

MAXIMIZING THE IMPACTS OF HEALTH EQUITY EVIDENCE:

USING “KT” DESIGN PRINCIPLES



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Maternal and Child Health Epidemiology Pre-Conference Training
Association of Maternal and Child Health Programs Annual Conference
December 12&13, 2011
New Orleans

Purpose

- To offer frameworks for understanding different roles that epidemiologists and epidemiological evidence can play in advancing public policies for health equity.

Learning Objectives

- Understand major concepts in knowledge translation of scientific evidence.
- Learn and practice core design principles for effective KT.
- Develop clarity about your own knowledge creation, and knowledge translation goals for health equity.

Themes

- “End of Study” vs “Integrated KT” – pros and cons
- KT Principles *in theory*
- KT Principles *in practice (scenarios and examples, tools)*

4 KT Design Principles for Advancing Evidence Use in Policy-Making

1. Build Your Own “Policy Literacy.”

Get informed about the policy context that matters for the health equity issue you’re working on. This will help ensure you’re producing relevant evidence, sharing it with relevant stakeholders, and expressing relevant messages.

2. Build Your Audience’s “Evidence Literacy.” Equip your audience to be able to receive, value, and use your evidence.

3. Foster Effective Communication.

Communication is a two way process. The better we know and listen to our audiences, the better we can communicate and the more our messages will be believed, liked, and ultimately acted on.

4. Integrate KT activities into your projects. Don’t wait until the end of your study to do KT. Collaborate and interact with stakeholders at all stages of the project. This overcomes the know-do gap: it supports communication, and policy literacy – and can result in stronger evidence.

Format

- Presentations (Frameworks and Examples from our Projects), Discussions, Self Reflection and Pairs work, Workbook Exercises
- **Day 1:** What is KT; Policy Literacy; Effective Communications Tips
- **Day 2:** What is "Integrated KT"; Clinic: Designing Your KT Plan

KT Toolkit – Resources for Applying KT Principles

www.crich.ca



Day 1: What is KT; Communicating Scientific Evidence

- AM - 8:30-12:30
- Intro
 - Defining KT
 - Your situation and needs
 - Policy Literacy
 - Break (20)
 - Pairs Exercise (25 mins)
 - Effective Communication
 - Discussion + Your situation

LUNCH 12:30-2:00

- PM - 2:00-5:00
- Writing Messages Activity
 - Messages & What Kind of Evidence is Needed to Impact Health Inequities?
 - Break
 - Review workbook
 - Discussion - what am I taking away? + Preview

Day 2: What is Integrated KT; Designing Your KT Plan

AM – 9-12

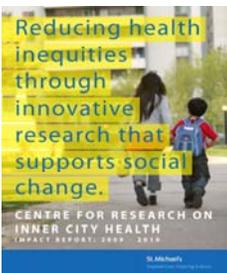
- Check In and Review, Intro
- Pairs – Problem Space/Solution Space
- “Integrated KT” + Examples (1 hr)
- Break (20 minutes)
- Discussion and Clarification Questions
- Pairs Activity

LUNCH 12-1:30

PM 1:30-4:30

- Partnerships
- Your KT Plan
- What Am I Taking Away?





VISIT CRICH.CA TO ACCESS:

- CRICH Research Flash newsletter
- Plain language fact sheets and videos
- Updates on current projects
- Stories about CRICH research in action

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- Email: Media@crich.ca to join our email listserve

CRICH Focus: Health Inequities

“a particular type of difference in health ... in which disadvantaged social groups (such as the poor, racial/ethnic minorities, women, or other groups that have persistently experienced social disadvantage or discrimination) **systematically experience worse health or greater health risks than more advantaged groups** (Braveman, 2006).

“inequalities that are unfair and unjust”

- A function of socioeconomic factors, not biological factors
- A consequence of inequitable social, economic, and health policies
- A value judgement

Section 1: What is KT & why do we need it?...

KT Definitions

"a dynamic and iterative process that includes synthesis, dissemination, exchange, and ethically-sound application of knowledge to **accelerate the capture of the benefits of research** for Canadians through improved health, more effective services and products, and a strengthened health care system.

This process takes place within a complex system of interactions between researchers and knowledge users which may vary in intensity, complexity and level of engagement ..."

(Canadian Institutes of Health Research, 2004)

"KT" is the work done to increase users' awareness of research and to facilitate their use of it.

(Webster, 2010)

What Does "KT" Stand For?

- ▶ Knowledge Transfer
- ▶ Knowledge Translation
- ▶ Knowledge Transfer & Exchange
- ▶ Knowledge to Action
- ▶ Closing the Know-Do Gap
- ▶ Evidence-Based
- ▶ Knowledge To Action
- ▶ Knowledge Brokering
- ▶ Linkage and Exchange
- ▶ Knowledge Mobilization
- ▶ Research Utilization
- ▶ Research Transfer

A recent review identified 100 terms describing KT-related research (McKibbon et al, 2010)

Why KT?

Demand is growing for “evidence-based” policies & programs

- In the last 2 decades, marked increase in demand for scientific evidence to demonstrate practical value and *return on investment*.
- At the same time, increasing demand for governments, and service providers to become more accountable, more rationale, more transparent, and, related to this, more *evidence-based*.
- Demand for evidence-based interventions in diverse policy sectors, e.g.:
 - **Energy and Environmental Policy** (e.g. global warming debates);
 - **International Development Policy** (e.g. Global Fund, Millenium Development Goals);
 - **Human Development** (e.g. Healthy Start)
 - **Financial and Economic Planning**
 - **And especially - Health Care and Health Policy ...**

Demand for evidence-based Health Care

Perhaps nowhere has demand for evidence use in policy and practice been as urgent as in the field of health care due to unprecedented cost increases, increased demand for services, uneven application of interventions and aging populations ...*

“Scientific knowledge about best care is not applied systematically or expeditiously to clinical practice. It now takes an average of 17 years for new knowledge generated by randomized controlled trails to be incorporated into practice, and even then application is highly uneven.”

• Crossing the Quality Chasm, Institute of Medicine 2001



Demand for evidence-based approaches to Social Determinants of Health ...

• “Closing the Gap in a Generation (WHO CSDoH, 2008)



• “Evidence from the Canadian literature suggests that the health care system is one contributor to population health, but it only accounts for 25% of health outcomes regardless of the level of funding it receives ... Clearly, health is more than health care and, of them all, the socio-economic environment is the most powerful of the determinants of health. This emphasizes the need to take an active instead of a passive approach to health and to act before the individual gets sick.”

• Keon WJ & Pépin LA (2009). Senate Subcommittee on Population Health.

Serious Challenges:

Cross-sectoral Issues; Stakeholders (Complexity);

Limited Evidence Base re: Solutions vs Descriptions of Problems

Inequities = Political not (merely) Technical Problems.

Evidence use needs to increase – but how can we help make it happen?



Traditional Scientific Knowledge Sharing is slow – and possibly not effective.

We can use strategies from KT to accelerate the process ...

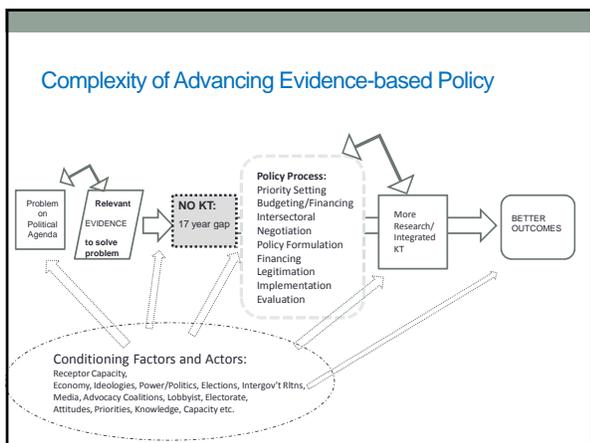
	Traditional Science	“End of Study” KT	“Integrated” KT
Model of Knowledge Sharing	Diffusion (“Let it Happen”)	Education (“Let it Happen”)	Application (“Make it Happen”)
Who is the Intended Audience?	Other Researchers or decision-makers	Decision-Makers & those who influence Decision-Makers	Decision-Makers
To Do What?	Increase awareness Stimulate further research	Take Action: Guide Policy Making, Programming or Practice	Take Action: Guide Policy Making, Programming or Practice
When?	Post-study; when report is finished	Post-study; when report is finished	Before, during, and after study.
How?	Publish in scientific journals Present at scientific conferences	Explain key messages in accessible language Give stakeholder presentations	Align research inquiry with decision-maker priorities (Lomas, 2003) Include decision-makers as partners in the research process, i.e. integrated KT (Thomas and Harding 2007)

A Critical KT Variable is *Timing*

- “End of Study”
Emphasis on effective communication and explanation of the meaning of evidence – after the evidence has been generated.
- OR
- “Integrated KT” before, during, and after the study.
Emphasis on partnerships and collaborations to generate relevant evidence and support the use of evidence in practice.

Where we'll focus this workshop.

- Our Decision about KT Timing Affects Our Whole Orientation to KT: the paradigms, models, and approaches we adopt. We need to be intentional.



Results Can We Reasonably Expect from *Policy KT*

<p>YES – EXPECT:</p> <ul style="list-style-type: none"> - BETTER EVIDENCE <ul style="list-style-type: none"> - Evidence is more relevant, timely, and useful for policy development. - MORE AWARENESS; EMPOWERMENT <ul style="list-style-type: none"> - Diverse stakeholders have better knowledge of, access to, involvement in, and capacity to use evidence. - Community Empowerment - STRONGER RELATIONSHIPS & INTERPROFESSIONAL COLLABORATION <ul style="list-style-type: none"> - With Decision-Makers & stakeholders, including affected communities 	<p>NO – DON'T EXPECT:</p> <ul style="list-style-type: none"> - IMMEDIATE CHANGE <ul style="list-style-type: none"> - Health Outcomes - Policy Designs - Stakeholders' readiness/willingness to receive, review, and respond to evidence. - EASE OF ATTRIBUTION: <ul style="list-style-type: none"> - Easy ability to attribute a policy or program change to a particular piece(s) of evidence/ or KT activity alone.
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Summing Up

- KT is the work that is done to increase potential users' awareness of evidence and to facilitate their use of it to change policy.
- KT depends upon interaction and communication between evidence producers and potential evidence users. It goes beyond simple dissemination.
- Integrating KT throughout the duration of a study can create more impact than just doing KT when your study is done.

Discussion ...

- Do you have experience with KT?
- What's been successful in your KT experiences?
- What's been unsuccessful?
- What do you want to get out of this KT workshop?

Section II:
KT Principle: Policy Literacy

We need to be intentional and be informed about the specific policy issue we want to affect – and the context surrounding it. Then we are can generate more relevant and useful evidence.

A Bit of Background:
From Evidence-based Medicine to KT...

- Cochrane Collaboration and EBM movement:
- Systematic Reviews of RCTs into Clinical Practice Guidelines.
- Original assumption was that once best practices information was provided to clinicians, they'd adopt them.
- An erroneous assumption!
- Clinicians do not consistently change their behavior in response to introduction guidelines.
- KT focus then turned to ask how to change *clinician behaviour to better align with research evidence.*




• A randomized controlled trial of *Housing First* in Toronto (“gold standard” evidence).
 • Program Funding runs out in 2013.
 • Evidence we’re generating:

- mental/ physical health outcomes,
- housing stability;
- models for service integration;
- models for anti-racist care;
- costs and benefits;
- outcomes re: use of hospitals, prisons, courts, shelters.

Housing First is a recovery model for people who are experiencing homelessness and mental health problems.
 Housing First provides good quality, stable housing as the first step to recovery. Case management and other recovery supports are provided to clients who want them.
 Housing First is guided by 2 important beliefs: housing is a basic right for all people, and people should make their own decisions about their lives.

Our KT Challenges/Options



Multiple Audiences/Targets:

- housing, health, community sectors, etc;
- 3 orders of government
- decision-makers +influencers
- Is there a best target audience?

Desired Changes are Diverse, Complex, Values-based:

- investment to sustain program;
- sustain integrated models of care developed,
- raise awareness:cost dimensions of homelessness,benefits /savings of Housing First.

Innumerable Steps, Long Time Spans

- learning – agenda setting – implementing – health

Potential KT Strategies:

- Continuous engagement of potential stakeholders throughout the duration of the project.
- Engaging private sector leaders as champions, policy influencers;
- Joining homelessness advocacy coalitions.
- Broad media strategy that personalizes/humanizes impacts, e.g. personal narratives, documentary films, involving PWLE.
- Emphasize costing evidence.

Which KT strategies should we use?



•Depends on our impact goals.
 •Depends on the policy context and what “windows of opportunity” are open...
 •How long is our KT time frame (how long do we want to stay involved in this issue?)
 •Who are our partners and how influential are they? Influential with whom?
 •We need to be reflective, and intentional.

Potential KT Strategies:

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Simply adapting KT for Clinical Care is not enough to advance use evidence in SDOH policy-making.

- Making intentional policy-focused KT decisions involves becoming very well informed about the landscape we want to influence.
- *Building Policy Literacy* is essential if we are to conduct studies and present findings that are contextualized, strategically relevant, timely, and targeted to the right audience.
- KT MODEL: “Linkage and Exchange”
- KT PARADIGM: *Emphasizes Social Interaction between user and producer of evidence > attributes of the evidence alone.*



Example: Measuring Cost-Effectiveness of Harm Reduction



How to Build Policy Literacy?

- Ask. People will be glad to hear from you.
- Network. Participate on Local Boards, Committees, and Advisory Groups.
- Read. Listen. Relevant newspapers/new media.
- Attend Public Meetings.



Tips: “How Government Works” Speaker Series
 Invite government officials, politicians, local community activists, practitioners to speak to your colleagues about how the issues are changing in your context, and about government processes.

- Stakeholder/Policy Landscape Scan....



Example:
2011 CRICH Stakeholder Priorities Scan

-Spring 2011

- 21 semi-structured interviews with urban health stakeholders in the Greater Toronto Area.

-Focus on stakeholders' "urban health policy horizon" & their use of research evidence to do their work.

-Helps networking; demonstrates our interest in being policy-relevant

Who Participated

Journalists
 Non Profit Service Provider Organizers
 Provincial Government (Health and Social Services)
 City Government (Shelters, Schools, Social Policy, Public Health)
 Federal Government

(Diverse Participants - Relevant to CRICH's diverse social determinants of health foci)

What we Asked ...

• "Looking forward over the next 2-3 years, what do you expect will be the top issues and challenges that will affect your efforts to improve health & well-being of disadvantaged groups?"

What we Learned

Urban Health Policy Stakeholders in Toronto want:

- CONCEPTUAL FRAMEWORKS
 - about how to evaluate/measure the effects of very complex programs for complex populations.
 - to know how to predict/assess long-term change.
 - to know how to measure interactions among programs and policies.
- DATA: on cost-benefit/cost effectiveness of complex interventions
- EVALUATIONS: what kinds of intersectoral collaborations work to reduce inequities.

Our Stakeholders' Priorities Changed Since 2007

Pre-recession, post-election:
 "more housing; more services; questioning new govt platforms.

2007 TOP CONCERNS

1. Increasing Access to Mental Health Services
2. New Govt Reforms to Tackle Poverty/Inequities
3. Cultural Diversity
4. Building More Affordable Housing

2011 TOP CONCERNS

1. Evaluating/Showing Value of Complex Interventions
2. Intersectoral Collaboration
3. Integrate Recovery & Housing; Appropriate Mental Health Care; Deepening & Racialized Poverty

(Post-recession:
 Deep funding cuts; need to justify expenditures; doing more with less; collaborating; integrating, and understanding what that means

<p>KT Questions: What we Asked ...</p> <ul style="list-style-type: none"> • “What Barriers do you face related to using evidence?” 	<p>What we Learned</p> <ul style="list-style-type: none"> • <i>Very Important Barriers:</i> Lack of Time (69%); Lack of Experience (54%) • <i>Important Barriers:</i> Relevant evidence is hard to access (31%); Relevant research does not exist (23%) • <i>No Barrier:</i> Not valued in our organization (0%)
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<p>What we Asked ...</p> <ul style="list-style-type: none"> • “Who does a good job in making their evidence available and relevant to you? What do they do?” 	<p>What we Learned</p> <ul style="list-style-type: none"> - They focus on topics that matter to stakeholders & use plain language - They use interactive media to share information (e.g. webinars) - They involve service users in conducting the study so the results are relevant and real.
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<p>KT Questions What we Asked ...</p> <ul style="list-style-type: none"> • “Based on your experience, how could a research centre like CRICH help you to use scientific evidence related to your top policy concerns?” 	<p>What we Learned</p> <ul style="list-style-type: none"> • Emphasize ‘soft skills’ • Convene multi-stakeholder sessions to discuss evidence & issues <ul style="list-style-type: none"> - Support informal, personal ties, dialogue, learning with us. • Produce tools or techniques we can use in practice (not just study reports, but techniques, measures, indices, and data sets) • Participate <i>with and for</i> community on equity issues <ul style="list-style-type: none"> - You can be influential with decision-makers – so get more involved in the debates. • Be succinct and clear.
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Summary

- KT for SDOH Policy = complex (actors, problems, desired changes, processes, relationships between researchers and actors)
- KT for SDOH policy – requires being well informed about the decision-making context (policy literacy)
- There are numerous ways to build policy literacy
- KT for policy will be long-term and emphasize learning, relationships, responding to needs (pull model vs push)

Break (20mins)

Pairs Exercise I (20 mins)

5 ~ mins each person

Health Equity Issues in My Work:
What Matters to Me

EXERCISE SHEET

1. Think of a challenge you face that could be addressed by a change in your work.

2. Which person does this affect?

3. Which community/department does this affect?

4. Which health equity issue does this affect? (e.g., language access, disability access, etc.)

5. How do you think you could address this challenge in the work and/or your organization? (Be creative and consider what you can control)

Dr. Michaela
Regional Care, Health Equity
www.healthequity.org

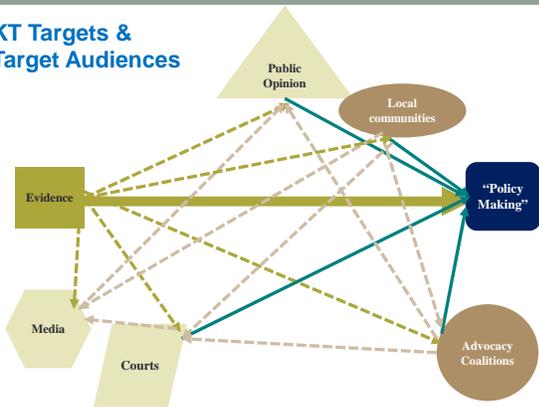
Section III:
KT Principle: Effective Communications

Foster Effective Communication. Communication is a two way process. The better we know and listen to our audiences, the better we can communicate and the more our messages will be believed, liked, and ultimately acted on.

Elements of Effective Communication...

- 1. **Audience:** Who do I want to tell?
- 2. **Message:** What do I want to say?
- 3. **Medium:** How to convey the message
- 4. **Messenger:** Who is most credible and persuasive?

KT Targets & Target Audiences



Things to learn about your audience ...

- Are there special characteristics about your audience that will affect their receipt of your message? (e.g. literacy, ideology, culture, org. culture).
- What does your target audience want to know?
- What do you want your target audience to know?
- Can these be bridged?

Example: CRICH Audiences Want ...

2007

INFORMATION

- Mental Health Care Models
- Costs of building affordable housing
- Do Needle Exchange Programs Reduce Emergency Dept Use?
- Cost Effectiveness of Supervised Consumption Sites?
- HIV Test Counselling Outcomes

2011

CONCEPTUAL FRAMEWORKS

- about how to evaluate/measure the effects of very complex programs for complex populations.
- to know how to predict/assess long-term change,
- to know how to measure interactions among programs and policies.

INFORMATION

- on cost-benefit/cost effectiveness
- models of intersectoral collaboration

2. What is a KT "message"?:

- Describes: "PROBLEM + OPTIONS + ... RECOMMENDATION"
- Relevant to the audience. Relevant to the context. Requires Policy Literacy.

Question: Do you feel comfortable/appropriate making evidence-based recommendations? Why/why not?

Storytelling ...

- People remember stories about people > stories about numbers.
- Take the time to harvest stories that demonstrate the meaning your research has for individual lives, in addition to reporting data about large populations.
- By telling stories about *individual people* who are affected by the issue you are researching, you make your findings more memorable.
- Stories have beginning, middle, end..

Participant Experiences

Some of our 100+ OTCs (or participants) have offered to share their experiences with you:

Jeff had his real cancer says that his life was like a "Chinese buffet" where he had everything every day. He didn't work or go to school. He was just there to eat. He had a lot of fun. He had a lot of friends. He had a lot of love. He had a lot of life.

Bob had his real cancer says the good thing was that he had a lot of time to spend with his family. He had a lot of time to spend with his friends. He had a lot of time to spend with his community. He had a lot of time to spend with his life.

Andy had his real cancer says more than a year in a hospital after having his treatment and spending his time with his family. He had a lot of time to spend with his family. He had a lot of time to spend with his friends. He had a lot of time to spend with his community. He had a lot of time to spend with his life.

Is Messaging Part of Your Skill Set?

- If crafting messages for non-scientific audiences is not your skill set/job, you can find support resources AND you can collaborate with someone who *is* skillful in this area:
 - A professional writer/communications expert.
 - A stakeholder
 - Another researcher
 - A target audience
- The team that produced the evidence must stay involved to check the accuracy of the message.

Conferences and Resources to help ...



May 25-27, 2012
 University of Victoria | Victoria, BC, Canada

Early Bird Registration: Dec 15, 2011 to Feb 27, 2012
 Trainees \$75.00
 Regular \$150.00

www.cbr.uvic.ca/index.php?option=com_content&task=view&id=122&Itemid=152

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3. Medium: Organizing a KT Report

- Length Matters because Time Matters. Provide options. (CHSRF standard is 1:3:25 pages; Cochrane standard is 1:5:15:45 minutes).
- Chunking.
- Use White space and columns.
- Use Appendices or "back of the book" for details.
- ("For more information")
- Your Contact Info.



The image shows a document titled "Organizing a KT Report: Style Tips". It includes a pyramid diagram with three levels: "Short and snappy", "Medium length", and "Long and detailed". The pyramid is inverted, with "Short and snappy" at the top and "Long and detailed" at the bottom. The text provides guidelines for each level, such as "Short and snappy" being 1-3 pages, "Medium length" being 4-10 pages, and "Long and detailed" being 11-20 pages. It also lists key elements to include in each report, such as a title page, executive summary, and references.

"I love the Research Flash. It's great. It allows me to just pick up a little bit and say 'yes, I want to go and find out more'. Or sometimes even it's enough that when I'm working on something, I can bring in."
– Ministry of Health Officer



The image shows a "Research Flash" document from the Centre for Research on Inner-City Health. It features a blue header with the text "CENTRE FOR RESEARCH ON INNER-CITY HEALTH" and "St. Michael's Hospital". The main content is organized into several sections with bold headings, including "IN THIS ISSUE:", "The partnership between and disparities in health care for the poor", "Gender and perceptions of gambling: a review of the literature", "Risk factors for violence", "The impact of the 2008-2009 recession on the health of Canadians", "The impact of the 2008-2009 recession on the health of Canadians", "The impact of the 2008-2009 recession on the health of Canadians", and "The impact of the 2008-2009 recession on the health of Canadians".

Evidence Primers

Requested by Agencies to use in their materials, grants, etc.

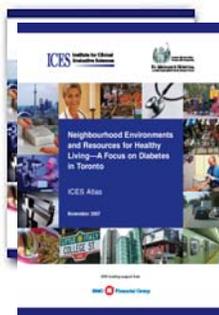


Missed Opportunities? The "Toronto Diabetes Atlas"

•Mapped diabetes rates in every neighbourhood, in relation to SES and neighbourhood infrastructure, e.g. Transit availability; walking and driving distance to grocery stores, liquor stores, parks, bike routes, food banks.

“We found a striking mismatch between where healthy resources are most needed in Toronto - and where they are located.”

But this message isn't in the 328 page book....



Meeting Face to Face ...

- To overcome the challenges of reading the Toronto Diabetes Atlas and to help stakeholders make better use of it, we offered neighbourhood-specific community talks and professional presentations to public health and Community health planners.
- Co-presented by CRICH and community-leaders in high needs neighbourhoods.
- Tailored presentation about 'your neighbourhood' followed by discussion re: 'what residents are doing/can do'.
- Contributed to several initiatives re: bike lanes, good food boxes, and lobbying for local transit routes.

- Insert photos from black creek and other CHCS



Don't Underestimate the Importance of Meeting Face to Face ...



Summary

•There are numerous KT audiences for policy-relevant evidence. Use your policy literacy to choose strategically.

•The better we know and listen to our audiences, the better we can communicate and the more our messages will be believed, liked, and ultimately acted on.

•Pithy works; memorable messages work.
•1:3:25

•More suggestions in the workbook on writing style, and online communications.

Lunch.

• Before you go – review the exercise sheet for after lunch.



Exercise: Writing Effective Messages (2 pm)

20 mins – writing
25 mins – small group

Effective Messages
EXERCISE SHEET

What does a good message include in the subject line? What are the benefits?

Who are the target audience?

What is the main message in the body of the message? Why is it so?

Pat – What Kind of Evidence is Needed

Break (20 mins)

A Look at the KT Workbook



Maximizing the Impacts of Health Equity Evidence: Using Knowledge Translation Design Principles

Knowledge Translation Toolkit

Prepared for: Bill Atkinson and David Wheeler, University of California, Berkeley
Department of Industrial Engineering, University of California, Berkeley
Berkeley, CA 94720

St. Michael's Hospital Care Mapping Service
100 Grosvenor Street, Toronto, Ontario M5S 1A5
416-977-2000
www.stmichaels.ca

What Am I Taking Away?

What Am I Taking Away From This Workshop?

What are some of the key messages from this workshop? Please provide a brief summary of the key messages.

What are some of the key messages from this workshop? Please provide a brief summary of the key messages.

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www.stmichaels.ca

End of Day 1

Back at 9 am for Day 2...

Day 2: Integrated KT; Designing Your KT Plan

Day 2
9-12; 1:30-4:30

AM – 3 hours

- Check In and Review, Intro (10 min)
- Pairs – Problem Space/Solution Space (25)
- “Integrated KT” + Examples (20 mins + 15 mins + 15 mins = 50 mins)
- Discussion and Your Situation (30)
- Break (20)
- Brainstorming Activity in 3 Groups (40 mins) – *to be developed*

LUNCH 12-1:30

PM 1:30-4:30

- Partnerships (Pat) (40 mins)
- Discussion and Your Situation? (20 mins)
- Designing Your KT Plan (45 mins) – *to be developed*

Check In – Burning Questions

• Key themes from yesterday:

- Defining KT
- Policy Literacy;
- Effective Communications;
- Focusing on the Solutions Space

• Key themes for today:

- Partnerships with stakeholders
- Conducting KT throughout the study
- Your KT Goals and Strategy

Mitton et al 2007: Eight Successful Strategies for Increasing Use of Evidence

- Capacity building in user organisations
- Education sessions for users
- Interactive, multidisciplinary workshops
- Web-based information, electronic communications

- Face-to-face exchange between researchers and ‘users’
- Networks and communities of practice
- Facilitated meetings between researchers and users
- Steering committees for research projects/programmes

Pairs Exercise Q.3 (20 mins)

5 mins each person

HEALTH EQUITY PROBLEMS AND/OR SOLUTIONS: What is My Focus?

EXERCISE SHEET

1. In your words, to what have you or the "working group" of the "solution space" (WSP) team been or would be most committed to address in priority?
2. In your view, what have you or the "working group" of the "solution space" (WSP) team been or would be most committed to address in priority? (This question is intended to be answered in your own words, not necessarily in the words of the "working group" of the "solution space" (WSP) team.)
3. What are you or the "working group" of the "solution space" (WSP) team most committed to address in priority? (This question is intended to be answered in your own words, not necessarily in the words of the "working group" of the "solution space" (WSP) team.)
4. If you could have more control over the "working group" of the "solution space" (WSP) team, what would you do to address the priority you identified in question 1?

St. Michael's
Imperial College, Imperial Business
Imperial College London, London, UK

Section IV: Integrated KT

Integrate KT activities into your projects. Don't wait until the end of your study to do KT. Collaborate and interact with stakeholders at all stages of the project. This overcomes the know-do gap: it supports communication, and policy literacy – and can result in stronger evidence.

Reminder - KT Definitions

"a dynamic and iterative process that includes synthesis, dissemination, exchange, and ethically-sound application of knowledge to **accelerate the capture of the benefits of research** for Canadians through improved health, more effective services and products, and a strengthened health care system.

This process takes place within a complex system of interactions between researchers and knowledge users which may vary in intensity, complexity and level of engagement ..."

(Canadian Institutes of Health Research, 2004)

"KT" is the work done to increase users' awareness of research and to facilitate their use of it.

(Webster, 2010)

"End of Study" KT vs "Integrated KT" (CIHR Terms)

"End of Study KT"

The researcher develops and implements a plan for making knowledge users aware of the knowledge that has been generated through a study project.

"Integrated KT"

Research approaches that engage potential knowledge-users as partners during the research process.

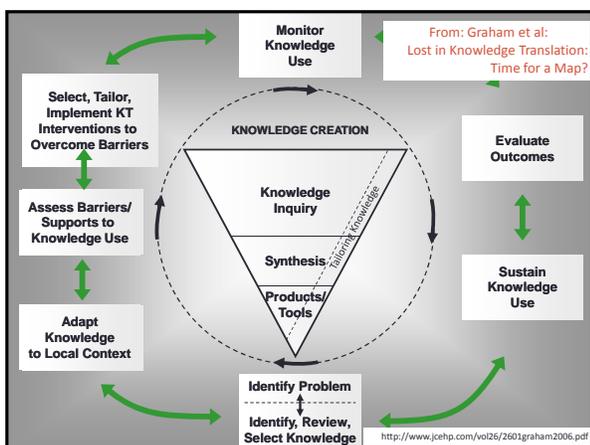
- Requires a collaborative or participatory approach to research that is action oriented and is solutions and impact focused (Mode 2).
- Social interactionist paradigm.
- PULL model.

What's "Integrated" in IKT?

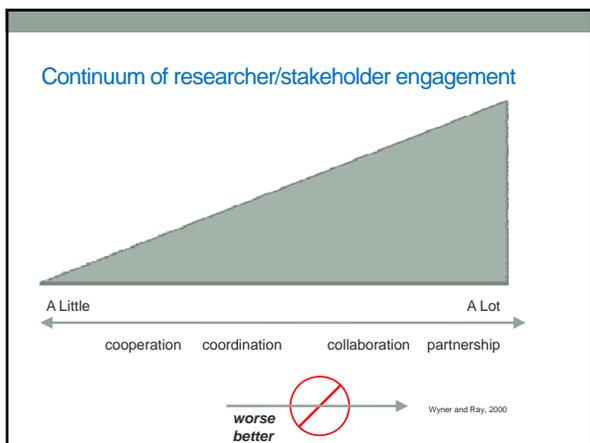
- *The work of facilitating users'*
- *awareness of evidence and*
- *their use of it (i.e. KT) is integrated/*
- *embedded directly into the study process.*

•KT activities are part of the process of *creating new knowledge.*





http://www.jcehp.com/vol26/2601graham2006.pdf



- Domains for Partnership in Integrated KT (You May Pursue Some or All)
- Deciding on the Need for Evidence
 - Designing the Study and Questions
 - Managing the Funds
 - Accessing and Collecting Data
 - Interpreting the Findings
 - Communicating Results to Other Potential Users
 - Adopting/Using the Evidence

(15 mins) Example: Pat and Project NEWH

- Not IKT – why and how it might have improved the work.
- Options for IKT now

Decision Tool for Producers and Users of Evidence:

"Should We Join this Integrated KT Project?"



Example: Concurrent Disorders Realist Synthesis



Requested by 6 Agencies to Advise Ontario Mental Health Strategy

Idea Surfaced through 2007 CRICH Stakeholder Scan

Study was Co-Written and Interpreted w/ Partners

Co-hosted Workshops for Senior Bureaucrats

Multiple Spin Off Projects with Partners

Published Academic Paper and Published Report on Integrated KT Approach.

Challenges we faced

Valuable Tools:
Terms of Reference; Joint Governance Agreements

- Put it in writing. The formal exercise of developing a ToR will help your partnership 'gel' and ensure all parties are in agreement/know the others' perspective.
- Revisit Agreements regularly to find out how the collaboration is going.

Wyner and Ray

- What *is* the project?
- What are the roles?
- Why is the project being undertaken?
- How will we make decisions? How often will we meet?
- What are our deadlines?
- When is the project finished? When the study is done? Or will there be ongoing dissemination (End of KT, presentations, reports)?
- What happens if people change jobs?
- Have things changed? Do we need to make adjustments?

Discussion and Clarification Questions

Break

Pairs Exercise 4 (15 mins)

5 mins each to talk



The screenshot shows a slide with the following content:

- 4
- Do I Understand the Health Equity Policy Context?
- EXERCISE SHEET
- 1. What are the main components of the health equity policy context? (5 mins)
- 2. How do the components of the health equity policy context interact with each other? (5 mins)
- 3. What are the main challenges to implementing health equity policy? (5 mins)

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Lunch

PAT: Partnership – Healthy Start

The Benefits of an Integrated Approach to KT...

<p>Why <i>Integrated KT</i> may be the best KT Strategy for solving health equity problems...</p> <ul style="list-style-type: none">• Removes the fundamental knowledge-action gap that other KT strategies try to bridge.• Users are creators (they don't need to be "told" our findings because they already know).• High relevance– users made it according to their needs.• High quality – its made according to our methods.• Living laboratory: policies can be developed and informed by the research process).	<p>Why <i>Integrated KT</i> may be the best way knowledge producers/researchers can support community empowerment ...</p> <ul style="list-style-type: none">• Removes the fundamental knowledge-action gap that other KT strategies try to bridge.• Users are creators (they don't need to be "told" our findings because they already know).• High relevance– users made it according to their needs.• High quality – its made according to our methods.• Living laboratory: policies can be developed and informed by the research process).
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And - *Integrated KT* may be the best strategy for those of us generating evidence, too ...

More Data

- Increases our access to important existing data sets (quality and quantity)

Better Data

- Increases our access to research participants (new data).
- Increases our capacity to ask relevant questions/identify useful data linkages.

Better Questions

- Collaborations lead to groundbreaking questions researchers couldn't identify alone. More likely to focus on solutions and relevant, meaningful questions.

Better Interpretations

- Joint analyses result in better, richer, more accurate explanations.

More research projects

- Long-term relationships will lead to additional projects; multi-year research agendas.

Options for careers

- Options within and outside the university; community agencies, foundations, gov.

More satisfaction:

- *Rigorous* research that is *also* relevant and useful.

4 KT Design Principles for Advancing Evidence Use in Policy-Making

1. Build Your Own "Policy

Literacy;" Get informed about the policy context that matters for the health equity issue you're working on. This will help ensure you're producing relevant evidence, sharing it with relevant stakeholders, and expressing relevant messages.

2. Build Your Audience's

"Evidence Literacy." Equip your audience to be able to receive, value, and use your evidence.

3. Foster Effective Communication.

Communication is a two way process. The better we know and listen to our audiences, the better we can communicate and the more our messages will be believed, liked, and ultimately acted on.

4. Integrate KT activities into your

projects. Don't wait until the end of your study to do KT. Collaborate and interact with stakeholders at all stages of the project. This overcomes the know-do gap: it supports communication, and policy literacy – and can result in stronger evidence.

Discussion
