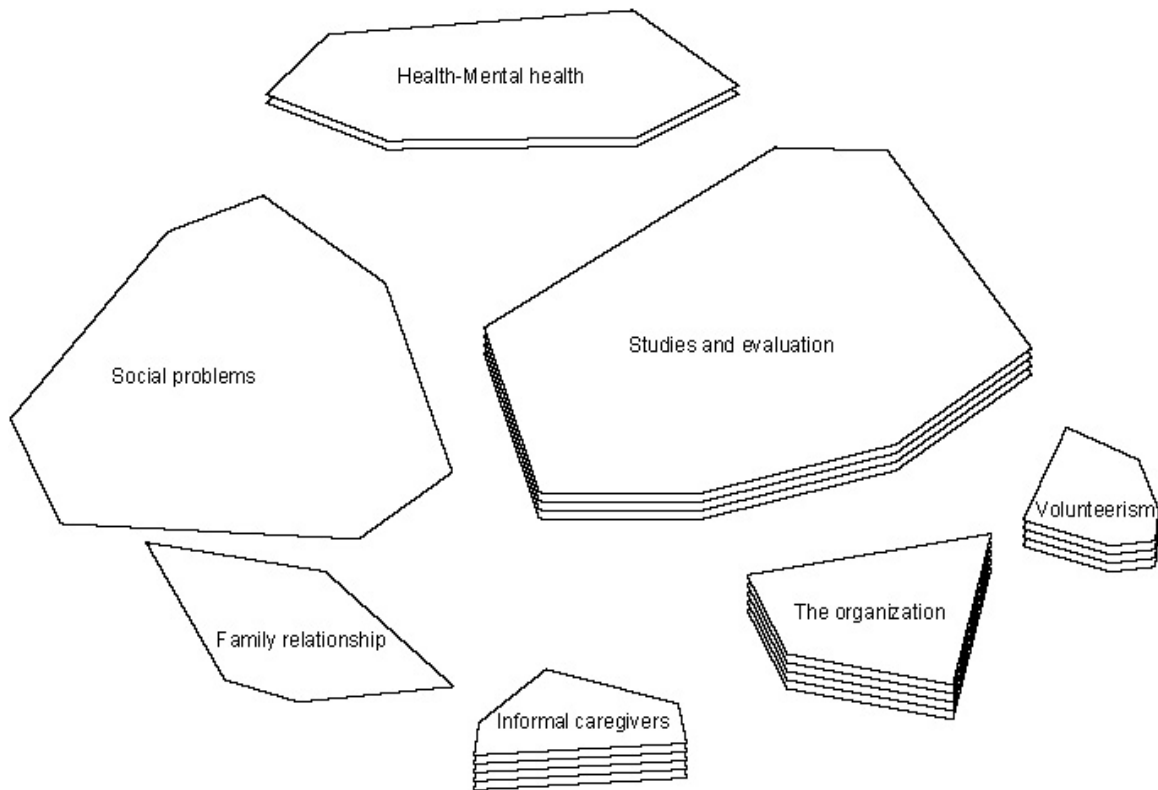


Figure 3. Concept map for the Elderly sector (including the three regions).

Table 5  
Examples of Topics by Category and Ratings for the Elderly Sector

Studies and assessments		
77	How to keep the elderly independent at home for as long as possible?	4.00
16	Elderly men: how to reach out to them?	3.29
92	Study on the interests and needs of the elderly from their viewpoint	3.29
Health/mental health		
53	Intervention with people undergoing memory loss who are living alone	3.57
30	Malnutrition in the elderly: how to confront and counter it?	3.33
25	How to do health monitoring with the elderly?	2.38

For region 1 (rural, remote from universities). In this region, the category "The organization" was composed of five strata, whereas the categories "Informal caregivers", "Volunteerism", and "Studies and assessment" were only composed of four. Based

on the comments received, this map highlights both the fact that volunteerism remains a central concern for volunteer agencies in the region, and that the importance accorded to statements in the "Informal

caregivers” category is consistent with that accorded to them elsewhere in Quebec.

*For region 2 (semi-urban, one university).* In the map for region 2, only the “Informal caregivers” category had five strata. All the other categories were clearly less important and only contained one or two strata. This finding did not surprise focus group participants, as the topic was consistently raised at meetings of community organizations in the region’s Elderly sector.

The fact that various needs appeared to be less of a priority for the organizations in this region may be explained by the active presence of an institute of geriatrics which facilitated access to research findings. Participation by community organizations in the regional prevention program also appeared to have satisfied certain needs.

*For region 3 (urban, four universities).* For region 3, the category “The organization” was deemed to be

the most important, followed by the categories “Volunteerism” and “Studies and assessments”.

The map for this region corresponds to provincial trends associated with the realities experienced by organizations in this sector. However, focus group participants thought that an additional category should have been represented. In fact, “ethnic diversity” is a concern of organizations in this region, both in terms of recruitment and supervision of volunteers, and in terms of home services and the aging population in ethnic communities.

**Objective 2: Developing an appropriate knowledge transfer strategy for CBOs**

The results of the meetings with the Monitoring Committee established that knowledge transfer in community-based organizations must respect several principles. Any effort to transfer new knowledge must, of necessity, be based on respect for context, local dynamics, and the environment of potential

Table 6  
*Comparison of the Number of Strata by Category for Each Region*

Category Names	Region 1	Region 2	Region 3
The organization	5	-	5
Informal caregivers	4	5	-
Volunteerism	4	-	4
Studies and assessments	4	-	4
Health / mental health	-	-	-
Social problems	-	-	-
Family relationships	-	-	-

*Note.* Dashes indicate the data unreported. users. Also, such an effort must build on what already exists in these environments. The goal is not to remake the environment, but to recycle existing resources, expertise, and tools as a very first step. Only then should one seek elsewhere for what needs to be added to the knowledge that is already available, though perhaps not always accessible.

Two meetings with the expanded Monitoring Committee and a number of exchanges at the time of writing the report resulted in the production of a series of recommendations for follow-up to this study. Based on a set of recommendations made by the Monitoring Committee, we developed a KT strategy adapted to the realities of the given sectors and regions (Figure 4). The strategy’s starting point is the groups targeted for knowledge transfer (Who?), for whom a planned, systematic new knowledge

needs assessment is carried out. The development of knowledge transfer activities (scenarios) flows out from a methodical examination of the users’ context. It is a matter of putting into practice the recommendations made by participants, namely:

1. Identify training and transfer organizations working in the community action field;
2. Establish collaborations with players on the ground, specifically to avoid duplication and competition among them;
3. Systematically identify existing knowledge and tools at the local, regional and national levels;
4. Identify, in databanks, programs or practices that have proved effective and could be transferred;



5. Evaluate the effects of transfer efforts that have been made, i.e., test the strategy within the

framework of a systematic evaluation of the results it produces.

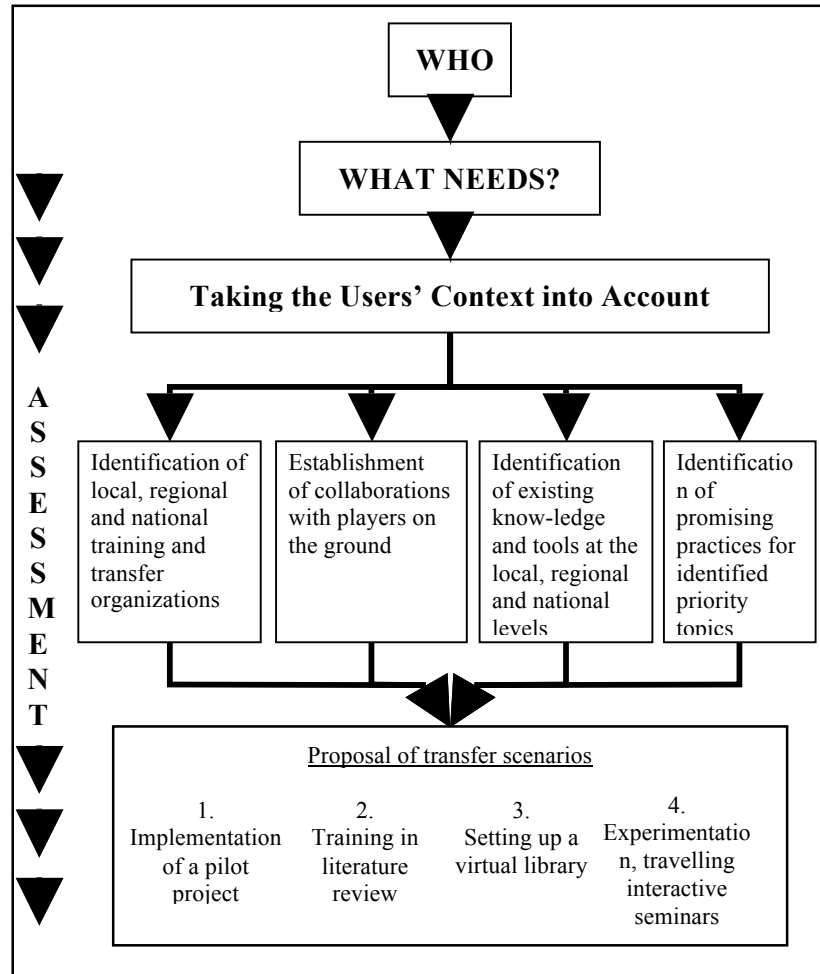


Figure 4. Knowledge transfer strategy proposed for community groups.

**Discussion**

In this needs assessment study, we first identified the topics for knowledge transfer that were priorities for the stakeholders of Quebec CBOs in the Youth, Women, and Elderly sectors. We then presented the results of the first phase to participants so they could validate them and suggest useful and relevant ways for optimizing knowledge transfer strategies that could be developed to respond to the needs that were expressed. We also used the consultations, conducted in the context of focus groups with participants from the three sectors and the targeted regions, to describe the conditions for the use of the knowledge presented above and determine to what extent these conditions would be applicable in the community sector.

Considering the great diversity of topics put forward by the participants in the three sectors and the three regions, the use of concept mapping proved a judicious choice. Besides being an innovative and stimulating approach for participants, the technique is also more democratic, as it gives the same relative weight to each person’s point of view. It also has the significant advantage of presenting findings in the vocabulary of the principal stakeholders. Lastly, the fact that participants were only asked one question allowed them to reply spontaneously and required very little of their time. Several participants mentioned that they greatly appreciated this time saver.

It is clear that by allowing regional and sectoral differences to be highlighted, this study has made it possible to learn something quite new. In fact, no study to date has produced results that permit efforts for knowledge transfer to be concentrated on the regions that most need them. The data on the modalities of transfer deemed most appropriate by primary stakeholders also make it possible to develop a KT strategy that is adapted to the particularities of each of the targeted intervention communities.

The decision to conduct telephone interviews rather than a mail survey or brain-storming sessions proved to be advantageous. This approach avoided soliciting people whose responses would not have added anything new to the data and, at the same time, yielded very high response rates, even 100% in the case of the Youth organizations. The strategy thus ensured a good representative sampling for the first stage of the study.

Representative sampling was, however, jeopardized in the subsequent stages, which limits the scope of certain conclusions. Only three people in the Women's sector for region 2 ranked and categorized the statements for the concept mapping operation. Low participation in the focus groups (50%) also prevented the results from being validated for these particular regions and sectors. It will, therefore, be necessary to conduct another type of validation for sectors affected by any knowledge transfer activities resulting from this needs assessment.

Our study allowed us, firstly, to develop collaborations with players on the ground in order to identify the priority needs in each of the intervention sectors and better understand the realities in the three regions. In the next step (Phase 1), we will draw on this rich information to conduct a systematic review of user context and collate available information. This preliminary step is essential for the production of new knowledge and new transfer and training tools (components 1, 3 and 4 of the model).

We will then (Phase 2) identify and establish mechanisms enabling community organizations to access this information, with a focus on the realities of the various regions and the importance of collaboration with players on the ground (component 2 of the model). Once we have identified and tested these mechanisms, we will experiment with mechanisms that ensure: 1) the strategic management of this information (updates, intelligence), and 2) sustainable and dynamic access for all community organizations throughout Québec .

In a third phase, we will field-test a knowledge transfer strategy in which accompaniment will be provided to ensure better integration of new knowledge on the management of community groups (a need that emerged as a high priority in our study).

### Conclusion

We conducted this needs assessment in collaboration with community-based organizations in three intervention sectors across three regions of the province of Québec. It documented the magnitude of needs deemed to be priorities by stakeholders, and the need to implement a series of recommendations for appropriate follow-up to the study.

This study on what constitute priority needs for the stakeholders of these CBOs made it possible to:

1. Confirm the scope of the needs for new research-based knowledge by observing the number and variety of the prioritized topics;
2. Identify important differences among the priority needs expressed in each of the regions;
3. Emphasize the importance of adapting any strategies that are developed to the realities of each sector and region;

The knowledge transfer strategy developed is based on recommendations from the focus groups and the Monitoring Committee. Various elements must be taken into consideration, such as respect for context, local dynamics, and the environment of potential users. Sustainable development in CBO practices involves identifying training and transfer organizations that work in the community field; establishing collaborations with grassroots players; systematically identifying existing knowledge and tools at the local, regional and national levels; and, finally, identifying, in databanks, the programs and practices with the greatest potential for dissemination. Finally, the application of the transfer strategy developed in this study should be evaluated through a systematic assessment of the results it produces.

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