KNOWLEDGE TRANSLATION STRATEGY

Choosing Healthy Eating for Infant Health (CHErIsH)

CONTENTS

INTRODUCTION

This document provides an overview of the CHErIsH Knowledge Translation Strategy. CHErIsH – the Choosing Healthy Eating for Infant Health study – is a multi-disciplinary, cross-institutional project that aims to develop, implement and evaluate an intervention to improve and support infant feeding practices among parents and primary caregivers in primary care settings.

Funding has been provided under the the **Health Research Board (HRB)** Knowledge Exchange and Dissemination Scheme (KEDS) to develop and implement a Knowledge Translation Strategy for CHErIsH. A key aim is to co-produce this strategy by seeking input from both researchers and healthcare practitioners involved in CHErIsH.

This document outlines the steps taken to develop this strategy and presents the key components of the proposed CHErIsH Knowledge Translation Strategy.

Dr Susan Calnan
CHErIsH Knowledge Broker

DEFINING KNOWLEDGE TRANSLATION

Knowledge translation is essentially about getting the right information to the right people at the right time and in the right format in order to influence decision making or practice (Knowledge Translation Australia).

The **Canadian Institutes of Health Research (CIHR)**, a leading organisation in applying and promoting knowledge translation, defines knowledge translation (KT) as a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve people's health, provide more effective health services and products, and strengthen the healthcare system. This definition acknowledges that knowledge translation is not just a one-way process, whereby researchers disseminate their findings, but one that involves exchange of knowledge and ideas. The **emphasis on exchange** recognises the wealth of valuable knowledge that exists outside of academic research – for example, among busy healthcare practitioners – and the importance of facilitating two-way exchange between research users and researchers.

The **impetus for KT** arises from the growing recognition of the gap between knowledge creation and its use by healthcare practitioners and policymakers. One commonly cited statistic is that it takes an estimated 17 years to turn 14% of original research to the benefit of patient care (Balas and Boren, 2000). The implications of this knowledge-to-practice gap may be far-reaching – for instance, potentially resulting in patients not receiving care according to scientific evidence or receiving care that is not needed or possibly harmful. Moreover, with the growing accumulation of research, there is a need now more than ever to disseminate and present research in ways that are accessible, easy to understand and that save time.

ABOUT CHERISH

CHErIsH is a HRB-funded study that seeks to improve and support infant feeding practices among parents and primary caregivers. A key impetus for CHErIsH is to reduce the risk of **childhood obesity and overweight,** which is estimated to affect as many as 1 in 4 children today.

CHErIsH consists of a multi-component parent-level intervention (see below) that is delivered by primary healthcare practitioners to parents/caregivers during their baby's routine vaccination visits (at 2, 4, 6, 12 and 13 months of age). An implementation strategy has also been designed to ensure that healthcare practitioners deliver the intervention correctly and to support practitioners in this work.

Parent-level intervention

Brief verbal infant feeding messages

Delivered by primary healthcare practitioner to parents

Resources for parents:

- Information leaflet, fridge magnet showing infant feeding messages
- Baby bib signposting to child health website (MyChild.ie)

HCP implementation strategy

Local opinion leader

Incentivised training for practitioners

Supporting materials

Delivery prompts

Technical assistance

DEVELOPMENT OF STRATEGY

The **CHErIsH Knowledge Translation Strategy** seeks to ensure that the knowledge arising from the CHErIsH project is disseminated to the right people, in the right format and at the right time in order to influence practice and policy.

Development of this strategy encompassed a number of steps as follows:

- Appointing and training a **knowledge broker** to develop and oversee the strategy;
- Identifying a suitable knowledge translation **framework** and **template** to guide the strategy;
- Assessing the **needs and goals** of CHErIsH researchers and practitioners to inform the strategy;
- Compiling and inviting feedback on the **planned strategy**.

DEVELOPMENT OF STRATEGY

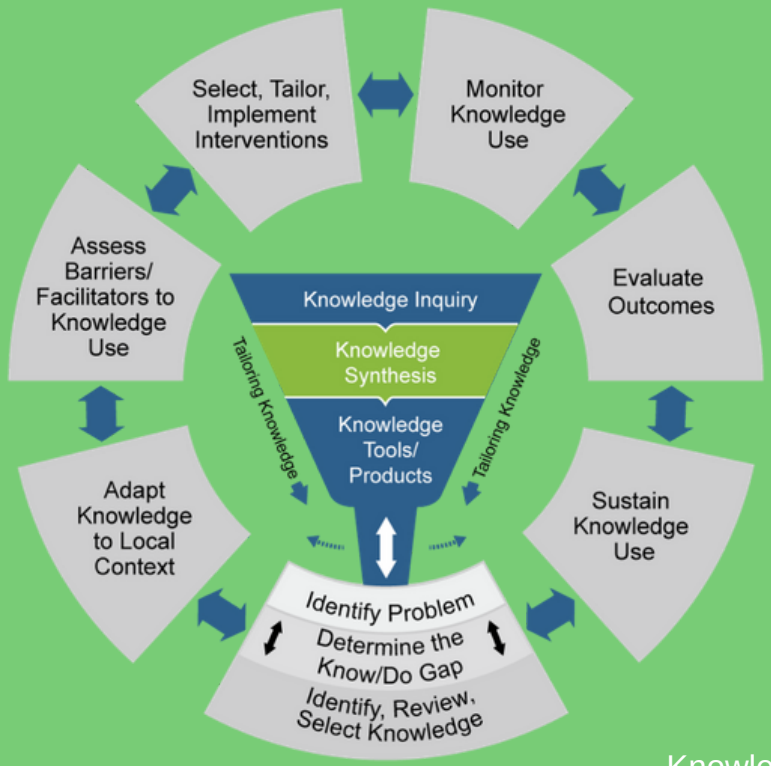
1. Appointing and training a knowledge broker

The HRB KEDS-funded grant included provision to appoint a knowledge broker to develop and oversee this strategy.

The appointed knowledge broker, Dr Susan Calnan, undertook training in this area to increase her own capacity in knowledge translation and that of the wider CHErIsH team. Following week-long training at the Learning Institute of the Hospital for Sick Children in Toronto, Canada in June 2019, Dr Calnan received the Knowledge Translation Professional Certificate (KTPC).

2. Identifying a suitable framework and template

There are a variety of frameworks and models that can be used to guide knowledge translation planning. One widely used framework is the Knowledge-to-Action (KTA) framework, developed by Graham et al (2006). This framework consists of two distinct but related phases - the *Knowledge Creation* phase and the *Action Cycle* (see next page for diagram). The KTA framework was selected to help guide the KT strategy planning for CHErIsH.



Knowledge-to-Action Framework
(Graham et al, 2006)

In the Knowledge-to-Action framework, the **Knowledge Creation** phase refers to the generation of knowledge - from the initial inquiry (e.g. primary research) to evidence synthesis to further refinement of the knowledge through creating knowledge tools or products (e.g. practice guidelines).

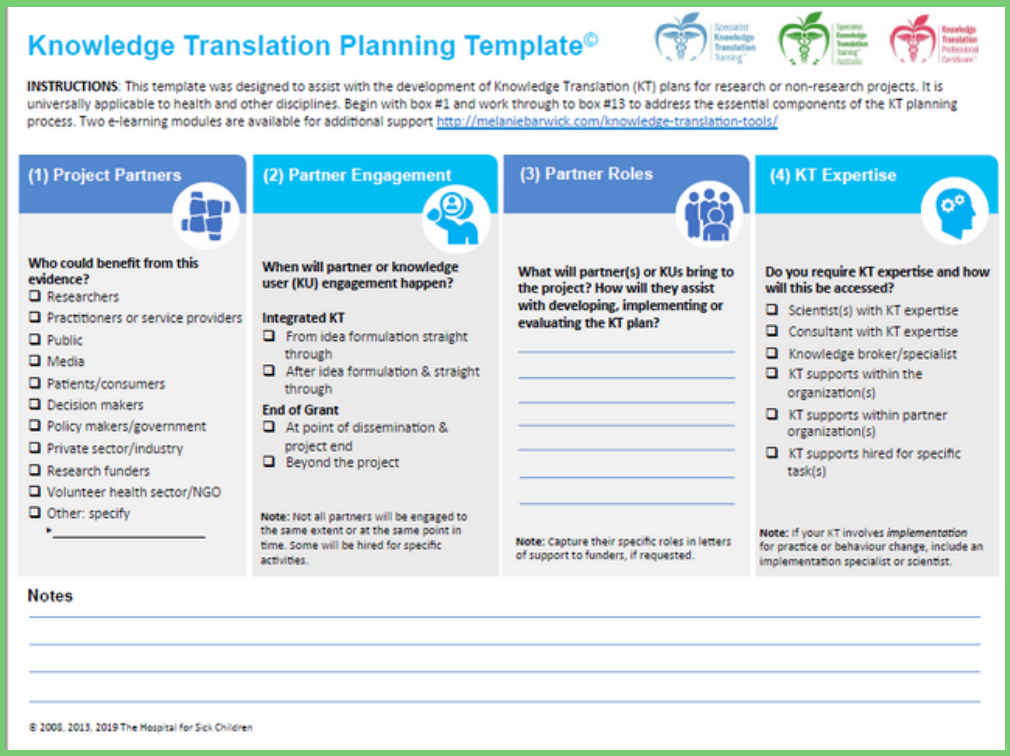
The outer **Action Cycle** refers to the range of activities required for knowledge implementation. This cycle can be used to guide the knowledge translation process.

The Action Cycle usually begins with **identifying the problem** - in this case, identifying the knowledge gap that needs to be addressed through your Knowledge Translation strategy and selecting the knowledge you want to translate. Other stages in this cycle (see diagram above) include **adapting knowledge to the local context**, identifying **barriers/facilitators** to knowledge use, and **monitoring** and **evaluation**.

It should be noted that the action steps in the Action Cycle are **iterative** and not necessarily sequential (Crockett, 2017). One can start at any phase of the cycle as well as move between the knowledge creation and action cycle in an iterative fashion.

A further planning tool that can be used in developing a knowledge translation strategy is the **Knowledge Translation Planning Template** (TM). This user-friendly template was developed by Melanie Barwick (2019) from Canada's Hospital for Sick Children.

The template consists of 13 steps to focus on when planning a KT strategy, including identifying key goals, project partners and strategies. This template was also used to help guide the CHErIsH KT strategy planning.



Knowledge Translation Planning Template©

INSTRUCTIONS: This template was designed to assist with the development of Knowledge Translation (KT) plans for research or non-research projects. It is universally applicable to health and other disciplines. Begin with box #1 and work through to box #13 to address the essential components of the KT planning process. Two e-learning modules are available for additional support http://melaniebarwick.com/knowledge-translation-tools/

(1) Project Partners

Who could benefit from this evidence?

- ❑ Researchers
- ❑ Practitioners or service providers
- ❑ Public
- ❑ Media
- ❑ Patients/consumers
- ❑ Decision makers
- ❑ Policy makers/government
- ❑ Private sector/industry
- ❑ Research funders
- ❑ Volunteer health sector/NGO
- ❑ Other: specify

(2) Partner Engagement

When will partner or knowledge user (KU) engagement happen?

Integrated KT

- ❑ From idea formulation straight through
- ❑ After idea formulation & straight through

End of Grant

- ❑ At point of dissemination & project end
- ❑ Beyond the project

Note: Not all partners will be engaged to the same extent or at the same point in time. Some will be hired for specific activities.

(3) Partner Roles

What will partner(s) or KUs bring to the project? How will they assist with developing, implementing or evaluating the KT plan?

Note: Capture their specific roles in letters of support to funders, if requested.

(4) KT Expertise

Do you require KT expertise and how will this be accessed?

- ❑ Scientist(s) with KT expertise
- ❑ Consultant with KT expertise
- ❑ Knowledge broker/specialist
- ❑ KT supports within the organization(s)
- ❑ KT supports within partner organization(s)
- ❑ KT supports hired for specific task(s)

Note: If your KT involves *implementation* for practice or behaviour change, include an implementation specialist or scientist.

Notes

KT Planning Template, p. 1
(Barwick, 2019)

3. Assessing the needs and goals of CHErIsH team

As outlined in the aforementioned KTA Framework, identifying the problem or knowledge gap should constitute a key step in the Action Cycle of the framework.

To help identify the problem or knowledge gap, a series of interviews (n = 11) were conducted with both researchers and healthcare practitioners involved in CHErIsH. The feedback from these interviews was used to inform the final KT strategy for CHErIsH. Some of the main findings from these interviews are summarised under the headings and excerpts below. The questions were guided by Lavis et al's (2003) framework for knowledge transfer.

WHAT KNOWLEDGE?

The interviewees highlighted a range of different types of knowledge related to CHErIsH when asked what knowledge they wanted to mobilise in the KT strategy:

- Practitioner knowledge and experiences
- Results of the feasibility study
- Information about the study
- How to do the intervention
- Importance/value of the intervention
- Project updates on CHErIsH
- Findings from the evidence synthesis and focus groups/interviews
- Training/expertise on knowledge translation

"I think researchers need to engage with the general practitioners. There's a vast, vast amount of information, knowledge and everything else that's been absolutely ignored"- Practitioner

"So whatever we find from the feasibility study that we're doing now... If we can't find a way to communicate that to people who are actually using it at the end, I imagine that our uptake is going to be quite low " - Researcher

WHY?

A variety of KT goals were highlighted in the CHErIsH interviews as follows:

- To increase buy-in among practitioners
- To improve clarity about the intervention
- To exchange knowledge between practitioners and researchers
- To inform and generate awareness about CHErIsH
- To increase capacity in knowledge translation
- To facilitate practice change
- To influence policy

"Probably looking at what would encourage practitioners and nurses and parents to partake in the future ... Practices need to see that the children coming through are going to benefit from this." - Practitioner

WHO?

Multiple target audiences were cited when asked who the strategy should seek to target:

- Primary healthcare practitioners
- Researchers
- Policymakers and stakeholders
- Parents

"So I'd hope we'd be targeting the whole spectrum ... policymakers as well, nurses at CHErIsH and the healthcare professionals, parents and the researchers" - Researcher

HOW?

A variety of KT measures were highlighted, with some of the interviewees underlining the importance of using multiple approaches, including:

- Knowledge exchange meetings between researchers and healthcare practitioners
- Fact sheets, policy briefs
- Infographics, video (visuals)
- CHErIsH newsletter or e-bulletin
- Website
- Policymaker/stakeholder meetings
- Appointing a knowledge broker or dedicated role
- Interactive workshops
- Information articles
- Advisory board

"Part of the knowledge exchange strategy is about producing intelligible briefs that are easily read – you know the key points and the key messages. To be very clear, to be very concise."
- Researcher

BARRIERS TO KNOWLEDGE USE?

Interviewees were also asked what they deemed to be the main barriers to knowledge use in their own day-to-day work. The following barriers were cited:

- Time and workload
- Credibility of the source and relevance
- Increased volume of research
- Accessibility and cost

"I guess time, volume, just being able to focus and search and get the information I need you know in a timely way."
- Researcher

"Time - I mean we're working 60 to 70 hours a week in practice. And we have to do our CME-CPD practice outside of that. We also have to follow that ourselves – we don't get any support from the HSE or anything for that." - Practitioner

KEY ELEMENTS OF STRATEGY

This table presents the key elements of the CHErIsH Knowledge Translation Strategy based on the feedback outlined above and using the steps outlined in the Knowledge Planning Template (Barwick, 2019)

- Healthcare practitioners
- CHErIsH researchers
- HSE/Nurture
- Media

PROJECT PARTNERS

KNOWLEDGE USERS

- Healthcare practitioners
- Academic researchers
- Policymakers/stakeholders
- Parents/public

- To inform/generate awareness
- To share knowledge
- To improve capacity in knowledge translation
- To facilitate practice and policy change

KT GOALS

KT STRATEGIES

- Role based
- Educational
- Technological

KT STRATEGY

Goals and outputs

INFORM

Inform wider research/ healthcare practitioner community about CHErIsH

Outputs

- RTÉ Brainstorm
- EHPS journal; IMT article
- Website (incl blogs)/Twitter
- Infographics, fact sheets, briefs
- E-bulletin/newsletter

GENERATE AWARENESS

Generate awareness about CHErIsH among the public

Outputs

- Local press articles (*Mallow Star and Corkman)*
- Website and Facebook
- CHErIsH brochure, materials

SHARE KNOWLEDGE

Share knowledge between healthcare practitioners and researchers

Outputs

- Knowledge exchange meetings between researchers and healthcare practitioners
- Evaluate to inform future KE meetings for CHErIsH

IMPROVE CAPACITY

Improve capacity in knowledge translation among CHErIsH team

Outputs

- Training in KT for post-doc (Toronto, June 2019)
- Deliver KT training to CHErIsH researchers & practitioners (events x2)

FACILITATE CHANGE

Facilitate change in both practice and policy

Outputs

- Design CHErIsH workshop for future roll-out (N.B. highlighting value of & how to do the intervention)
- Policy briefs & F2F engagement

CONCLUSIONS

This document outlines the steps taken to develop the CHErIsH Knowledge Translation Strategy and the primary goals and intended outputs of this strategy.

A key aim has been to **co-produce** this strategy by seeking input from both researchers and healthcare practitioners involved in CHErIsH through interviews and follow-up feedback. Co-production aims to ensure that all stakeholders involved in a project are properly consulted and work together to achieve project goals.

The feedback obtained to inform this strategy highlights a number of considerations including:

- the importance of adopting multiple approaches in operationalising this strategy;
- the desire to target multiple audiences, rather than one single audience, through this strategy;
- the key barriers to knowledge use, such as time and workload, that should be considered when applying this strategy.

To date, CHErIsH has been applying the measures outlined in this strategy and looks forward to learning more about the area of knowledge translation, strengthening efforts to reduce the research-to-practice gap.

w: www.cherishstudy.com
t: @cherishstudy