

Making connections: Knowledge brokering to bring systematic reviews to public health

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Research Objectives

 To evaluate effectiveness of a knowledge translation (KT) strategy including knowledge brokers (KBs)

 To promote evidence-based public health decision making

Study Design

- RCT
- Canadian health regions (n=108)
 - recruited person most responsible for making decisions around physical activity & healthy body weight program/policy
- 3 intervention arms with progressively ↑ active KT strategies
 - 1. access to an online registry of systematic reviews at health-evidence.ca
 - 2. <u>health-evidence.ca</u> & targeted messages
 - 3. health-evidence.ca, targeted messages, & the support & services of a knowledge broker

Knowledge Broker Intervention group

- 30 Canadian public health decision makers (DMs)
- Data sources included
 - knowledge utilization survey developed by the principal investigator
 - KBs' journals documenting interaction and reflecting on the role and process

Principal Findings The KB Role

- Support, mentoring, knowledge & skill development, resource development & dissemination related to
 - Steps in the EBDM process
 - Asking answerable questions
 - Accessing the best available research evidence
 - Appraising the evidence for validity & relevance
 - Applying the evidence to local program/policy
 - Evaluating the program/policy
 - Addressing decision makers' needs to facilitate
 KT activities within their organization
 - Promoting supportive organizational culture
 - Specific health issues

Principal Findings The KB Role

- Network development, maintenance, and facilitation
 - Between decision makers
 - With researchers
 - With other knowledge brokers
 - With other relevant individuals & networks
- Relationship development and maintenance with clients

Principal Findings Perceived Usefulness of KB role

- Observed ↑ perception of utility throughout study
- Observed ↑ value of knowledge and skill development opportunities
- Value placed on assistance to overcome existing barriers to EBDM
 - Knowledge and skill gaps
 - Limited access to variety of resources
 - Organizational culture
- Assisted participants to clarify their roles in EBDM

Principal Findings Challenges

- Highly varied participant characteristics
 - initial knowledge and skills re EBDM
 - extent of organizational capacity & support
 - decision making level within organization
 - degree of engagement with study
 - access to resources to support EBDM
- Multiple changes in systems & organizations
- Time, workload, & information management issues

Principal Findings Challenges

- Evidence needed on a broader scope of health issues to reflect integrated practices
- Perception that uniqueness of local context means that research evidence is not relevant &/or cannot be adapted for local decision making
- lack of communication with other DMs or regions

Principal Findings Successes

- Identified common issues and needs among regions
- Early identification of knowledge and skill development needs, opportunities, & barriers
- Early personal contact facilitated future collaborations
- KB efforts associated with
 - ↑ Knowledge and skill development
 - ↑ Advocacy efforts re organizational change
 - Development of supportive networks
 - ↑ access to useful practical quality resources
 - ↑ use of systematic reviews

Conclusion

- KBs represent an emerging approach to the promotion of evidence-based public health practice
- Numerous benefits and challenges are met in working with a widely-dispersed, national study sample
- Needs assessments allowed brokers to customize approaches to decision makers' activities within their respective health regions

Implications for Policy and Practice

- Great need for knowledge brokering activity to support health regions in EBDM
 - Capacity development
 - EBDM knowledge and skills development
 - KB knowledge and skills development
 - Access to quality resources and tools
 - Network development and maintenance
 - Organizational change to support EBDM
 - Time and resource management

Implications for Policy and Practice

- KB efforts need to address various DM levels within regions
 - Senior management
 - Middle management
 - Front line
- KB must be viewed as a credible source

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