# Overview of Knowledge Translation for Network for End of Life Studies (NELS) Interdisciplinary Capacity Enhancement (ICE) Quarterly Meeting, December 12<sup>th</sup>, 2006 [prepared by Dorothy R. Barnard]

Table 1Understanding the policy	making process	
Institutional arrangements:		Р
Structures [e.g. jurisdictional		$\mathbf{U}$
authority]	Individuals:	B
Past policies [e.g. administrative	➤ Attributes	L
capacities]	> Relationships	I
Policy networks [e.g. advisory		С
committees]		Р
Interests:	]	O I
➢ Elected officials [e.g. need a "win"] ■		L
➢ Civil servants [e.g. concerned about		— Ĩ
"turf"]		С
Research groups [e.g. seeking research	External events	Y
funding]	[e.g. election, recession]	
Ideas:		D
► Research/evidence-		E
• Nature [e.g. systematic review]		C
o Quality [e.g. trust in researcher]		I S
• Applicability [e.g. relevance]		
• Presentation [e.g. graded entry- CIHR		0
1, 3, 25 page formatting]		N
> Values ["ought" statements]		S
➤ Mixed		
[Lavis 2006]		

[Lavis, 2006]

# Table 2Science based policy

Knowledge generation	Knowledge exchange	Knowledge uptake
Credible design	Relevant content	Accessible information
Accurate data	Appropriate translation	Readable message
Sound analysis	Timely dissemination	Motivated user
Comprehensive synthesis	Modulated release	Rewarding outcome

[Choi, 2005]

# **Ideal World- linked processes**

- ✓ Research processes
- ✓ Knowledge translation processes
- ✓ Policy-making processes

Table 3     Audience [user of research results]		
"structure" of the	➢ Is the audience part of a structured group?	
audience	➤ Is the audience centralized or spread out?	
	$\succ$ Is the audience accountable to another group?	
	➢ Will the audience have a stable structure over the next several	
	years?	
	> Are there political quagmires associated with the group?	
"power" of the	What kind of decisions does the audience make?	
audience	What potential impact can they have?	
	How do they make decisions?	
	What sources of information do they use?	
	> What is the group's past experience with incorporating research	
	evidence in their decision-making processes?	
	$\succ$ Do they have built in incentives for incorporating evidence in	
	decision-making?	
"issues" of	➢ Are we aiming at micro- [care-providers], meso- [centres/ local]	
relevance to the	or macro- [provincial/ national] level decision-makers?	
audience	$\succ$ What does an environment scan say about the future in the area of	
	our research?	
	➢ How does that fit with our potential audience's issues?	
	$\succ$ Do we expect our research results will be incompatible with the	
	beliefs and expectations of the audience	
"relationship" with	➢ Do we have the trust of the audience?	
audience	Do we have rapport with the audience?	
	➤ Have we worked/ are we working together?	
	Do we have a liaison for the audience?	
	➢ How frequently do we interact with the audience?	
	► Has an agreement with the audience been formulated regarding	
	the desired outcomes of knowledge translation?	
"knowledge	> Where can we "meet" the audience to exchange information?	
exchange" with	➢ Will the "meeting" be formal? Informal? Variable?	
audience	➤ Will the "meeting" be face-to-face? Virtual? On paper- targeted	
	to audience? In public domain?	
	> Will there be multiple modes?	
	➢ How does the audience wish to exchange information?	
	> What can we afford?	
	► How can we achieve the greatest benefit from the resources	
0	available to us?	
Common	<ul> <li>Generic approaches</li> <li>Derived approaches</li> </ul>	
audiences,	Project specific approaches	
common themes	Shared resources	

 Table 3
 Audience [user of research results]

Jacobson et al, 2003

Table 4 C				
	Awareness	Agreement	Adoption	Adherence
Predisposing	Printed materials;			
	journals; media;			
	lectures; rounds;			
	conferences			
Enabling		Opinion leaders;	Small group	
		small group	sessions;	
		sessions	academic	
			detailing; care-	
			paths; algorithms	
Reinforcing			Small group	Reminders
			sessions for audit	
			feedback	

# Table 4Clinicians are different

Davis et al, 2003

# Innovations more likely to be adopted

- Demonstrable advantage over the present
- Compatible with user's beliefs
- ➢ Not too complex
- > Able to be trialed before complete acceptance
- Results in observable change
- [Dobbins et al, 2002]

# Kinds of evidence

- Clinical outcomes & appropriateness evidence
- > Implementation evidence- e.g. readiness for change
- > Organizational evidence- e.g. capacity for change
- > Attitudinal evidence- e.g. acceptance of need for change
- Forecast evidence- e.g. environmental scan
- Economic/ financial evidence- e.g. resources available for change
- > Ethics evidence- e.g. direction of change is ethical
- > Political evidence- e.g. how public will react to change

### **Contexts for evidence**

- Professional experience & expertise
- Political judgment
- > Resources
- ➤ Values
- ➢ Habits & traditions
- Lobbyists & pressure groups
- Pragmatics & contingencies
- [Lomas, presentation, 2006]

## Messenger

- > Opinion leader- internal expert, social influence
- > Facilitator- internal or external, problem-solving model [e.g. workshops]
- Champion- internal persuasion, social influence
- Linking agent [knowledge broker]- translator between two communities, usually external, interaction

> Change agent- expertise, change behaviour, internal or external

[Thompson et al, 2004]

Table 5	Knowledge translation principles and rationale
<b>KT Principle</b>	Rationale
Collaborative	Incorporation of the knowledge, skills and attitudes of all stakeholders throughout the
research	development of the project will enhance capacity-building for all and increase ownership in and
partnerships	active support for the project. Relationships and interactions have been shown to increase adoption of evidence into practice [Lavis et al, 2002; Lomas, 1993]
Interpretation of	By summarizing the available literature related to the topic and placing the project results both
research literature	within the larger context and within the local context can increase credibility of project results,
and study results	illustrate impact on population of concern and increase comfort of local decision-makers about
within local	the applicability to their area
context	
Alignment with	By emphasizing how this project contributes to the goals of the Department of Health, for
current strategic	example, can enhance the use of the research to affect policy as desired
priorities	
Use of existing	Use current resources to supplement the research to turn problems into solutions
organizational	
activities	
Address issues of	Understanding the issues faced by decision-makers enables pro-active generation of
concern to	information related to the research project
decision-makers	
Work through	Credible champions enhance the integrity of the research and are a priori more acceptable to the
credible champions	intended audience
Use conceptual	It's always easier to understand new information if it's presented in a format and language with
frameworks and	which you are already familiar. Include in the document a glossary of unfamiliar terms
the language of	
decision-makers	
Gather evidence	Tailored information can be used to address concerns or questions of decision-makers
relevant to	
decision-makers	
Develop a concrete	Detailed planning, particularly for new or difficult to convey information, can facilitate or
and feasible	enable an effective presentation of the study results, impacts and recommended actions.
strategic plan	Consideration of potential barriers can allow for mitigating approaches
Have effective	The CIHR 1-3-25 format has been shown to be effective. It forces the researcher to carefully
communication	consider the most important messages and action items
strategies	

 Table 5
 Knowledge translation principles and rationale

Bowen, 2006.

Table 6 B	arriers and potential solutions- policy-/decision-makers
Barrier	Potential solution
Competing and	Where feasible, integrate research-generated actions into presently existing
conflicting demands	agenda. Promote actions as strategies for meeting organizational goals, not as
	new programs
Limited knowledge	Prepare clear concise information sheets
of decision-makers in	
area	
Isolation from other	Prepare information on strategies adopted by other similar Canadian
authorities or	organizations
organizations	
Limited resources to	Rigorous systematic reviews. Results translated into actionable
identify, retrieve,	recommendations. Readily available when needed by decision-makers
read, synthesize and	
translate available	
evidence	
Credibility and	Build on reputation and develop an easily recognizable and familiar logo.
reliability of	Present materials in a consistent way from one project to the next
information	
Quality and timing of	Up-to-date, framed within the local context, jargon-free. Recommendations
information	listed in rank order of effectiveness. Cost analysis included. Related to current
	priorities of user agency
Applicability and	Applicable to current decisions. Presented with desired amount of detail and
customizability	format [i.e. pdf file, internet, hard copy]. Only pertinent information provided
Education on	Provision of education/ capacity development workshops/seminars/education
research use	sessions
Perceived value of	Highlight the benefits compared to costs of utilizing the research results in
information	policy and program planning
Knowledge	Where possible, framing the information to increase congruence with the user's
incompatibility	values, context, skills, resources and prior investments
Selective	Tailoring of information to user delivered through two-way in person
[inappropriate] use of	interactions can lead to <b>bias of research</b> to which users are exposed. This can
research evidence	be counteracted through long-term relationships, increasing skills of users in
	critical analysis and presenting information in a context of valid systemic
	review as well as local environment
Allowable expenses	Ensure adequate funds are requested for justifiable knowledge translation
for knowledge	
translation	
	Partner with established investigators to gain credibility, expertise, knowledge
new investigators	and skills to enable access to potential users of the research
Interventions to	"Strategic use" of KT budget
increase utilization	
are costly	
The more tailored the	Balance costs with expected effectiveness of intervention.
approach, the greater	
the costs	01: Hannay at al. 2003: Dobbing at al. 2004: Bowan, 2006: Landry

# Table 6Barriers and potential solutions- policy-/decision-makers

Landry et al, 2001; Hanney et al, 2003; Dobbins et al, 2004; Bowen, 2006; Landry et al, 2006]

Table 7Steps up the "ladder of research utilization"		
Step		
1	Transmission- results sent to applicable users	
2	Cognition- results understood by applicable users	
3	Reference- results referred to in reports, studies and strategies of action produced by applicable users	
4	Effort- attempts made to incorporate into work of applicable users	

Influence- results influenced the decisions of applicable users Application- applicable users built on the research results

Landry et al, 2001

5

6

### Factors to step onto first rung of the ladder

- ➢ Quantitative>qualitative
- Focus on advancement of scholarly knowledge
- External funding
- ➤ Users' context amenable
- Adaptation of products
- Dissemination efforts
- Linkage mechanisms

#### Factors impacting climb up the "ladder of research utilization" Table 8

Facilitation factors	
Receptivity of users to research [from	
transmission to influence]	
Funding from sources external to the	
organization [from transmission to adoption]	
Context within which users function [from	
transmission to influence]	
Adaptation of products [from influence to	Reports readable, in "language of user", actionable
application]	recommendations
Increased dissemination efforts [from cognition	Dissemination- customized, multi-modal
to reference]	
Linkage mechanisms [transmission to cognition]	Informal personal contacts, participation in committees,
	transmission of reports to non-academic organizations

Landry et al, 2001; Landry et al, 2006

Table 9	<b>Research use- evaluation</b>
---------	---------------------------------

Use	To:
Jurisdictional/ governmental	Establish jurisdictional responsibilities and accountabilities
Service delivery	Determine how services will be delivered, by whom, in what settings, how
	accessed
Program content	Delineate which services will be provided and to whom
Evidence use in priorization	Decide areas of emphasis or spending
Evidence use in development	Incorporate in the design of programs
Evidence use in implementation	Inform processes of implementation
Instrumental	Solve a particular problem, change in behaviour/ practice
Conceptual	Inform indirectly or in concert with other evidence; general enlightenment

Lavis et al, 2002

Tuble 10 Informedge transfer metrics	
Measure	
Papers published	
and/or submitted	
Presentations and	
posters at conferences	
Articles in newsletters	
Visits to project	
websites	
Speaking invitations	
Media events,	
newspaper articles	
Requests for	
information, training	
materials, manuals,	
guidelines	
[The Change Foundati	

# Table 10Knowledge transfer metrics

[The Change Foundation, 2003]

#### References:

Amara N, Ouiment M, Landry R. 2004. New evidence on instrumental, conceptual and symbolic utilization of university research by government agencies. Sci Commun 26:75-106.

Black BL, Cowens-Alvarado R, Gershman S et al. 2005. Using data to motivate action: the need for high quality, an effective presentation and an action context for decision-making. Cancer Causes Control 16 [suppl 1]:15-25.

Bowen S. 2006. Marginalized evidence: effective knowledge translation strategies for low awareness issues. Healthcare Manage Forum 19:v.3:38-44.

Change Foundation. 2003. Change Foundation Grants Program Evaluation Framework. <u>http://www.changefoundation.com</u>.

Choi BCK. 2005. Twelve essentials of science-based policy. www.cdc.gov/pcd/issues/2005/oct/05\_0005.htm.

Dobbins M, DeCorby K, Twiddy T. 2004. A knowledge transfer strategy for public health decision makers. Worldviews on Evidence-Based Nursing 1:120-128.

Estabrooks CA, Wallin L, Milner M. 2003. Measuring knowledge utilization in health care. Int J Policy Eval Manage 1:3-36.

Guildford J. 2000. Making the case for social and economic inclusion. For the Population and Public Health Branch, Atlantic Regional Office, Health Canada.

Hanney SR, Gonzalez-Block MA, Buxton MJ et al. 2003. The utilization of health research in policy-making: concepts, examples and methods of assessment. Health Res Policy 1:2-29.

Kerner JF, Guirguis-Blake, Hennessey KD et al. 2005. Translating research into improved outcomes in comprehensive cancer control. Cancer Causes Control 16 [suppl 1]:15-25.

Kishchuk N. 2001. Case studies of regional mobilization of population health. Final report. For the Population and Public Health Branch, Health Canada.

Landry R, Amara N, Lamari M. 2001. Climbing the ladder of research utilization: evidence from social science research. Sci Commun 22:396-422.

Landry R, Amara N, Pablos-Mendes A et al. 2006. The knowledge-value chain: a conceptual framework for knowledge translation in health. Bull World Health Organ 84: 559-681.

Lavis JN, Ross SE, Hurley JE, et al. 2002. Examining the role of health services research in public policymaking. Milbank Q 80:125-154.

Lavis J, Ross S, McLeod C et al. 2003. Measuring the impact of health research. J Health Serv Res Policy 8:165-170.

Lavis JN, Robertson D, Woodside JM et al. 2003. How can organizations more effectively transfer research knowledge to decision makers? Milbank Q 81:221-248.

Lavis JN. 2006. Research, public policymaking, and knowledge-translation processes: Canadian efforts to build bridges. J Contin Educ Health Prof 26:37-45.

Lavis JN, Lomas J, Hamid M et al. 2006. Assessing country-level efforts to link research to action. Bull World health Organ 84:620-628.

Lomas J. 1993. Diffusion, dissemination and implementation: who should do what? Ann NY Acad Sci 703:226-235.

Thompson GN, Estabrooks CA, Degner LF. 2006. Clarifying the concepts in knowledge transfer: a literature review. J Advan Nurs 53:691-701.