

## MANITOBA CENTRE FOR HEALTH POLICY

# “Connecting with Others”

## Turning Data into Knowledge and Action – straw into gold?

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MCHP 20<sup>th</sup> Anniversary Conference  
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# Meandering down a path ...

- Comments about KT
- MCHP as a case study
  - Turning straw into gold, and lessons learned



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## Funding

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## More About Knowledge Translation at CIHR

### Knowledge Translation - Definition

At CIHR, knowledge translation (KT) is defined as a dynamic and iterative process that includes [synthesis](#), [dissemination](#), [exchange](#) and [ethically-sound application of knowledge](#) to improve the health of Canadians, provide more effective health services and products and strengthen the health care system.

This process takes place within a complex system of interactions between researchers and... depending on the... user.

At CIHR, knowledge translation (KT) is defined as a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system.

of research... ic. A synthesis... ative methods. It... chrane... alitative or... yntheses and... ailable.

**Dissemination** - Dissemination involves identifying the appropriate audience and tailoring the message and medium to the audience. Dissemination activities can include such things as

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Funding Overview

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At CIHR, knowledge translation is a process that includes synthesis and sound application of knowledge to provide more effective health care in the health care system.

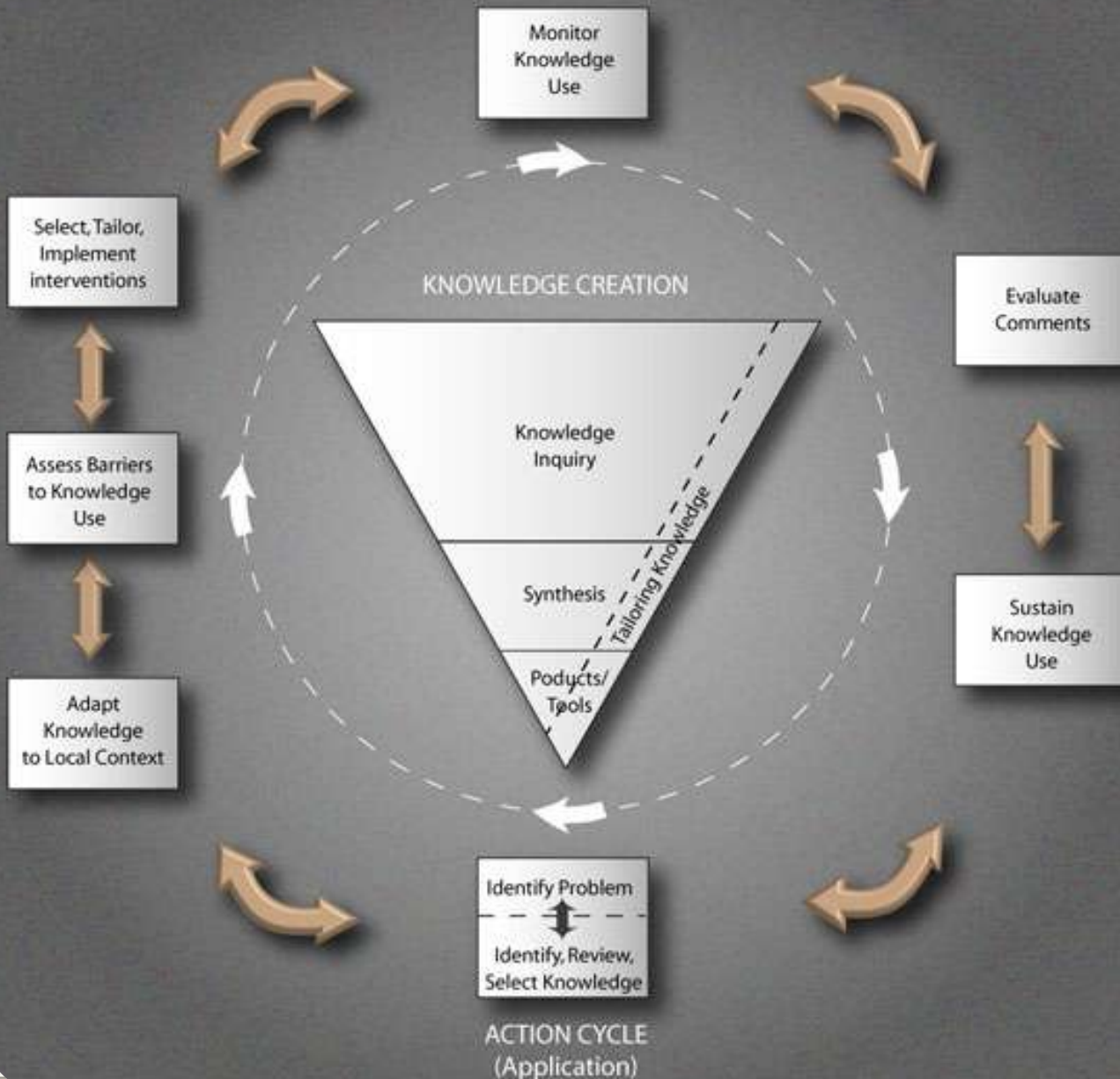
The Agency

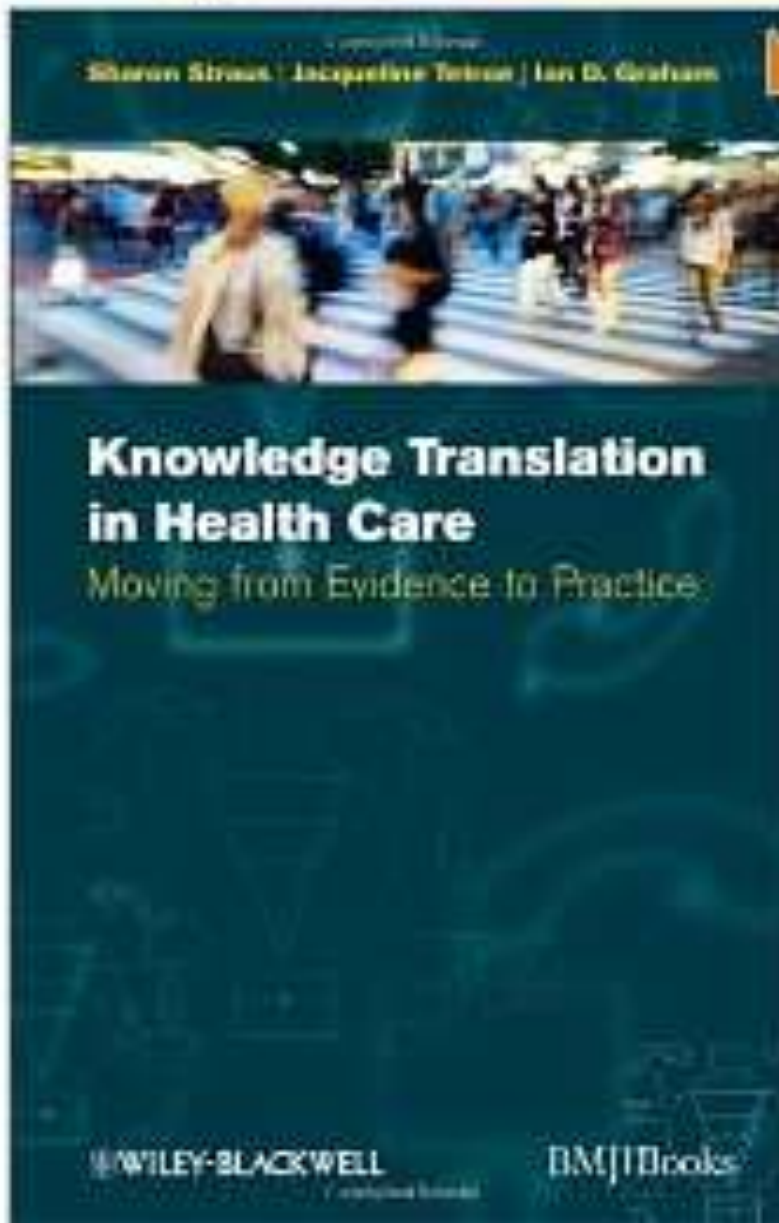
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### KNOWLEDGE TO ACTION PROCESS





Knowledge Translation  
in Health Care: Moving  
from Evidence to  
Practice (2009). Edited  
by ID Graham, S Straus  
and J Tetroe



# KT by any other name: you say **potato ...**

- Producer “push”
- User “pull”
- “exchange”,  
“translation”,  
“transfer”
- “integrated KT”  
(user involvement  
from start to finish)

# What works re 'evidence'

<b>Most effective</b>	<b>Moderately effective</b>	<b>Limited effectiveness</b>
Face-to-face	Audit and feedback	Lectures
Educational outreach	Opinion leaders	Educational materials
Collaboration cross-sector	Conferences and courses	Continuous quality improvement
Media campaigns		
Interventions to overcome barriers		
Multiple strategies		

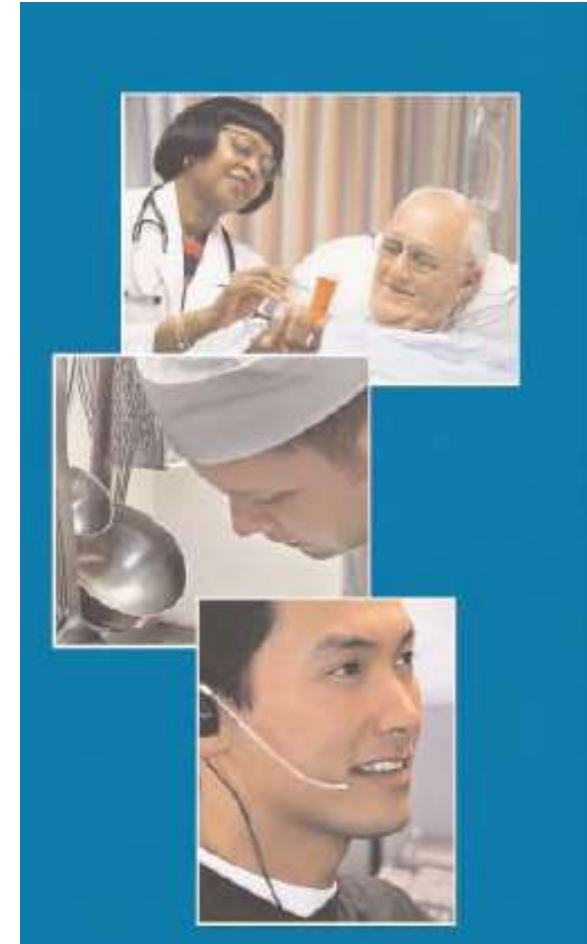
Grol and Grimshaw 2003; Grimshaw et al. 2001

Thanks to Heather Bullock, CAMH and Dale Butterill, HSRCU; slide based upon MHCC Site Coordinators Meeting, Montreal, July 7, 2009

But how do you  
actually DO KT?

# IWH Knowledge Transfer Planning Guide (page ii)

- What (is the message)?
- To whom (audience)?
- By whom (messenger)?
- How (transfer method)?
- With what expected impact (evaluation)?



## **From Research to Practice:**

## **A Knowledge Transfer Planning Guide**

Developed by the Institute for Work & Health  
with John Lavis

[http://www.chsrf.ca/kte\\_docs/IWH\\_kte\\_workbook.pdf](http://www.chsrf.ca/kte_docs/IWH_kte_workbook.pdf)

# Dr. Melanie Barwick, Hospital for Sick Children, U. Toronto



## Knowledge Translation Research Plan Template

**INSTRUCTIONS:**  
This template was designed to assist with the development of KT plans for research purposes. Begin with Box #1 at right and work through to box #13 to address the essential components of the KT planning process. It is recommended that you use this worksheet as a reflective and planning tool from which to write your KT plan.

Project Title: \_\_\_\_\_  
Investigator: \_\_\_\_\_

(1) Identify Research Partners	(2) Identify the Degree of Partner Engagement	(3) Identify KT Expertise on Research Team
<input type="checkbox"/> researchers <input type="checkbox"/> consumers - patients & their families <input type="checkbox"/> the public <input type="checkbox"/> decision-makers (org., comm., gov't) <input type="checkbox"/> policy makers (gov't or other) <input type="checkbox"/> private sector - for profit <input type="checkbox"/> research funding body <input type="checkbox"/> volunteer health sector	<input type="checkbox"/> from idea formulation straight through <input type="checkbox"/> after idea formulation & straight through <input type="checkbox"/> at point of dissemination & project end only <input type="checkbox"/> beyond the project	<input type="checkbox"/> scientist(s) with KT expertise <input type="checkbox"/> consultant with KT expertise <input type="checkbox"/> Knowledge Broker / Specialist <input type="checkbox"/> KT supports within the organization <input type="checkbox"/> KT supports within partner organization

(4) Main Messages	(5) KT Audience(s) <sup>1</sup>	(6) KT Goals <sup>1</sup>	(7) KT Method(s) <sup>2</sup>	(8) KT Process	(9) KT Impact	(10) Partner(s) Role in KT Strategy	(11) Required Resources	(12) Related Budget Items	(13) Estimated Costs
<p>Briefly, your research seeks to:</p> <p>What messages do you anticipate sharing (up to 3 audiences can be included on this form)?</p> <p>Audience ①</p> <p>Audience ②</p> <p>Audience ③</p> <p>OR</p> <p><input type="checkbox"/> No idea yet; messages will emerge during research</p>	<p>What audiences will you target?</p> <p><input type="checkbox"/> researchers  <input type="checkbox"/> health practitioners or service providers  <input type="checkbox"/> public  <input type="checkbox"/> media  <input type="checkbox"/> patients / consumers  <input type="checkbox"/> decision-makers  <input type="checkbox"/> in the organization  <input type="checkbox"/> in the community  <input type="checkbox"/> in government</p> <p><input type="checkbox"/> policy makers  <input type="checkbox"/> private sector  <input type="checkbox"/> research funders  <input type="checkbox"/> industry  <input type="checkbox"/> venture capital  <input type="checkbox"/> volunteer health sector</p> <p><input type="checkbox"/> Other: (specify below)</p>	<p>Identify KT goal(s) for each identified audience:</p> <p>Audiences (☑)</p> <p>① ② ③ ↓ ↓ ↓ Generate...</p> <p><input type="checkbox"/> awareness  <input type="checkbox"/> interest  <input type="checkbox"/> practice change  <input type="checkbox"/> behaviour change  <input type="checkbox"/> policy action</p> <p>Impart...</p> <p><input type="checkbox"/> knowledge  <input type="checkbox"/> tools</p> <p>Inform:</p> <p><input type="checkbox"/> research  <input type="checkbox"/> product  <input type="checkbox"/> patent</p> <p>Other: (specify)  <input type="checkbox"/> Other</p> <p>NOTE: All research can have a KT goal, however, aims to change practice, behaviour or policy should be backed by a body of research evidence. Always consider legal and ethical principles in your KT efforts.</p>	<p>What KT methods will you use:</p> <p>Audiences (☑)</p> <p>① ② ③ ↓ ↓ ↓</p> <p>☑ Mostly Effective <sup>3</sup></p> <p><input type="checkbox"/> interactive small group  <input type="checkbox"/> educational outreach reminders  <input type="checkbox"/> IT decision support  <input type="checkbox"/> multi-professional collaboration  <input type="checkbox"/> mass media campaign  <input type="checkbox"/> financial intervention/incentive  <input type="checkbox"/> combined interventions</p> <p>☑ Mixed Effects <sup>3</sup></p> <p><input type="checkbox"/> conferences / courses  <input type="checkbox"/> opinion leaders / champions  <input type="checkbox"/> educational materials  <input type="checkbox"/> patient-mediated intervention  <input type="checkbox"/> performance feedback  <input type="checkbox"/> educational strategies  <input type="checkbox"/> substitution of tasks  <input type="checkbox"/> peer reviewed publication</p> <p>☑ Limited Effects <sup>3</sup></p> <p><input type="checkbox"/> continuous quality improvement</p> <p>☑ Unknown Effects <sup>2</sup></p> <p><input type="checkbox"/> press release  <input type="checkbox"/> patent license  <input type="checkbox"/> arts based KT  <input type="checkbox"/> social media (wiki, blog, podcast)  <input type="checkbox"/> networks/networking  <input type="checkbox"/> communities of practice</p>	<p>When will KT occur?</p> <p><input type="checkbox"/> Integrated KT<sup>1</sup> - researchers and research users will collaborate to shape the research process, e.g., setting the research questions, deciding the methodology, involvement in data collection and tools development, interpretation of findings and dissemination of research results.</p> <p><input type="checkbox"/> End of grant KT<sup>1</sup> - KT undertaken at the completion of the research process.</p> <p><input type="checkbox"/> Both</p> <p>Comment on the specifics of your KT procedures:</p>	<p>Where do you want to have an impact?</p> <p><input type="checkbox"/> health outcomes  <input type="checkbox"/> clinical practice  <input type="checkbox"/> health policy/service  <input type="checkbox"/> research</p> <p>How you will evaluate impact?</p> <p><input type="checkbox"/> Reach Indicators</p> <ul style="list-style-type: none"> <li>copies distributed</li> <li>copies requested</li> <li># downloads/hits</li> <li>media exposure</li> </ul> <p><input type="checkbox"/> Usefulness Indicators</p> <ul style="list-style-type: none"> <li>read/browsed</li> <li>satisfied with</li> <li>usefulness of</li> <li>gained knowledge</li> <li>changed views</li> </ul> <p><input type="checkbox"/> Use Indicators</p> <ul style="list-style-type: none"> <li># intend to use information</li> <li># adapting the information</li> <li># using to inform policy and advocacy or enhance programs, training, education, or research</li> <li># using to improve their practice or performance</li> </ul> <p><input type="checkbox"/> Partnership Indicators</p> <ul style="list-style-type: none"> <li># products/services developed or disseminated with partners</li> <li># or type capacity building efforts</li> </ul>	<p>How will research partner(s) assist with developing, implementing or evaluating the KT plan?</p> <p><input type="checkbox"/> Human  <input type="checkbox"/> Financial  <input type="checkbox"/> IT  <input type="checkbox"/> Web</p> <p><input type="checkbox"/> Leadership  <input type="checkbox"/> Management  <input type="checkbox"/> Worker  <input type="checkbox"/> Board  <input type="checkbox"/> Volunteer  <input type="checkbox"/> Other: (list)</p>	<p>Identify budget items related to the KT plan:</p> <p><input type="checkbox"/> Knowledge Broker  <input type="checkbox"/> KT specialist  <input type="checkbox"/> Plain text writer  <input type="checkbox"/> Web site development  <input type="checkbox"/> Web site maintenance  <input type="checkbox"/> Mailing  <input type="checkbox"/> Graphics  <input type="checkbox"/> Production / printing  <input type="checkbox"/> Workshop venue(s)  <input type="checkbox"/> Workshop misc.  <input type="checkbox"/> Travel: conferences  <input type="checkbox"/> Travel: discuss/ train  <input type="checkbox"/> Accommodation  <input type="checkbox"/> Public relations  <input type="checkbox"/> Media Release  <input type="checkbox"/> Networking  <input type="checkbox"/> Web 2.0 (blogs, podcasts, wikis)  <input type="checkbox"/> Open access journal  <input type="checkbox"/> Other: (list)</p>	<p>Indicate if a separate KT grant will be sought, when, and from which funding source</p> <p>List estimated costs for items listed in box #13:</p>	

<sup>1</sup> Coering, P, Ross, S., Jacobson, N, Butterill, D. 2006. A Tool and Accompanying Guide for Assessing Health Research Knowledge Translation (KT) Plans, in Towards More Effective Peer Review of Knowledge Translation (KT) Plans in Research Grant Proposals. Available at: <http://www.camh.net/fsrca>  
<sup>2</sup> KT strategies with unknown effects may have positive results in single studies.  
<sup>3</sup> Grol R & Grimshaw J 2003 From best evidence to best practice: Effective implementation of change in patients' care. The Lancet, 362(9391): 1225. NOTE: most research reviewed pertains to practice change with physicians.  
<sup>4</sup> CIHR <http://www.cihr.ca/e/29418.html>

(6) KT Goals<sup>1</sup>

Identify KT goal(s) for each identified audience:

Audiences (☑)

① ② ③

- ↓ ↓ ↓ Generate...
- awareness
  - interest
  - practice change
  - behaviour change
  - policy action

- Impart...
- knowledge
  - tools

- Inform:
- research
  - product
  - patent

Other: (specify)

Other



NOTE: All research can have a KT goal, however, *aims to change practice, behaviour or policy should be backed by a body of research evidence.*

Always consider legal and ethical principles in your KT

(7) KT Method(s)<sup>2</sup>

What KT methods will you use:

Audiences (☑)

① ② ③

↓ ↓ ↓

☺ Mostly Effective<sup>3</sup>

- interactive small group
- educational outreach
- reminders
- IT decision support
- multi-professional collaboration
- mass media campaign
- financial intervention/incentive
- combined interventions

☹ Mixed Effects<sup>3</sup>

- conferences / courses
- opinion leaders / champions
- educational materials
- patient-mediated intervention
- performance feedback
- educational strategies
- substitution of tasks
- peer reviewed publication

☹ Limited Effects<sup>3</sup>

- continuous quality improvement

❓ Unknown Effects<sup>2</sup>

- press release
- patent license
- arts based KT
- social media (wiki, blog, podcast)
- networks/networking
- communities of practice

(8) KT Process

When will KT occur?

Integrated KT<sup>4</sup> – researchers and research users will collaborate to shape the research process, e.g., setting the research questions, deciding the methodology, involvement in data collection and tools development, interpretation of findings and dissemination of research results.

End of grant KT<sup>4</sup> - KT undertaken at the completion of the research process.

Both

Comment on the specifics of your KT procedures:



(9) KT Impact

Where do you want to have an impact?

- health outcomes
- clinical practice
- health policy/service
- research

How you will evaluate impact?

Reach Indicators

- copies distributed
- copies requested
- # downloads/hits
- media exposure

Usefulness Indicators

- read/browsed
- satisfied with
- usefulness of
- gained knowledge
- changed views

Use Indicators

- # intend to use information
- # adapting the information
- # using to inform policy and advocacy or enhance programs, training, education, or research
- # using to improve their practice or performance

Partnership Indicators

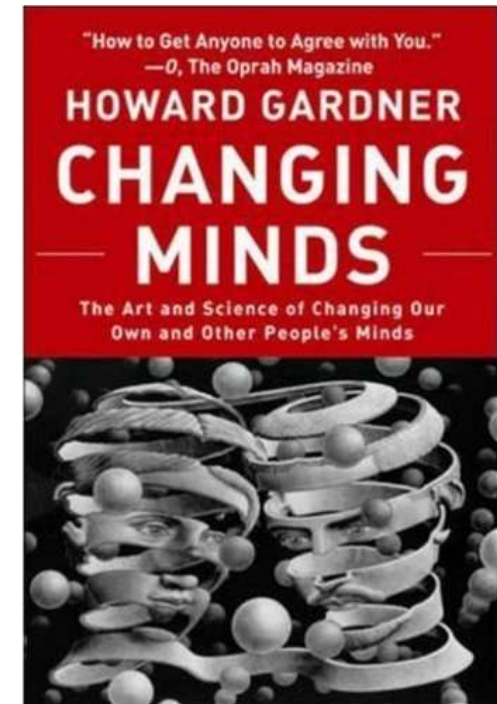
- # products/services developed or disseminated with partners
- # or type capacity building efforts

# Levers of Change

(Changing Minds. Gardner, 2006)



- Reason
- Research
- Resonance
- Re-description (multiple representations)
- Resources and rewards
- Real world events
- Resistances (figure out how to overcome)



# Sustaining change

## Knowledge “reservoirs”

- People, routines, artifacts, relationships, organizational information space, culture, structure
  - The organizational memory framework
  - Distributed knowledge
- Virani T, Lemieux-Charles L, Davis DA, Berta W. Sustaining change: Once evidence-based practices are transferred, what then? *Healthcare Quarterly* 2009;12(1):89-96.

Difficulties of  
making good  
decisions  
when missing  
critical  
research

# MCHP's Mission

The Manitoba Centre for Health Policy (MCHP) is a research centre of excellence that conducts world class population-based [research on health services, population and public health, and the social determinants of health](#). MCHP develops and maintains the comprehensive population-based data [repository](#) on behalf of the Province of Manitoba for use by the local, national and international research community. MCHP promotes a collaborative environment to [create, disseminate and apply its research](#). The work of MCHP supports the development of policy, programs and services that maintain and improve the health of Manitobans.

# Dissemination: getting it out! ... the ethical mandate of research

- reports, four page summaries, website, presentations, interviews, journal articles

# MCHP: What we do with the information - KT

- At the government level
  - briefing of ADMs, DM, Minister of Health, other Ministers for broader issues, workshops, **integrated KT re “deliverables”**
- At the RHA level
  - Annual Workshop Days
  - The Need To Know Team
- At the researcher level
  - Publications, conferences etc.
  - Concept Dictionary and Glossary

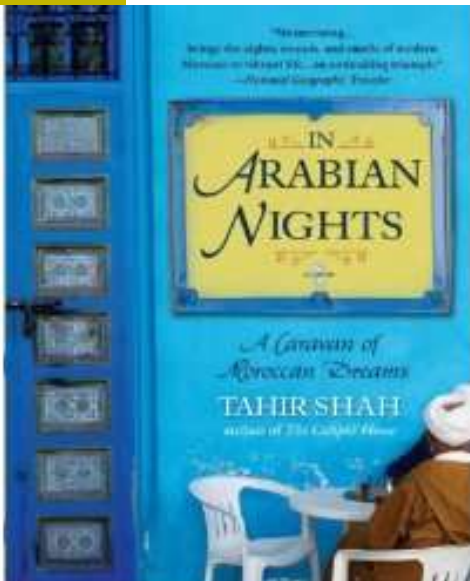
# Involvement and influencing health policy

- **MCHP's Annual Workshop Days (Rural & Northern Days, Winnipeg RHA Days, Manitoba Health & Healthy Living Days) – Look for the STORIES!**

# In Arabian Nights: A Caravan of Moroccan Dreams (T. Shah)

pages 297-299

**“Stories are a way of melting the ice,” he said gently, “turning it into water. They are like repackaging something – changing its form – so that the design of the sponge can accept it.”**



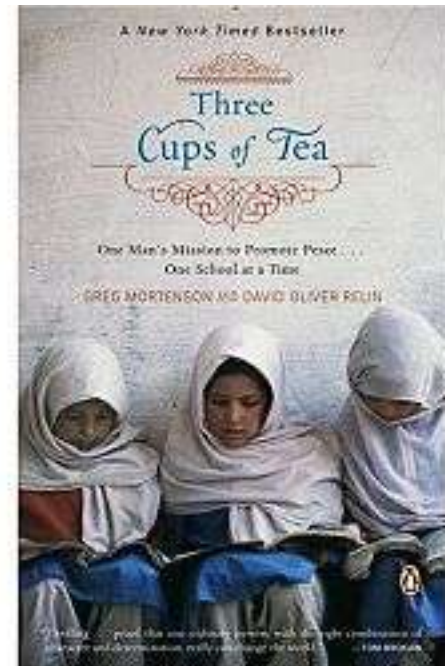
# MCHP's involvement in influencing health policy

- *The Need To Know* Team
  - CIHR-funded, 2001-2006 through the Community Alliances for Health Research (CAHR) program, 2008-2013 CIHR/PHAC Applied Public Health Chair for PJ Martens
  - MCHP, RHAs, Manitoba Health
  - CIHR 2005 KT Award for Regional Impact



# Three Cups of Tea

- **Balti proverb: "The first time you share tea, you are a stranger. The second time you take tea, you are an honored guest. The third time you share a cup of tea, you become family..."**
- Relationships in the Team



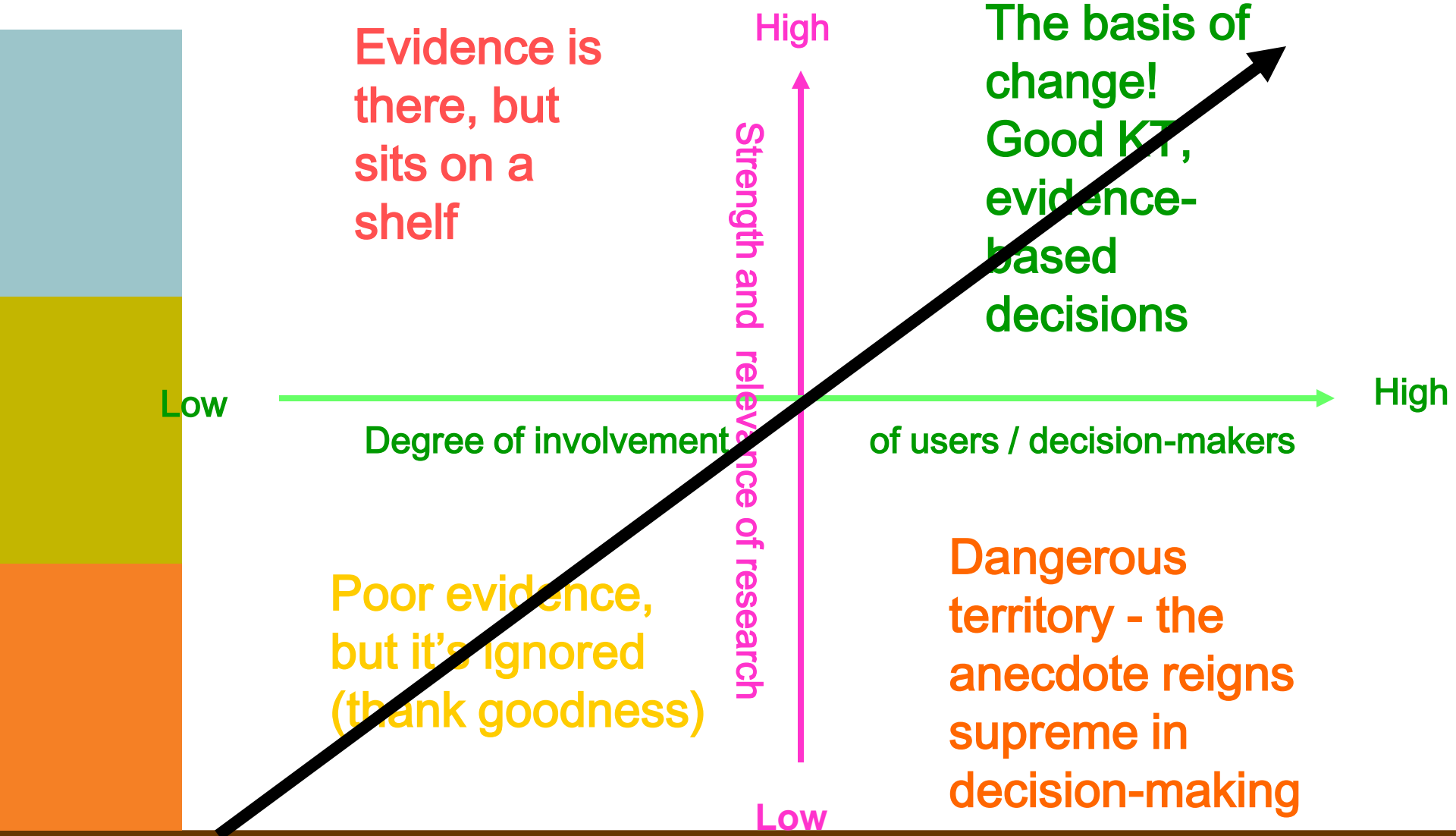
# *The Need To Know* Team (CIHR-funded): partnership of MCHP, Manitoba Health, and RHAs

five major projects & three  
evaluation reports plus many  
publications

- RHA Indicators Atlas, 2003
- Mental Illness in Manitoba, 2004
- Sex differences in health, health care use and outcomes, 2005
- What Works (2008)
- RHA Indicators Atlas (2009)
- Evaluation reports on our Team website
- Currently Advisory Group for the Mental Health & Public Housing deliverable



# Influencing policy and planning?



# So what works? ... researchers, decision-makers

- USER INVOLVEMENT FROM START TO FINISH
  - integrated KT
- INTERACTIVE FORUMS
- EVIDENCE-BASED STORY TELLING potentially leads to EVIDENCE-INFORMED DECISION MAKING

# So what does it take?

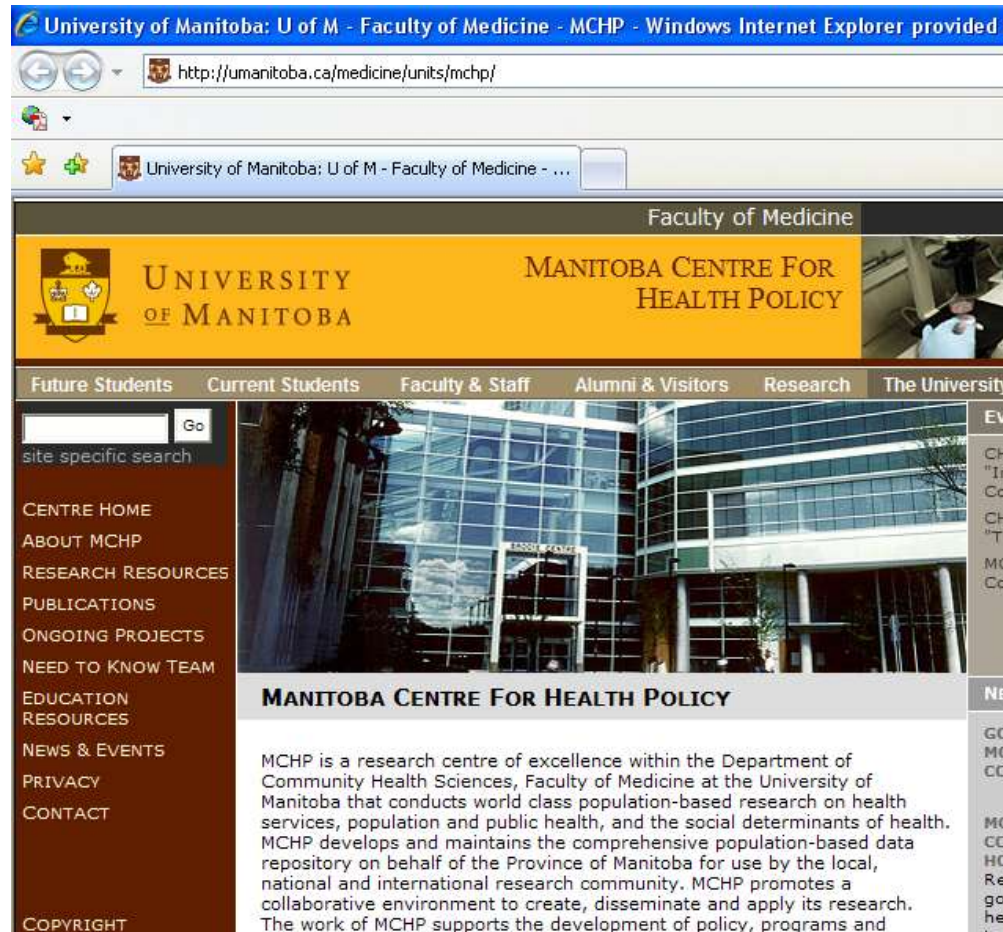
- TIME and \$
- SHARED LANGUAGE
- TRUST, RELATIONSHIP BUILDING
- “LETTING GO” of traditional roles
- PATIENCE, UNDERSTANDING
- CAPACITY BUILDING OF ORGANIZATIONS
- CREATING A CULTURE OF EIDM

\*Bowen S, **Martens PJ**. A model for collaborative evaluation of university-community partnerships. *J. Epidemiol. Community Health* 2006; 60: 902-907.

\*Bowen S, **Martens PJ**, *The Need To Know* Team. Demystifying “Knowledge Translation”: Learning from the community. *Journal of Health Services Research & Policy* 2005;10(4):203-211.

\*Bowen S, Erickson T, **Martens P**. More than “using research”: the real challenges in promoting evidence-informed decision-making. *Healthcare Policy* 2009;4(3):69-84.

# Manitoba Centre for Health Policy



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http://umanitoba.ca/medicine/units/mchp/

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[www.umanitoba.ca/faculties/medicine/units/mchp/](http://www.umanitoba.ca/faculties/medicine/units/mchp/)



# Lessons from deer signs

# Message #1

- Are the deer really different, or do we just perceive them as being different? We need comparative data to tell us that.
- Even regions can have very different populations within them

# Message #2

- Good planning and informed decision-making is only possible when the data are useful to the context

# Message #3

- Look for indicators and measures wherever you can find them to assist in your research projects!
- **And if you can't find GOOD data, figure out how to collect it (with input from researchers, planners, decision-makers, health care providers, AND privacy people!)**

# Message #4

- Sometimes we need to look beyond Canada to help us understand our indicators, our research, our people, our programs and our policies.

# CITY SLICKERS IN THE NEIGHBORHOOD

I live in a semi-rural area. We recently had a new neighbor call the local township administrative office to request the removal of the Deer Crossing sign on our road.

The reason: Too many deer were being hit by cars, so he didn't want them to cross there any more.

# Message #5

- We must analyze and interpret data with the highest standards of research skill
- Ask the users of the data, and the people closest to the situation to help you interpret the data and work toward **change, so you “get it right” (and don’t sound foolish to the insiders!)**

# Message #6

- If your health research message doesn't get across in one way, think of innovative KT strategies to recapture **people's attention** – update your KT strategy based on the latest research!
- Have a **“back pocket” mindset** about research reports - bring them out at appropriate times in the future, not just when the study first comes out.

# Message #7

- We need to stretch ourselves in our research, to figure out causes, and **causes of the causes (i.e., “what works”)**, not just descriptions.
- Work on initiatives for extending administrative database methodologies

# Message #8

- We also need to take action, once we understand the indicators
- Avoid creating problems (iatrogenic, i.e., human-made problems)
- Work on downstream, midstream and upstream approaches and nudges to taking evidence-informed action

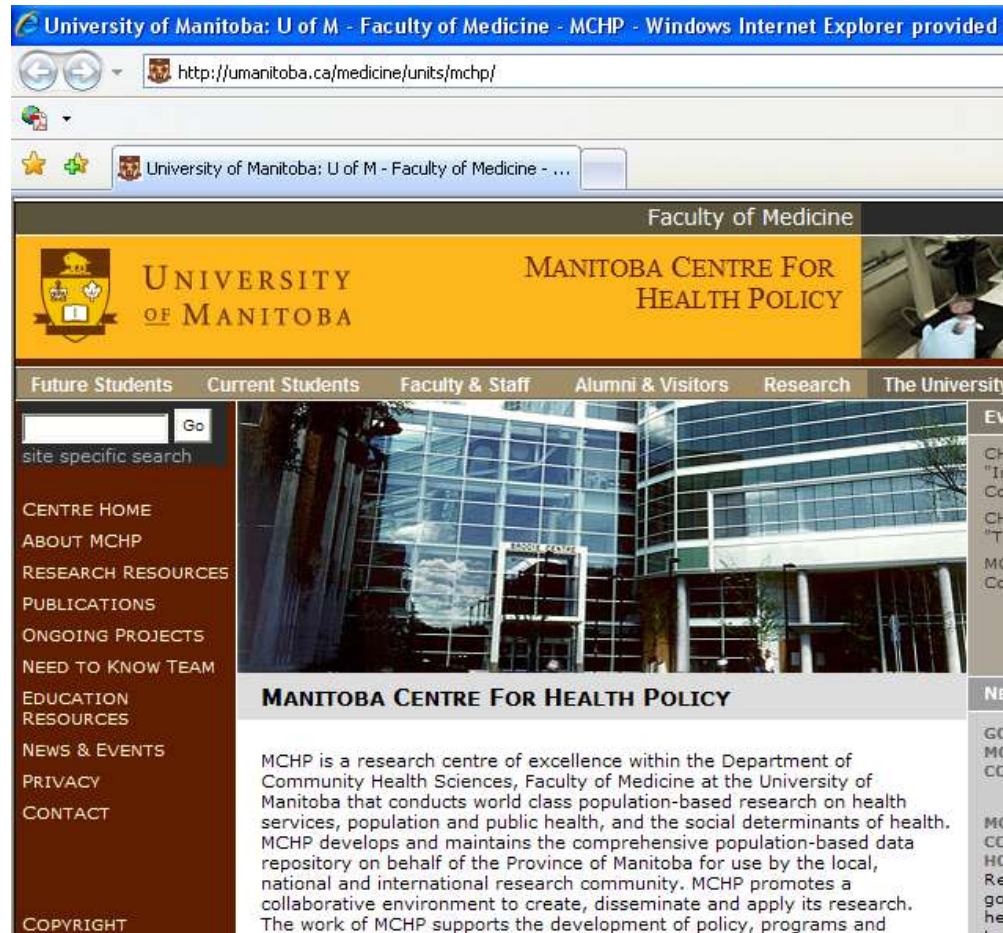
# Message #9

Always work on upstream measures while doing the down/mid stream, to make sure the cause of the cause is addressed.

# Message #10

- Never lose sight of the fact that indicators and numbers are telling you a story about REAL PEOPLE, so **don't get frustrated** trying to get evidence into action
- Support infrastructure for research, and for translation into action at the downstream, midstream and ESPECIALLY upstream levels

# Manitoba Centre for Health Policy



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The huge importance of stories (narrative) as a way to find the pot of gold: Page 297-299 of In Arabian Nights, by Tahir Shah

One morning when I was a child, my father came out to the lawn where I was playing with my box of wooden bricks. He picked up one of the smaller bricks, a yellow one, and said: "This brick is the house in which we live." He picked up another, a larger, red one. "And this brick is the village out there." Then he took the actual box in which the bricks had come and placed it on the grass, a long way from the others. "This box is Afghanistan," he said. "Do you understand?"

"Yes, Baba."

"Are you quite sure that you understand?"

I nodded.

"Tahir Jan," he said, "I am showing you this because it's an important thing. I will explain it to you. If I go into the kitchen and take a dry sponge and put it in a bowl of water, it will suck up a lot of water, won't it?"

"Yes, Baba."

"But if I take the same sponge and put it in a bowl of ice, it won't suck up anything at all. That's because the sponge isn't designed to suck up ice. Its structure – lots of little holes – can't take in ice, only water."

He sat down beside me, motioning with his hands.

"Ice is water, but just in a different form," he said. "To make it into water – so we can suck it up easily – we need to change its form. The water is knowledge, Tahir Jan, and the sponge is your mind. When we hear information, a lot of it," he said, "sometimes it's too hard for us to suck up. It's like ice. We hear it in the same way that the sponge touches the bowl of ice, but it doesn't get inside. But as soon as you melt the ice, the water penetrates deep into the middle of the sponge. And that's what stories do."

My father always spoke very carefully to children so that they understood. He would pause and study the feedback, making sure what he said was getting through. I wasn't quite sure what he was aiming at, and was rather keen to get on playing with my bricks. "Stories are a way of melting the ice," he said gently, "turning it into water. They are like repackaging something – changing its form – so that the design of the sponge can accept it."

He pointed to the bricks. "When I told you that brick was our house, that other one was the village, and that box way over there was Afghanistan, you knew what I meant, didn't you?"

"Yes, I did, Baba."

"And you knew that they weren't really the house, the village, and Afghanistan ... but they were two bricks and a box?"

"Yes."

"Well, that's how stories are. They are symbols. The different people and the things in stories represent other things, bigger things. In the same way that we can talk about a sponge and ice, which means something else, we can use the bricks and the box to explain in an easy way an idea that's very complicated to understand.