Strategies for engaging policy stakeholders to translate research knowledge into practice more effectively: Lessons learned from the Canadian Alcohol Policy Evaluation project

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Abstract

Introduction. Evidence-based alcohol policies have the potential to reduce a wide range of related harms. Yet, barriers to adoption and implementation within governments often exist. Engaging relevant stakeholders may be an effective way to identify and address potential challenges thereby increasing reach and uptake of policy evaluation research and strengthening jurisdictional responses to alcohol harms. **Methods.** *As part of the 2019 Canadian Alcohol Policy Evaluation project, we conducted interviews with government stakeholders across alcohol-related sectors prior to a second round of researcher-led policy assessments in Canada's 13 provinces and territories. Stakeholders were asked for feedback on the design and impact of an earlier policy assessment in 2013 and for recommendations to improve the design and dissemination strategy for the next iteration. Content analysis was used to identify ways of improving stakeholder engagement.* **Results.** *We interviewed 25 stakeholders across 12 of Canada's 13 jurisdictions, including representatives from government health ministries and from alcohol regulation, distribution and finance departments. In providing feedback on our stakeholder engagement strategy, participants highlighted the importance of maintaining ongoing contact; presenting results in accessible online formats; providing advance notice of results; and offering jurisdiction-specific webinars.* **Discussion and Conclusions.** *This study offers important insight into the engagement preferences of government stakeholders involved in the health, regulation, distribution and financial aspects of alcohol control policy. Findings suggest that seeking input from stakeholders as part of conducting evaluation research is warranted; increasing the relevance, reach and uptake of results. Specific stakeholder engagement strategies are outlined.* [Vallance K, Stockwell T, Wettlaufer A, Giesbrecht N, Chow C, Card KG, Farrell-Low A. Strategies for engaging policy stakeholders to translate research knowledge into practice more effectively: Lessons learned from the Canadian Alcohol Policy Evaluation project. *Drug Alcohol Rev* 2021]

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Introduction

Alcohol is the most widely used legally available psychoactive substance among Canadians [1]. As such, the acute and chronic harms associated with alcohol use in Canada are high, with over 18 000 deaths, 114 000 years of life lost and 105 000 hospital admissions estimated in 2017 [2]. Implementing evidence-based alcohol control policies is one powerful way to reduce related harms at the population level.

Comprehensive international reviews have identified a number of key policy measures that governments can use to reduce the negative impact and better protect public health. These include controls on pricing and taxation of alcohol, and on the physical availability and marketing and advertising of alcohol [3–7]. While there is growing scientific evidence demonstrating the effectiveness of these and other strategies for reducing alcohol harms, there are often challenges to not only adopting these policies, but also to their consistent and

comprehensive implementation across governments [3,5,8–11]. The competing interests of powerful industry lobbyists can also threaten the already arduous policy process, especially if they secure a stakeholder seat at the policymaking table, as their motivations are often more aligned with economic gain than healthy public policy [10,12–18].

In Canada, the regulation and sale of alcohol is largely the responsibility of its 10 provincial and three territorial jurisdictions, with the exception of some federally legislated areas that include, for example, excise taxes, broad advertising regulations and impaired driving laws. There is significant variation in how governments manage the provision of alcohol across the provinces and territories, ranging from mixed government-monopoly/privatised systems to wholly privatised or consignment-sale systems [19]. Alcohol control measures are often low on the Canadian political agenda and tend to be adopted and implemented in a fragmented and inconsistent manner across the country. This is perhaps unsurprising given that Canada remains without significant alcohol policy leadership, with no federal alcohol act providing a comprehensive legal framework for the production, distribution and sale of alcohol and fewer than three endorsed, up-to-date, stand-alone provincial or territorial alcohol strategies currently in place to guide individual jurisdictions [20]. As in other countries, the potential impact of alcohol industry activity on public policy is also a concern in Canada. This was demonstrated most recently by national alcohol industry associations' attempts to derail and interfere with a federally funded research study examining the efficacy of introducing cancer warnings labels on alcohol containers [21,22].

Currently, the policy literature specific to transitioning research knowledge into practice in government sectors related to alcohol, such as health ministries and regulation, retail distribution and finance departments, is not extensive or robust, especially within the Canadian context. Recommendations for stakeholder engagement more broadly suggest that particular strategies can improve the likelihood of proposed policies and control measures being effectively enacted and sustained over time. These include, for example, investigators engaging with and being accessible to government stakeholders throughout the research process, taking contextual factors into account during policy adoption and implementation in real-world settings, and supporting subsequent evaluation exercises [10,11,15,23–26]. Further recommendations for facilitating the adoption and implementation of public health policies include engaging with multiple groups of decision-makers across a range of government sectors (both in and outside of the health field)

and using tailored approaches for proposing legislation or regulation that clearly take into account the ways in which institutional policymaking is impacted by the political landscape [10,11,14,24–26]. Relevant evidence-based recommendations and tools to aid the policy process should be provided in an accessible and not overly information-heavy format [10,11,14,24–26]. In the context of alcohol policy, increasing awareness among policy stakeholders of potentially effective alcohol control measures and better informing the public about the rationale behind certain policies has been shown to be a way to build support for and increase uptake of the more effective, and not just more politically palatable, policies [15,27–29].

Background

In 2013, our team completed an alcohol policy evaluation (the '2013 Project') assessing the extent to which evidence-based policies were implemented across the 10 Canadian provinces. The findings of this assessment indicated that a significant portion of these policies were either not in place or if they were, did not sufficiently support the protection of public health in their current form [30,31]. The 2013 Project assessed nearly 70 indicators across 10 alcohol policy domains for each of Canada's 10 provinces (see Ref. [30] for full description of study protocol). The study design was based on previous in-depth alcohol policy reviews and evaluations [3,8,32,33] as well as the impaired driving rankings of Canadian provinces undertaken by Mothers Against Drunk Driving Canada [34,35]. The overall scoring system was peer reviewed by a panel of international alcohol policy experts prior to the project launch and the collected data were validated by government stakeholders in each jurisdiction [31]. Score cards of the extent of policy adoption and implementation overall and by each policy domain and jurisdiction were calculated, with the results presented as percentages and first-to-last place rankings for the 10 provinces. Detailed recommendations in a main report as well as in province-specific summaries were produced [30,31]. The dissemination strategy for the 2013 Project included an initial round of informational letters sent to government ministers in provincial departments of health, finance and alcohol regulation at the outset of the project, a study-methods webinar held prior to public release for ministers, medical officers of health and stakeholders who completed data validation (9 attendees from 5 provinces), an in-person public release event that was also webcast (45 in-person and 145 online attendees) and a media release. The reports and summaries were posted to the institutional

websites of lead researchers and report links were distributed to stakeholder contacts via email; results were also presented at academic conferences and in scholarly publications [36–38].

Four years later our team initiated the Canadian Alcohol Policy Evaluation (CAPE) project (the 'CAPE Project') to once again assess adoption and implementation of alcohol policies across key evidence-based domains in Canada's 10 provinces, this time with the addition of its three northern territories [19]. In advance of launching the follow-up evaluation, we completed informational surveys to seek input from and increase engagement with policy stakeholders in government sectors related to alcohol across all jurisdictions. The aim of this paper is to examine feedback received from policy stakeholders regarding: (i) the content, design, dissemination strategy and reach of the 2013 reports; and (ii) the proposed design and dissemination strategy for the follow-up CAPE evaluation exercise. We also describe the overall project impact of engaging with stakeholders using informational surveys and outline some stakeholder engagement strategies based on lessons learned from the CAPE Project.

Methods

Stakeholder informational surveys

In preparation for launching the CAPE Project, we conducted semi-structured informational surveys with key government stakeholders in early 2017. Relevant stakeholders were identified in ministries and departments representing health-sector roles relevant to alcohol policy or roles involving the financial oversight, regulation or retail distribution of alcohol across the provinces and territories in Canada. As recommended elsewhere [3,12,13,16–18], alcohol industry representatives were not considered as valid policy stakeholders due to their inherent conflict of interest and thus were not included in the study. The survey questionnaire was designed to gather feedback on the 2013 Project reports and dissemination strategy and to get input on the design and dissemination strategy for the follow-up evaluation, which was about to begin. While there are some potential drawbacks in seeking comment on a previous study for which the researchers were responsible, the process was also an integral means of initiating early contact and connection with stakeholders who would be the main points of contact for a number of vital stages throughout the project. These stages included validating the collected policy data and previewing study findings for their respective jurisdictions prior to public release (see Table S1, Supporting Information, for full timeline of stakeholder contact).

A total of 25 survey questionnaires were completed across 10 provinces and two territories. This research was approved by the University of Victoria's Human Research Ethics Board (Protocol #17-063).

Recruitment and survey measures

The recruitment strategy for identifying and inviting government stakeholders to participate in the informational surveys was designed to include representatives from as many different provincial or territorial jurisdictions and as many alcohol-related sectors as possible. The first phase included sending project information letters to mid- to high-level government officials in all relevant ministries and departments across the country to introduce the project, request identification of suitable data validation contacts and inform them of a forthcoming invitation to participate in stakeholder interviews. The second phase of recruitment involved sending invitations to the stakeholder contacts identified by officials in response to our initial project correspondence. Roughly half of the provincial stakeholder contacts recommended to us had acted as data validators for the 2013 Project; all territorial contacts were new. A small number of additional invitations were also sent to stakeholders who had been data validators in the previous project, but were not identified as contacts in the response letters; all contacts were prioritised equally.

The recruitment strategy resulted in a total of 46 stakeholders across all 13 jurisdictions receiving an invitation to complete the survey; in some provinces and territories multiple stakeholder contacts were identified for each sector and in others there was only one identified. Survey invitations were sent out to stakeholders via email and included the following attachments: (i) a pdf copy of the 2013 Project report and the relevant provincial summary (territorial contacts did not receive summaries as they were not assessed in the 2013 Project); (ii) a letter of information for informed consent; and (iii) the blank survey questionnaire. Participants had the option of completing the survey questionnaire via phone interview or by submitting responses via email. In some of the smaller jurisdictions with more closely knit government structures, stakeholders submitted a single response with combined input provided from across similar sectors (e.g. alcohol distribution and regulation departments). Stakeholders in the primarily French-speaking province of Quebec were sent a translated version of the survey and had the option of completing the telephone survey with a French-speaking interviewer upon request. Up to two email reminders were sent to contacts where no response to the initial invitation was

received; the majority of the surveys were conducted over 10 weeks in early 2017.

The questionnaire included both closed- and open-ended questions asking participants about any alcohol policy changes in their jurisdiction, their awareness of the 2013 Project, overall feedback on the reports and whether the reports had informed any policy discussions or changes in their jurisdiction (see Survey Instrument, Supporting Information). There were also questions about whether the 10 alcohol policy areas and related criteria assessed in the 2013 Project were suitable and asked for suggestions for policy areas or criteria to potentially include or exclude in the follow-up CAPE Project evaluation. Participants were also asked if they had any recommendations for presenting the updated findings in the follow-up reports and for disseminating the updated findings to ensure maximum impact and usefulness in their jurisdiction.

Analysis

Surveys completed by telephone were transcribed and collated with questionnaires submitted via email. The responses were then categorised into two broad groups representing either the health sector (composed of stakeholders from ministries or departments of health and mental health and addictions units) or the non-health sector (composed of stakeholders from alcohol regulation, retail distribution and financial oversight departments). The government sectors were separated in this way to reflect the distinct directives and positions each of the two groups hold in relation to the adoption and implementation of alcohol control measures. For example, the non-health sectors operate primarily within a mandate of obtaining revenue from the provision and sale of alcohol. The responses for each survey question were collated across jurisdictions by each of the two groups. Content analysis was conducted using approaches outlined by Braun and Clarke [39] to identify broad concepts and themes in the interview data. The six steps used to identify themes included: becoming familiar with the data, generating initial codes, searching for themes, reviewing themes, defining themes and writing it up [39]. The initial coding framework and themes were developed by the lead author (KV) using a small sample of transcripts with minor refinements made after discussion with two other members of the study team (AW and CC); KV subsequently coded the remaining transcripts. The overall themes and concepts identified in the interview data were finalised after discussion with the other two team members and further review by the principal investigators (TS and NG). The analysis was conducted using Excel.

Results

Of the 46 invitations sent out, 25 surveys were completed by policy stakeholders in health and non-health sectors across 12 jurisdictions in Canada; one territorial jurisdiction provided no response. Thirteen surveys were completed by stakeholders in health-related roles (with two combined responses from stakeholders in connected health departments) and 12 surveys were completed by stakeholders from departments or ministries related to finance, alcohol regulation or alcohol retail distribution (with one combined response from stakeholders in connected regulation and distribution departments). Five surveys were completed via telephone interview which took an average of 35 min to complete and 20 surveys were completed and submitted via emailed questionnaire; one telephone and one email questionnaire were completed in French and subsequently translated into English. Of the 21 non-responders, four stakeholders initially accepted, but were lost to follow up, three declined as they did not feel they were suitable respondents and the remaining 14 did not acknowledge receipt of the invitation.

Feedback on the 2013 Project

Report design.   Overall feedback on the design of the 2013 reports from both the health and non-health groups was largely positive. The main themes centred on the importance of providing accessible and transparent evidence for policy stakeholders to assist them in the course of their work. As one health-sector respondent articulated, 'I am delighted that it's being updated and am looking forward to the next version!' Many stakeholders also indicated that it was immensely helpful to have such comprehensive alcohol policy information in one place and that the analysis and metrics on the indicators provided a tool for informing discussions for policymakers. Respondents from across all sectors also reported that they valued the provincial summaries as they felt that helped them better understand their jurisdictions' performance in particular policy areas. A health-sector respondent further stated that they were 'go-to' documents among their colleagues and that it was especially beneficial to be able to see comparisons of how their jurisdiction was doing in relation to their neighbours. A respondent from the non-health group representing the alcohol regulation sector also indicated that the reports were beneficial to policy stakeholders who do not have time to do scans of this nature and further indicated that the reports had essentially been used as a 'step-by-step guide' for reviewing and updating alcohol-control policies in their jurisdiction. A regulation-sector

respondent from one province felt that the domain criteria included in the evaluation were fair as they were very clear and transparent and were applied the same way to each jurisdiction. The respondent further indicated that the transparency 'was a real benefit' that made it easy to defend the report to others, as the scoring could be calculated based on the information provided which, in their opinion, was 'rare in research'.

There was consistent feedback from respondents across all sectors that an additional domain assessing whether jurisdictions were regularly monitoring and reporting on key alcohol-related indicators, such as patterns of use and related harms would be a valuable addition to the reports.

Results presentation.   Identified themes related to presentation of the study results highlighted the potential risks of simplified communication strategies. Respondents from across both health and non-health sectors indicated that they appreciated the results being presented as provincial rankings, as it simplified the information for both policy stakeholders and was helpful for motivating change. Several noted, however, that the risk of the first-to-last ranking format meant some level of detail could potentially be missed between jurisdictions who obtained relatively similar percentage scores, but came out with a much higher or lower rank. As one health-sector respondent pointed out, 'the risk in that approach is losing the nuances'. A respondent from the non-health group representing the regulation-sector further highlighted that the ranking system did not reveal what they called the 'full systemic issue' of alcohol policy implementation in Canada as even the first-ranked jurisdiction had obtained a low score overall (less than 60%). They felt that the rankings ran the risk of being taken out of context with the focus on the first-place finisher rather than the actual policy implementation score itself. Another respondent from the non-health group representing the retail distribution sector made a more general comment that they felt the results had not accurately captured the work and changes in place in their jurisdiction nor did they adequately consider relevant associated factors. The respondent recommended that ongoing consultation throughout the data collection process would help ensure the findings better represented alcohol policy in their jurisdiction.

Report reach.   Themes identified in this area focused on positive and negative responses stimulated by the results. One of the non-health regulation-sector respondents stated that the 2013 reports were very well distributed and indicated that 'whatever you were doing it worked … I had heard about it and there were conversations about it and … for well over 99% of the research I read there aren't conversations about it so … in terms of a knowledge translation approach, this got to policy stakeholders in a way that most research doesn't'. A health-sector respondent in one of the provinces indicated that the reports were used by health system staff at the central health department for both internal discussions and at interdepartmental meetings. The respondent also indicated that the reports were used among the more dispersed health administration areas within that jurisdiction to inform conversations with local municipalities about alcohol-related bylaw regulations. Regulator and retailer respondents from the non-health group in one jurisdiction indicated that the report findings were used as part of their submission to a provincial liquor policy review that was proposing an expansion of the availability of liquor. A health-sector respondent from that same jurisdiction indicated that their health ministry 'frequently references these publications in its work to address the public health implications of alcohol consumption'.

In contrast, one respondent from the non-health group representing the retail sector stated that 'even if there were some positive elements, because there were some negative elements [such as the low overall scores] it was completely disregarded' and felt that the reports therefore had not informed policy discussions in that particular sector. No further explanation was offered by this respondent. Another non-health-sector respondent indicated that they did not feel there had been sufficient consultation over the course of the study which led to some mistrust of the report findings.

Suggestions for the 2019 CAPE Project

Updated report design.   When thinking about ways to present the findings in the updated reports, respondents across both the health and non-health groups indicated that the format of the 2013 reports and summaries would also work well for the follow-up CAPE Project. The main themes in this area centred on the importance of accessible and contextualised presentation of results as well as on timing of report-release. When asked about improvements that might be made, most stakeholders felt it was important to ensure there were 'easy-to-read materials' to get across key points. A health-sector respondent from one jurisdiction indicated that the provincial comparisons were also useful, as they could provide additional insight and be a useful tool when advocating for ongoing policy renewal or change. Other suggestions from respondents across all sectors included keeping the reports simple and

practical and identifying areas where jurisdictions could make small gains as a starting point, as otherwise it could seem like a 'daunting task that would make people resistant to tackling'. Several stakeholders across the different sectors also recommended that, similar to the 2013 Project, the results of the reports be shared with policy stakeholders in advance of the public release to facilitate government buy-in. One respondent representing the regulation sector suggested providing embargoed copies at least 1 week prior to the public release because as they pointed out, 'if I only have a day or an hour to brief government then I will rely on executive summary but if I have a week I will read the whole thing and be able to fully understand the report and get past my initial reactions … especially if the report is negative'.

Multiple health-sector respondents suggested incorporating complementary data on relevant alcohol-harm indicators, such as heavy drinking and morbidity and mortality rates to preface the reports and one health-sector respondent pointed out, 'this paints a more complete picture and I think would have much more of a powerful impact if the information were presented together'. One of the respondents in the non-health group also stressed the importance of ensuring that careful and accurate contextual information specific to the territories be included in the reports given that they are very different from the provinces and to avoid making any 'sweeping statements' that might not necessarily be applicable to those three jurisdictions. A respondent in the health group indicated that identifying successful policy processes and practices already in place in other jurisdictions would be useful to stakeholders and could potentially contribute to the development of what one health-sector respondent called a 'business case … [to] … move forward with how it's been done elsewhere'. A health-sector respondent further suggested to 'go across the country and talk to people and find promising practices that are surfacing – bring together in a summary section in promising practices' that could then be provided to stakeholders.

Dissemination strategy. Respondents from both the health-sector group and the group representing the finance, regulation and retail sectors provided a number of strategies to disseminate the follow-up CAPE Project reports. Identified themes reflected the importance of broad and multifaceted results distribution across governments. A respondent representing the alcohol regulation sector recommended distributing the updated reports to both lower- and higher-level government stakeholders to ensure they were distributed up and down the departmental or ministerial chain of command in a timely and comprehensive way. This was echoed by a health-sector respondent who felt that the reports should be disseminated across the whole of government, including to ministries of justice, health and finance in each jurisdiction. There was overlap in the types of specific knowledge translation and dissemination tools participants from both groups recommended for increasing uptake of the report findings. The most frequent suggestion was to develop easily accessible 'online materials' and one health-sector respondent recommended having a dedicated website where all the project reports and related materials could be available permanently. Having a project-specific 'landing page' was especially highlighted by one health-sector respondent who indicated that at a certain point after the completion of the 2013 Project, 'we couldn't find the 2013 provincial reports anymore!'.

A respondent representing the retail sector from another jurisdiction suggested presenting the results using infographics as they felt they were more visual and a 'modern tool' that bureaucrats could review if they did not have time to read the full reports. Another health-sector respondent suggested offering jurisdiction-specific webinars for presenting the results and a respondent representing the finance sector also stated that webinars would be a useful way to share results with stakeholders in more remote areas of the country. A finance-sector respondent indicated that presentations at industry-specific conferences and broader social media releases would be additional channels to consider and a respondent from the retail distribution sector recommended, including media as a partner when publicly releasing the reports, as they felt media could be helpful in showcasing why alcohol policy research is important.

Discussion

In this study we explored feedback received from informational surveys conducted with government stakeholders in public health, regulation, retail distribution and finance roles related to alcohol in advance of launching the second round of the 2019 CAPE Project, a national alcohol policy evaluation. Very few stakeholder engagement studies have been done in the alcohol policy field to date and none specifically in Canada. Some of the dominant themes identified in the surveys centred around maintaining ongoing connection with policy stakeholders and focusing on the simplicity, accessibility, relevance and timing of the CAPE Project reports. Overall, our findings supported previous research on best practices for

meaningful engagement and effective knowledge dissemination strategies for supporting translation of research into policy [10,14,15,25]. Highlighting the perspectives of different government sectors, particularly public health, is especially important given that alcohol industry voices are often more prominently heard within policy process narratives. This paper contributes to this literature.

Conducting the informational surveys prior to starting the follow-up assessment allowed us to utilise a central tenet of engagement, which is to connect with policy stakeholders early on [25]. This approach helped to build relationships that facilitated a smoother and faster process of completing the subsequent data collection and validation phases of the 2019 CAPE Project. The surveys were also an opportunity for those most likely to use the reports in their work to provide meaningful input before the study design was finalised, another method shown to improve uptake of evidence in the policy process [15,25,26]. Further, by getting detailed feedback on preferred output styles for the study results, we were able to better synthesise and tailor the presentation of the evaluation findings. This allowed us to create accessible resources to assist with both policy adoption and implementation processes and avoid a policy 'do not' of overloading stakeholders with too much information [11,24]. The surveys themselves presented not only a tangible reason for initially reaching out to stakeholders, but also provided their respective departments with advance notice of the upcoming policy evaluation. Asking for feedback on the 2013 Project created an impetus for stakeholders to re-familiarise themselves with the project or review it for the first time in the case of new contacts. This presented an opportunity to reinforce or broaden their alcohol-policy knowledge and provided a preview of what participation in the CAPE Project entailed. Overall, a substantial number of the stakeholder suggestions collected in the survey were incorporated as key elements in the final design of the policy evaluation study (see Table 1).

Similar to the broader policy-process literature, our findings indicated that keeping policy stakeholders engaged throughout the study process and providing early access to report results were considered supportive factors [23–26]. Both elements were reported to increase stakeholders' ability to obtain buy-in from their respective departments and ministries, as well as to build support for the findings and better facilitate potential uptake at various stages of the policy process. A criticism of the 2013 Project reported by some policy stakeholders was an insufficient level of consultation, which subsequently served to undermine their sector's confidence in the evaluation results. In contrast, our consistent ongoing engagement with

Table 1. *Stakeholder input incorporated into Canadian Alcohol Policy Evaluation project design*

- Retained the shorter jurisdiction-specific summaries, inter-jurisdiction comparisons and comparisons between the 2013 Project results and the follow-up findings (for provinces only).
- Retained existing policy domains and added a new Monitoring and Reporting domain that assessed whether jurisdictions had a system of regularly collecting and publicly reporting on specific alcohol-related indicators.
- Retained the ranking system for presenting the results, but used letter grades rather than 'first-to-last place' to catch more of the nuance between jurisdictions and avoid the dissonance between achieving a 'first place' rank despite having a low percentage score overall.
- Connected with stakeholders multiple times throughout the data collection and validation periods, as well as in advance and upon release of reports and for follow-up evaluation surveys.
- Highlighted a 'good news story' by showing that if all current best practice alcohol policies implemented in at least one jurisdiction were to be implemented consistently across the country, the overall provincial and territorial score would go from a letter grade of 'F' (44%) up to an 'A' (87%).
- Provided stakeholders with embargoed copies of the final project reports and hosted a pre-release webinar for them to see the results and have a forum to ask questions in advance of the public launch event.
- Added a more detailed preface to the summary reports which included updated jurisdiction-specific alcohol consumption data and alcohol-related net revenues and costs as well as additional contextual information for the three territories.
- Included a list of examples of promising practices in place for each alcohol policy domain in the main report and provided a 'best practice leaders' table to show which jurisdictions had success in implementing specific policies. In the summary reports added 1-page jurisdiction-specific list of recommendations for each of the 11 domain areas and a front-page summary of best practice policies already in place.
- Sent digital and hard copies of the reports with personalised letters to government ministers and department heads across a broad range of health and non-health sectors in all jurisdictions.
- Built a dedicated project website (alcoholpolicy.cisur.ca) with a landing page where all reports, summaries (in both English and French) and related resources would be permanently located and accessible to the public and produced a project infographic summarising the overall results.
- Invited stakeholders at different levels of government to request tailored jurisdiction-specific webinars at nine different junctures during the study period.
- Put out formal institutional media releases for the launch public event and engaged with a variety of news and social media channels and circulated the reports to a variety of different community and government listservs.

stakeholders from the start of the 2019 CAPE Project created more opportunities for the findings of the follow-up evaluation to inform policy discussions and even lead to policy change [40]. This greater connection kept the issue on departmental agendas and increased stakeholders' familiarity with the study

recommendations through repeated exposure, thus facilitating their ability to respond to opportunities arising during policy adoption or implementation phases [15,23–26]. Further, by inviting stakeholders to request tailored, jurisdiction-specific webinars throughout the course of the study we were able to connect with a variety of key contacts at several points in time and avoid the often narrow windows of policy process streams [10,11,14,24–26]. See Table 2 for stakeholder engagement strategies and potential outcomes based on lessons learned from the 2019 CAPE Project.

The impact of building connections and prioritising ongoing engagement throughout the 2019 CAPE Project was perhaps most clearly highlighted by the upwards of 450 provincial and territorial policy stakeholders from across the country in attendance at our pre-release and public release launch – three times the number who attended launch events for the 2013 Project. Presenting the results in the form of letter grades also proved to be an effective media tool that garnered significant attention. The lead research institution's media monitoring database (Agility PR Solutions) captured publication of nearly 400 news articles, including syndications, covering the launch of the 2019 CAPE Project reports with an estimated reach of around 7.6 million readers.

During the 2019 CAPE Project we had greater success than previously in connecting with policy stakeholders in sectors related to alcohol regulation, retail distribution and finance. However, it is important to recognise that even deeper engagement with these particular sectors in future remains critical as their ability to facilitate adoption and implementation of some of the most effective and far-reaching alcohol control policies often exceeds that of health departments. The findings of this study also emphasise the value of strategies employed during the CAPE Project to foster new cross-sectoral linkages between stakeholder groups not previously aware of the potential public health implications of their role and its interconnectedness with the broader alcohol policy process. This again highlights the importance of taking a comprehensive 'whole of government' approach to the prevention and reduction of alcohol-related harms, one that incorporates all related policy sectors, not just public health.

Limitations

There are several limitations to our approach. We only completed informational surveys with a limited number of stakeholders across government sectors in 12 of 13 provinces and territories in Canada. Consequently, the findings cannot be considered as representative of

Table 2. *Stakeholder engagement strategies based on Canadian Alcohol Policy Evaluation Project experience*

Stakeholder engagement strategy	Potential outcomes
Send introductory/thank you project information letters to high level government stakeholders	• Puts project on government agendas at multiple points • Identifies designated project stakeholder contacts
Complete pre- and post-project informational surveys with relevant stakeholders	• Initiates relationship-building with stakeholder contacts • Improves overall project design and effectiveness of dissemination strategy
Outline points of contact involved in study participation at project outset	• Allows stakeholders to allocate sufficient staff time for participation • Reassures stakeholders of ongoing opportunities to connect with researchers
Provide early embargoed copies of reports and offer pre-release stakeholder webinars for review of project results	• Builds trust with stakeholder contacts • Increases positive buy-in and facilitates in-depth review of report findings at different levels of government
Develop accessible and relevant online knowledge dissemination resources and present study results in a simple and evocative format (e.g. percentages and letter grades)	• Facilitates sustained and meaningful uptake of results by stakeholders • Increases media coverage, targeted results messaging and overall project impact
Offer to provide tailored jurisdiction-specific results webinars upon request at multiple points throughout the project	• Increases windows of opportunity for stakeholders and their departments to request webinars • Facilitates engagement with broader range of government sectors and improves overall understanding and uptake of results

all departments or ministries related to alcohol policy across the country. There were some missing data from respondents who did not provide responses to questions that were outside of their government sector, that is, those in regulatory roles not commenting on health-related questions and vice versa. Additionally, some jurisdictions also collaborated across different sectors to complete the questionnaire; therefore, in some cases it was not always possible to know precisely which answer was provided by representatives of which sector. While our findings suggest that the 2013

Project did inform and support relevant discussions across Canadian jurisdictions, we anticipate that a subsequent iteration of this assessment will be required to more fully gauge the impact of the CAPE Project and our stakeholder engagement strategies on alcohol policy adoption and implementation.

It is important to note our positionality as researchers given that we were asking participants for feedback on our own study, which may have had an impact on participant responses. However, this was in itself a key approach and rationale for the interviews as a means of building relationships to strengthen the design and impact of the alcohol policy evaluation, and thus was unavoidable. An independent research team may not have generated the same data; however, that would only have been an appropriate approach for a project with different rationale for undertaking stakeholder interviews. The majority of participant feedback was positive, which may suggest a lack of comfort in providing candid answers though honest input on improving the study design would better assist them in their roles. None of the survey questions were considered 'sensitive' in nature. Additionally, the informed consent indicated that participants' general sector would be used 'e.g., representative of health sector' which may have impacted responses in some smaller jurisdictions, although jurisdictions were not themselves identified.

Conclusion

Engaging with government stakeholders in jurisdictions across Canada prior to finalising the study design for a national alcohol policy evaluation proved to be an extremely valuable endeavour that enhanced the relevance and reach of the subsequent policy assessment results. Further, seeking input from policy stakeholders on how best to package the study findings to facilitate implementation of the 2019 CAPE Project recommendations helped build relationships with representatives from a variety of government sectors and refined the overall study design. Meaningful and sustained engagement with government stakeholders in a variety of sectors relevant to alcohol regulation, retail distribution, finance and public health is recommended for improved efficacy and impact of future alcohol policy evaluation initiatives.

Conflict of Interest

There are no conflict of interest to report with the exception of TS, who received research funds and travel expenses from both the Swedish (Systembolaget) and Finnish (ALKO) government retail alcohol monopolies for the conduct of research into the impacts of their policies on alcohol consumption and related harm.

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Supporting Information

Additional Supporting Information may be found in the online version of this article at the publisher's website:

Table S1 Stakeholder points of contact timeline for Canadian Alcohol Policy Evaluation project January 2017–November 2019.

Appendix S1. Canadian Alcohol Policy Evaluation Survey Instrument.