# NIDILRR Employee Grantees Strategies for Outreach to Business:

# Strategies to Inform the

# Design of Knowledge Translation

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# May 5, 2016

# KTER Center

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Slide 1: Title

# NIDILRR Employee Grantees Strategies for Outreach to Business: Strategies to Inform the Design of Knowledge Translation

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Slide 2: Theoretical Domains Framework   
(French et al., 2012)

* Who needs to do what, differently?
* Using a theoretical framework, which barriers and enablers need to be addressed?
* Which intervention components (behavior change techniques and mode(s) of delivery) could overcome the modifiable barriers and enhance the enablers?
* And how can behavior change be measured and understood?

Slide 3: Overview of KTER’s Research related to Business

R.1) Fong, Murphy, Westbrook, & Markle. (2015). Behavioral, psychological, educational, and vocational interventions to facilitate employment outcomes for cancer survivors: a systematic review*. Campbell Systematic Reviews*.

Found that **multi-pronged** approaches that incorporate information or educational training, counselling or coping skills sessions, and physical exercise are most effective in helping employed patients with cancer return-to-work.

Slide 4: Overview of KTER’s Research related to Business

R.2) Conducted 12 focus groups with members of the business community, asking them to describe factors that impede or facilitate the use of employment research in particular, and information more generally.

R.3) Based on R2 findings, designed KT strategy to be tested for effectiveness in promoting use of information about federal legislation regarding reasonable accommodations for employees with cancer

Slide 5: Research Questions for R3

Does follow-up technical assistance (*KT strategy tested, using cluster randomized controlled trial*)

* offered to employers, (*target audience*)
* who attend a webinar and receive other informational resources (*KT strategy delivered to all participants*)
* delivering information about ADA and other federal legislation regarding reasonable accommodations for employees with cancer (*content*)
* help to sustain knowledge gains (*outcome 1*)
* and promote application? (*outcome 2*)

# Slide 6: Outcome Measurement

# Table with 2 columns and 3 rows, with row 1 as title of columns

# Column to the left, title “Targeted outcome”

# Knowledge

# Behavior

# Column to the right, title “Measurement technique”

# Pre-post-test of Knowledge (Criterion-based, 14 items)

# 3-month check on knowledge retention and for behavioral change

# Slide 7: Barriers and Intervention Components

# Table with 2 columns and 4 rows, first row is the title for each column

# Colum to the left, title “Barriers”

* Value for other kinds of information; Time (timely)
* Time (fragmented)
* Time (scares resource)

Column to the right, title “Mode of delivery design feature”

* Research findings presented along with information about recent amendments to the Americans with Disabilities Act (ADA)
* 60-min webcast; archived for 24/7 access; follow-up information that can be reviewed as convenient to user
* Research findings coupled with information related to “bottom-line” because knowledge of webcast content a legal mandate

Slide 8: Facilitators and Intervention Components

Table with 2 columns and 5 rows with first row being the titles for the columns

Column to the left, title “Facilitator”

* Compliance orientation
* Relation of information to their own company
* Value for research-based employee training
* Focus on a specific population

Column to the right, title “Model of Delivery Design Feature”

* Facilitator from enforcing agency (Equal Employment Opportunity Commission): Mr. Joe Bontke
* Add-on of follow-up technical assistance with facilitator and Job Accommodations Network for tailored information provision
* Facilitator an experienced trainer; offer of HRCI and CRC credit
* Kept focus on employees with cancer

Slide 9: Attrition

## 107 individuals completed pre-tests, post-tests, and were randomized to be eligible to receive TA

## 55 randomized to be eligible to receive TA

## 52 randomized to control

## 50 individuals completed follow-up tests

## 27 TA

## 23 control

## The level of attrition was roughly equivalent for both groups

## 49.1% TA

## 44.2% control

# Slide 10: Effects of TA

# No individuals in the TA group used TA

# No difference in the post-test to follow-up scores between those randomized to be eligible for TA and the control group (b = -.83, *p* > .18)

Slide shows a bar chart showing two sets of two bars. In each set is one bar showing the mean score of the TA group, and another bar showing the mean score of the nonTA group. The first set shows the post-test mean and the other set the 3-month follow-up mean. The TA group means were 12.89 then 11.89. The NonTA group went from 12.39 to 12.22.

# Slide 11: Individual Change

Bar chart showing two sets of two bars. In each set is one bar showing the mean score of the TA group, and another bar showing the mean score of the nonTA group. The first set shows the post-test mean and the other set the 3-month follow-up mean. The TA group means were 12.89 then 11.89. The NonTA group went from 12.39 to 12.22.

# Slide 12: Organizational Change

Slide shows two bar charts, one for the TA group, one for the nonTA group. There are five bars in each chart, one for each point on a scale, with labels Strongly agree, agree, neutral value, disagree and strongly disagree. The data are counts. In the Control group (n=23), left to right counts are 0, 1, 17, 5, 0. In the TA group (n=27), left to right counts are 1, 2, 16, 5 and 1.

Slide 13: Qualitative follow-up

* Conducting follow-up interviews with those who reported changes to find out more. Most did not comment; those who did said change had to do with being more careful about confidentiality of employee data

# Slide 14: Subject Recruitment and Retention: Strategies for Research Participants from the Business Community

# Endorsements (effect not measured)

# Gift cards (effect not measured)

# Continuing education credits as incentive: impact on retention

# Renting lists: costs per enrollee

# Slide 15: Effects of CRCC Incentives

## 53 of the original 209 individuals (17%) elected to receive rehabilitation counseling continuing education units (CRCC) as an incentive for completing post- and 3mo follow-up tests.

## We found no significant relationship between CRCC incentives and retention at:

## Post-test (OR = .78, p > .45)

## Follow-up (OR = .75, p > .51)

# Slide 16: Effects of HRCI Incentive

# 309 individuals initially signed up and participated in the webcast

# 183 of these individuals (59%) elected to receive human resources continuing education units (HRCI) as an incentive for completing post- and 3mo follow-up tests

# We found no significant relationship between HRCI incentives and retention at:

# Post-test (OR = 1.10, p > .69)

# Follow-up (OR = .64, p > .14)

# Slide 17: SHRM e-blast

# Cost: $2748.07 for one e-blast

# Emails sent: 5065

# Emails opened: 380 (7.5%)

# Clicks: 83 (21.8%)

# Enrolled: 26 (31.3%)

# *Cost per enrollee = 26/$2700 = $105.70*

# Slide 18: HR.com e-blasts

# Cost: $5700 for two e-blasts

# Emails sent: 10,046, then 10,043

# Emails opened: 1116 (11.1%); 983 (9.78%)

# Clicks: 190 (3.4%); 158 (3.21%)

# Enrolled: 71 + 53 = 124

# *Cost per enrollee = 124/$5700 = $45.97*

Slide 19: Budgeting for ‘cold’ business recruitment

## Mean cost/enrollee using both methods: 150/$8448.07 = $56.32

## Assume target N of 76 and 66% attrition: Need 228 enrollees.

## Rented lists: $56.32 (228) $12,840.96

## Gift cards: $25 (76) $1900.00

## Total: = $14,740.96

# Slide 20: Thoughts about future research

# Importance of context of decision-making: if no employee currently has cancer, no need to change behavior. Akin to emergency response training.

# Related: importance of longer-term follow-up

# Importance of measuring changes in behavioral intent

# Distinguishing between business (private industry) and employers (including government)

# Slide 21: References

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# Slide 23: Disclaimer

## The contents of this presentation were developed under grant number 90DP0009 (formerly H133A100026) from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this website do not necessarily represent the policy of NIDILRR, ACL, HHS, and you should not assume endorsement by the Federal Government.

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