

Center on Knowledge Translation *for*
Disability and Rehabilitation Research

A project of  SEDL

Innovative KT Strategies from the Canadian Institutes of Health Research

Evidence Informed Policy Making: *A CIHR - Knowledge Translation Approach*

Meghan Baker

Canadian Institutes of Health Research

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Evidence-Informed Policy Making

A CIHR – Knowledge Translation Approach

Meghan Baker
Senior Knowledge Translation Specialist
Canadian Institutes of Health Research
June 2014



CIHR IRSC

Canada



Outline

- About the Canadian Institutes of Health Research (CIHR)
 - Who we are & What we do
 - Our Commitment to Evidence-informed Policy Making through Knowledge Translation
- What is Evidence-Informed Policy Making?
 - Knowledge Translation Approaches
 - Why Knowledge-users?



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Outline

- Evidence-Informed Policy Making at CIHR
 - The Evidence-Informed Healthcare Renewal (EIHR) Signature Initiative
 - The Drug Safety & Effectiveness Network (DSEN)
- Knowledge Translation Programs
 - Best Brains Exchanges, Partnerships for Health System Improvement, Knowledge Synthesis, Knowledge to Action, Science Policy Fellowships
- So what?





Jennifer Campbell- Senior Advisor, Evidence-informed Healthcare Renewal, CIHR

Speakers



Michael Wilson- Assistant Director, McMaster Health Forum, Assistant Professor, Dept. of Clinical Epidemiology & Biostatistics, McMaster University



Diane Forbes- Associate Director, Drug Safety and Effectiveness Network, CIHR

Daniel McLean- Policy Analyst, Health Products and Food Branch Inspectorate, Health Canada





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About the Canadian Institutes of Health Research (CIHR)

Our Mandate:

“To excel, according to internationally accepted standards of scientific excellence, **in the creation of new knowledge and its translation** into improved health for Canadians, more effective health services and products and a strengthened Canadian health-care system.” (Bill C-13, April 13, 2000)

Our Vision:

- To position Canada as a world leader in the creation and use of knowledge through health research that benefits Canadians and the global community.



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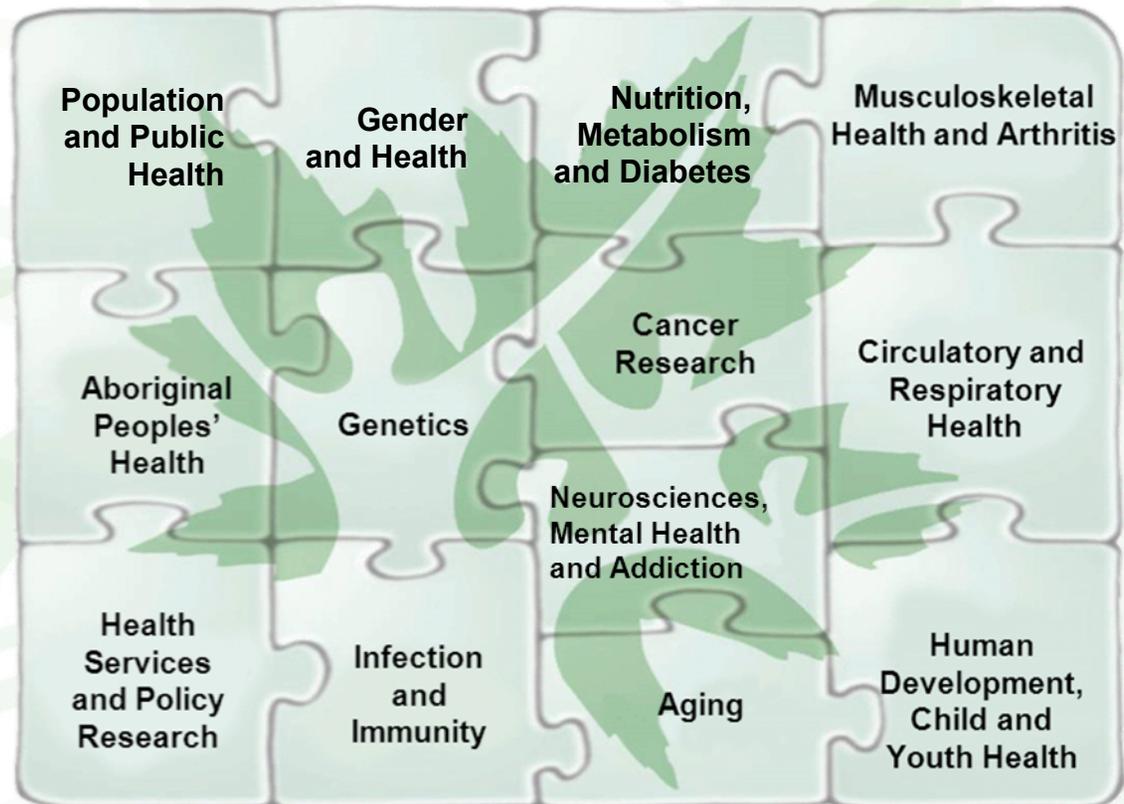


About CIHR (cont'd)

Each led by a Scientific Director who:

- ✧ Builds Institute and research capacity
- ✧ Establishes and nurtures partnerships
- ✧ Fosters networking knowledge dissemination and communication
- ✧ Works as part of CIHR management team
- ✧ Conducts research

Supported by Institute Advisory Boards: linkage to stakeholder communities





CIHR's Commitment to Evidence-Informed Policy Making through Knowledge Translation (KT)

Knowledge translation is 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 knowledge users that may vary in intensity, complexity and level of engagement depending on the nature of the research and the findings as well as the needs of the particular knowledge user.



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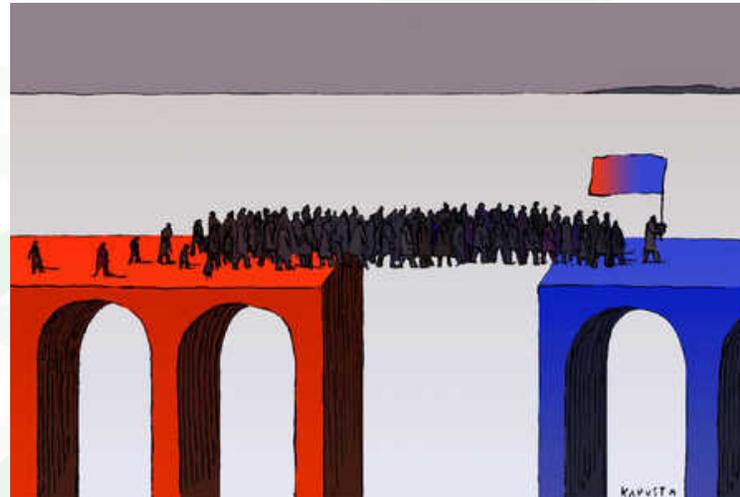
To learn more about KT at CIHR:
www.cihr-irsc.gc.ca/e/29418.html

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What this really means...

Knowledge translation is the bridge
between discovery and impact

Research outputs



Research impacts

KT is about making a difference





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What is Evidence-Informed Policy Making?

Definition:

“The use of evidence that contributes to decision making about particular problems or issues about best use of resources within institutions and across the healthcare system.”

<http://www.health-policy-systems.com/supplements/7/S1>



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KT Approaches



End-of-grant KT

- The researcher develops and implements a plan for making knowledge users aware of the knowledge generated through a research project

Integrated KT

- Research approaches that engage potential knowledge users as partners in the research process
- Requires a collaborative or participatory approach to research that is action oriented and is solutions and impact focused
- For example, the knowledge user partner helps to define the research question and is involved in interpreting and applying the findings



End-of-grant KT

- Covers any activity aimed at diffusing, disseminating or applying the results of a research project
- Methods range from simple communication activities to more intensive knowledge application efforts such as workshops, academic detailing and tool development
- When there are potential knowledge-user audiences beyond the research community, end-of-grant KT activities should be more intensive and emphasize non-academic modes of communication
- For all KT activities, the most important consideration is appropriateness



Integrated KT

- As a minimum requirement for conducting integrated KT, knowledge users and researchers must work together to:
 - Shape the research questions
 - Interpret study findings and craft messaging around them
 - Move the research results into practice
- ... In addition, knowledge users and researchers can work together to:
 - Decide on the methodology
 - Help with data collection and tools development
 - Conduct widespread dissemination and application



Let's take a step back – What/ Who are Knowledge Users?

An individual:

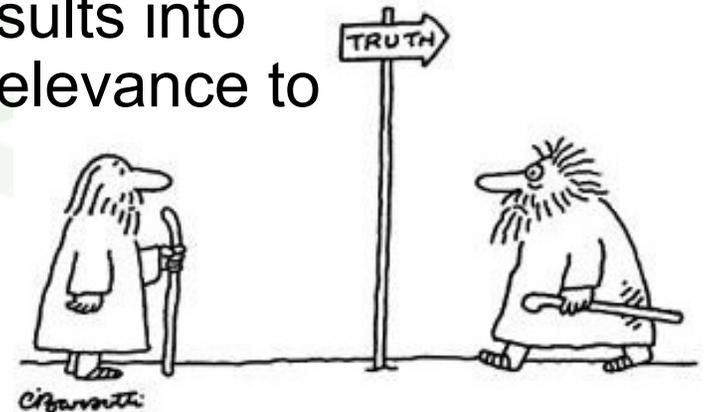
- who is likely to be able to use the knowledge generated through research in order to make informed decisions about health policies, programs and/or practices
- whose level of engagement in the research process may vary in intensity and complexity depending on the nature of the research and their information needs



Why are Knowledge-Users Important?

Through partnerships, the **research is strengthened:**

- research can be more **solutions-based** because there is a knowledge-user involved in developing the research question
- research can have more impact because the end-user is engaged and interested, ready for results and willing to move those results into practice because they are of direct relevance to their day-to-day lives





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- So what?





CIHR's Evidence-Informed Healthcare Renewal (EIHR) Initiative – Overview

Objectives

- fund timely and policy-relevant research on healthcare renewal in Canada
- advance the timely translation of research evidence to government officials
- increase the capacity of the research community

****Inform negotiations related to the renewal of the 2004 Health Accord in 2014.****



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EIHR Accomplishments

- Capacity building
 - knowledge syntheses
 - policy analyses, and
 - training awards
- Developing collaborations & partnerships
 - International linkages
 - Using KT approaches
- Created an EIHR Portal as a “one-stop-shop” repository of healthcare renewal evidence
www.eihrportal.org





EIHR Portal – A “One-Stop-Shop” to Inform Policy Making

Vision

To be the premier site for linking policy makers and other stakeholders with information on healthcare system renewal and transformation and that it become a reliable “go-to” tool for stakeholders to access evidence.

- Canada’s most comprehensive, free access point for policy-relevant documents to support policymakers, stakeholders and researchers interested in how to
 - Strengthen or reform health systems
 - Get cost-effective programs, services and drugs to those who need them



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<http://www.mcmasterhealthforum.org/hse/>

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EIHR Portal – What is in it?

Documents include (but are not limited to):

- Canadian jurisdictional reviews
- Toolkits
- Guidance
- Citizen/patient input
- Stakeholder position papers
- Canadian Government strategic plan for the health sector
- Videos and podcasts
- ‘Series’ for which only the most recent version can be found in HSE





EIHR Portal – The value of a “One-Stop-Shop”

Scenario 1

–A ministerial task force urgently needs information about public opinion and stakeholder positions regarding timely access to care.

Scenario 2

–A regional health authority seeks frameworks and toolkits about suicide prevention in Aboriginal communities.

Scenario 3

–A graduate student needs to identify key policy-relevant documents about recent intergovernmental health accords.





The EIHR Initiative facilitating Evidence-informed Policy Making

“The EIHR Portal fills a key gap for policy makers. I see this as a “go-to” source for comprehensive and up-to date evidence to support the work being undertaken in Nova Scotia in the area of healthcare renewal. The EIHR Portal also serves as a mechanism for linkage across provinces & territories to share evidence around innovations being undertaken across Canada.” Kevin McNamara, Deputy Minister, Nova Scotia Department of Health and Wellness



**Evidence-Informed
Healthcare Renewal
Portal**

Evidence to support healthcare renewal,
transformation and innovation



www.eihrportal.org



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DSEN Background and Objectives

CIHR, as host in partnership with Health Canada, established the Drug Safety and Effectiveness Network (DSEN) in 2009 to:

- increase evidence on drug safety and effectiveness available to regulators, policy-makers, health care providers and patients;
- increase the capacity within Canada to undertake high-quality post-market research in this area.

Government committed a total of \$32 million over 5 years and \$10 million per year ongoing in the DSEN program.

New evidence generated via DSEN provides decision-makers with an important additional source of information about drug products' safety risks relative to their therapeutic benefits. DSEN evidence also supports decision-making on public reimbursement, and safe and optimal prescribing and use of drugs within Canada.





DSEN Scope

DSEN attends to the gap in information on the safety and effectiveness of **Prescription Drugs** (biologics and pharmaceuticals) used in the **real-world**.

A DSEN Query is:

A focused, well defined question identified by healthcare decision-makers, as a gap in evidence on the safety and effectiveness of prescribed drugs on the Canadian market, that can be addressed through DSEN sponsored research and that could result in increased knowledge in ensuring the ongoing safety and effectiveness of these medicines in a “real world” environment.



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DSEN and Integrated KT (iKT)

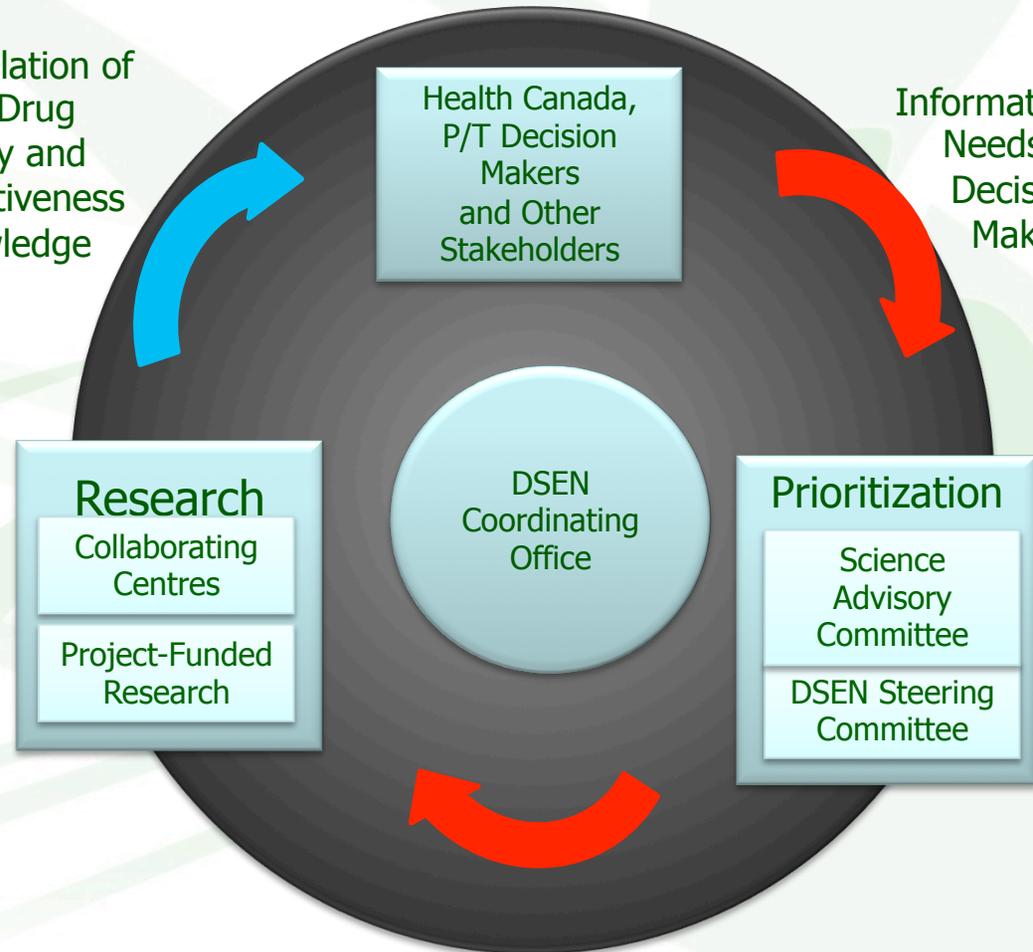
DSEN Program Components

DSEN operates on an Integrated KT model where:

- Research approaches engage knowledge users as partners in,
- a collaborative manner to see that actions, solutions and impacts are focused,
- to provide research findings are relevant to and used by the end users.

Translation of New Drug Safety and Effectiveness Knowledge

Information Needs of Decision Makers





Query Process Overview

DSEN Query



Coordinating Office

Feasibility Assessment



Prioritization



Research



End-User and Decision Makers

- Decision makers forward research topics to the DSEN Coordinating Office at CIHR

- CIHR Coordinating Office facilitates communications between the research network and those with information needs

- Network members work to assess feasibility and refine potential research questions

- Research agenda and priorities determined by Steering Committee

- Priority research activities conducted by Collaborating Centres and researchers teams

- CIHR Coordinating Office facilitates knowledge transfer back to policy makers and other stakeholders



Applying KT within DSEN

The following are requirements of all DSEN Funded Teams:

- Timely response to submitters of queries
- Dissemination of DSEN research results
- Publication of results in accordance with CIHR Policy on Access to ensure that publications are freely accessible online within 12 months of publication
- NPI to report research findings at the conclusion of projects or at any other interim points as requested by the DSEN Coordinating Office.





Applying KT within DSEN (cont'd)

The following are KT principles followed by Network participants:

- The primary audience for DSEN KT is the Query submitter
- Query submitters require results (Interim and Final) in advance of publication
- DSEN does not make recommendations and KT products should not prescribe actions by decision makers
- DSEN KT products, based on evidence developed, may identify options for health care providers or consumers, but not prescribe actions by decision makers (define DM= Query submitter and similar audience)
- Researchers' Intellectual Property will be safeguarded through confidential sharing within the network until such time as researchers publish results.
- There should be no surprises for the Query submitters about the results





An iKT checklist

Researchers should demonstrate that the project has been shaped by the participating knowledge users and responds to their knowledge needs

The following four factors are considered when developing a research project within DSEN:

- ✓ Research Question
- ✓ Research Approach
- ✓ Feasibility
- ✓ Outcomes

By design DSEN meets these iKT principles but it's not that simple. Network-wide KT coordination is necessary to address a broader audience for dissemination activities.





Outline

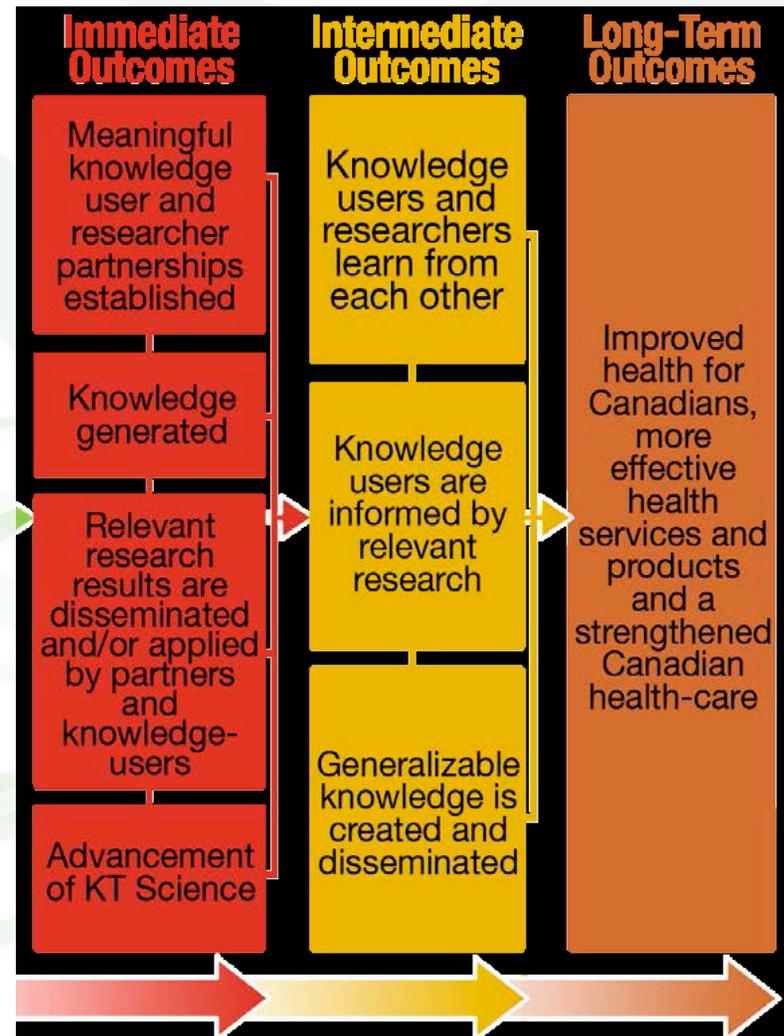
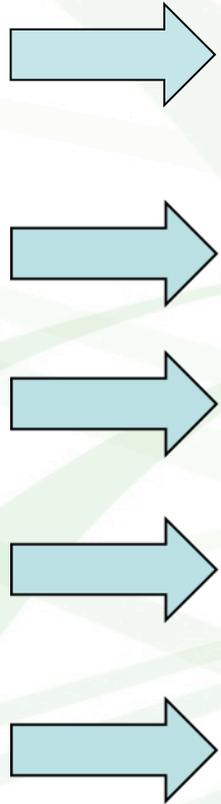
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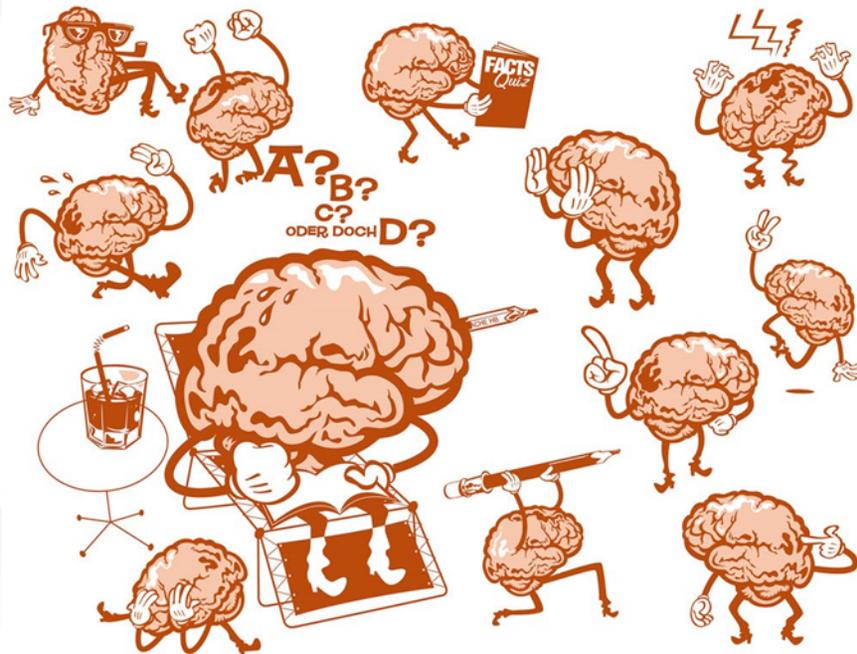
KT Programs

- Best Brains Exchanges
- Knowledge Synthesis
- Knowledge to Action
- Partnerships for Health System Improvement
- Science Policy Fellowships



Best Brains Exchanges

- A one-day meeting that brings together the “best brains” of research and decision-making on a government-identified, high-priority issue for a closed-door “brain dump”.



- In-camera discussions (Chatham House Rule)
- Researchers summarize the relevant evidence and suggest what it implies about possible policy directions
- Researchers and decision makers discuss the implications of the research



Why Best Brains Exchanges facilitate Evidence-informed Policy Making

Deliberative Dialogues

“Personal two-way communication between researchers and decision-makers should be used to facilitate the use of research. This can reduce mutual mistrust and promote a better understanding of policy-making by researchers and research by policy-makers”.



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<http://www.cihr-irsc.gc.ca/e/43533.html>

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BBE's Informing Policy

“As an example of what the BBEs can contribute to, discussions from BBEs can have an impact - and already had in some cases - on the development of national frameworks or strategies related to the issues discussed at the sessions. And we have seen BBE sessions leading to the development of new or stronger formal and informal networks and relationships between researchers and policy decision makers.”

From a Health Canada perspective, the Best Brains Exchanges Program is seen as a creative and effective way of engaging with researchers, stakeholders and policy makers to discuss key issues, and to build these essential bridges between science, research and policy.”

Laird Roe, Executive Director, Science Policy Directorate, Strategic Policy Branch, Health Canada





Knowledge Synthesis

Objective

To increase the uptake/application of synthesized knowledge in decision-making by supporting partnerships between researchers and knowledge users to produce scoping reviews and syntheses that respond to the information needs of knowledge users in all areas of health

<http://www.cihr-irsc.gc.ca/e/41382.html>



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Efforts to Support Evidence-Informed Policymaking

- Evidence briefs and stakeholder dialogues / citizen briefs and citizen panels [timeliness & interactions]
- Rapid-response units [timeliness]
- ‘One-stop-shops’ [timeliness] & capacity building to use them [timeliness & interactions]



Briefs & Dialogues - Rationale

- Evidence briefs take a high-priority policy issue as the starting point, identify the full range of research evidence relevant to the various features of the issue (problem, options and implementation considerations), draw on both systematic reviews and local data and research evidence, and level the playing field for stakeholder dialogues
- Stakeholder dialogues allow research evidence to be brought together with the views, experiences and tacit knowledge of those who will be involved in, or affected by, future decisions about a high-priority issue (and enable interactions between policymakers and researchers)



Evidence Briefs - Features

Features	
Describe context	Don't recommend
Describe a problem	Include reference list
Present options	Subjected to merit review
Address implementation	Consider equity
Employ graded-entry format	Consider quality
Based on syntheses	Consider local applicability
Use systematic approach	



Stakeholder Dialogues – Features

Features	
Address a priority issue	Informed by discussion of all factors
Discuss problem features	Convene involved and affected
Discuss options	Aim for fair representation
Discuss implementation	Engage a facilitator
Discuss who could do what	Follow Chatham House rule
Informed by evidence brief	Do not aim for consensus



Citizen Briefs & Panels - Rationale

- Citizen briefs play the same role as evidence briefs for citizen panels (but with an emphasis on consumer-friendly communication)
- Citizen panels provide an opportunity for citizens to share their views and experiences about a high-priority issue (and can inform a stakeholder dialogue or follow-up on an issue addressed in a dialogue)
 - Uncover unique understandings of an issue
 - Spark insights about viable solutions that are aligned with citizens' values and preferences
 - Identify context-specific implementation considerations
 - Facilitate and trigger action



Citizen Briefs - Features

Features	
Describe context	Don't recommend
Describe a problem	Include reference list
Present options	Subjected to merit review (+ citizens)
Address implementation	Consider equity
Employ graded-entry format	Consider quality
Based on syntheses	Consider local applicability
Use systematic approach	Identify questions for discussion, and written in plain language



Citizen Panel – Features

Features	
Address a priority issue	-
Discuss problem features	Convene affected
Discuss options	Aim for fair representation
Discuss implementation	Engage a facilitator
Discuss who could do what	Open & frank while preserving anonymity
Informed by citizen brief	Find common ground & differences



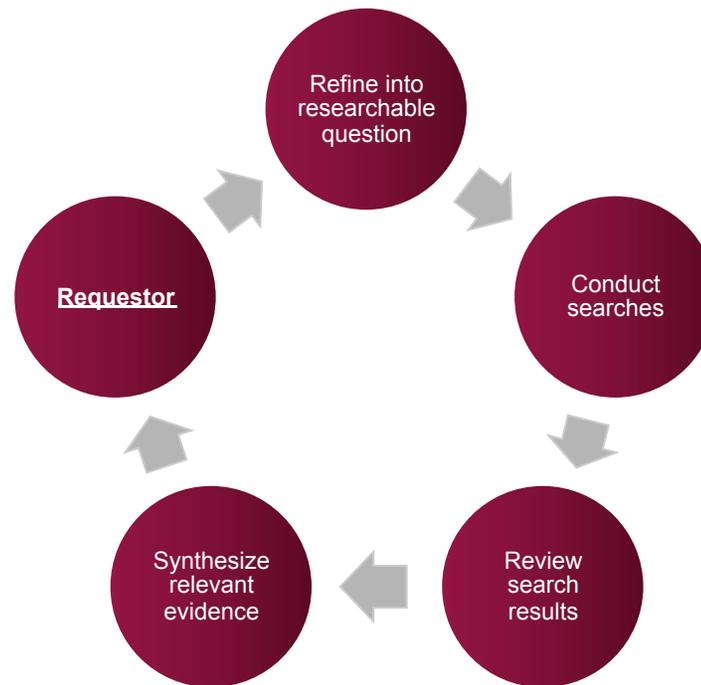
Rapid-Response Units - Rationale

- Policymakers need timely access to research evidence to support evidence-informed policymaking
- May need support with finding and synthesizing research evidence given competing demands, but timeline is too short to prepare an evidence brief and convene a stakeholder dialogue
- Rapid-response units fills a gap between
 - ‘Self-serve’ approaches (e.g., one-stop shops) and
 - ‘Full-serve’ approaches (e.g., stakeholder dialogues informed by evidence briefs)



Rapid-Response Units - Features

- Provide access to optimally packaged, context-relevant and high-quality research evidence for policymakers over short periods of time (with what can be delivered depending on the timeline provided)





Knowledge to Action

Objective:

- accelerate the translation of knowledge by linking researchers and knowledge-users to move knowledge into action, and;
- increase the understanding of knowledge application through the process



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K2A – Meaningful Partnerships

"The most significant thing was that we ended up with a tool that practitioners can use. Too often research happens and then nobody knows what is going on; nobody hears about it. It's like a dinner party where you create a feast and then you don't invite anyone to the party."

K2A Knowledge User

"I think these partnerships have made me a better researcher. I am less naïve. The greater the contact we have with non-researchers, the more we understand the world we are working in, and the problems that exist."

K2A Researcher



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Partnerships for Health System Improvement (PHSI)

Objective

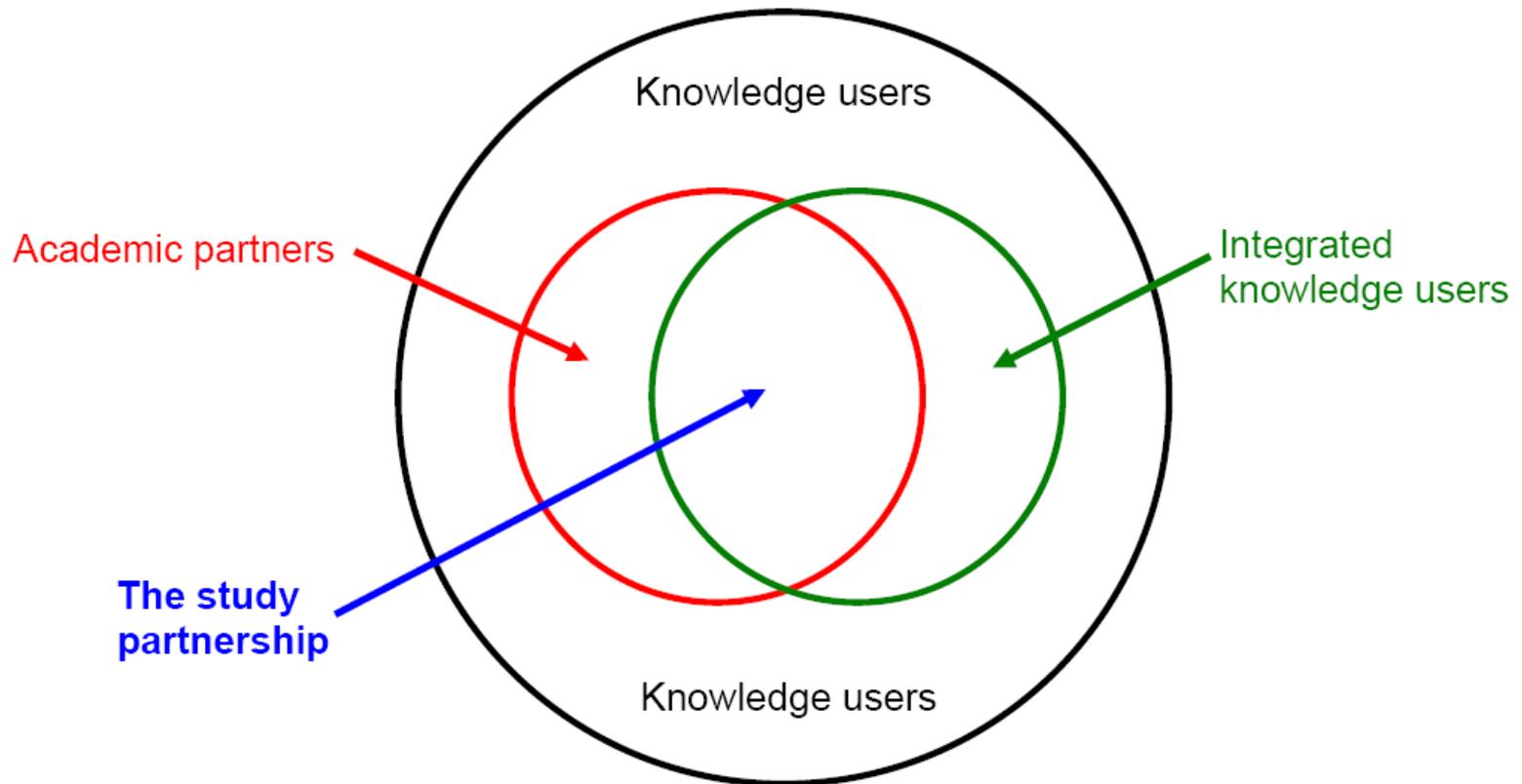
Aims to support teams of **researchers and decision makers** interested in conducting applied health research useful to health system managers and/or policy makers and strengthens the Canadian health care system.



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PHSI – Engaging with Decision Makers





Science Policy Fellowships

Objective

Provide highly qualified candidates at the doctoral, post-doctoral, new investigator and mid-senior investigator stages of health research with the opportunity to learn more about current health policy activities and the science/policy interface.



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Building Capacity through Science Policy Fellowships

- CIHR Science Policy Fellowships embed an academic researcher in an Ottawa-based policy shop within Health Canada or the Public Health Agency of Canada.
- I spent 6 months in the Office of Pharmaceuticals Management Strategies (OPMS), Strategic Policy Branch, Health Canada
- OPMS aims to facilitate successful health system adaptation to changes in health technology, especially drugs and medical devices.



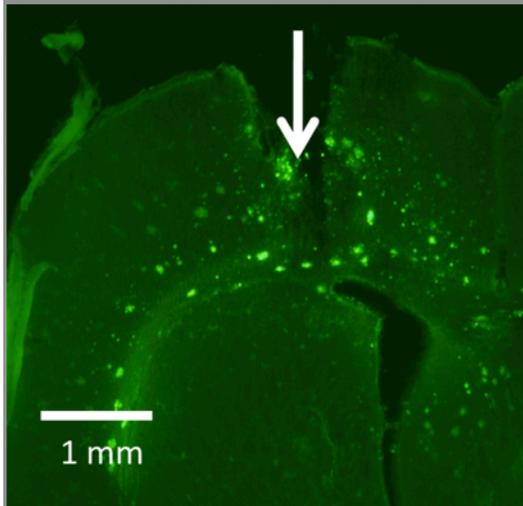
Knowledge to action
Des connaissances à la pratique

Building Capacity through Science Policy Fellowships

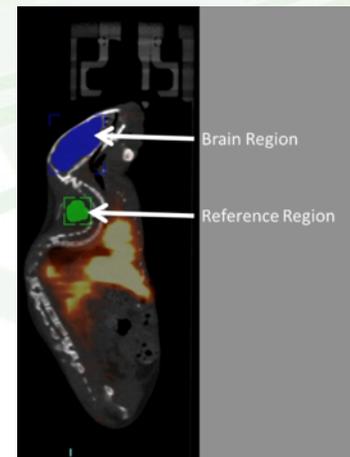
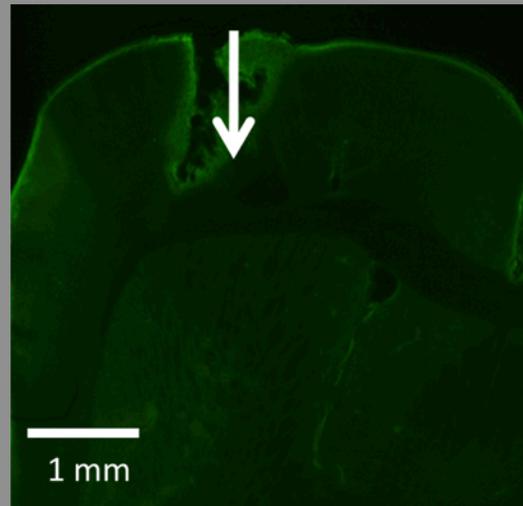
My Background: Antibody mediated brain imaging



Transgenic Animal



Wild Type Animal



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Building Capacity through Science Policy Fellowships

Project Objective

- To evaluate the prices of non-drug health technologies in Canada; technologies are assumed to be procedures, with a focus on medical devices and labour of health professionals

Policy Rationale

- Non-drug health technologies generate most of the health expenditure in Canada but little is known about their prices
- Important for understanding both cost pressures and efficiency within Canada's health care system

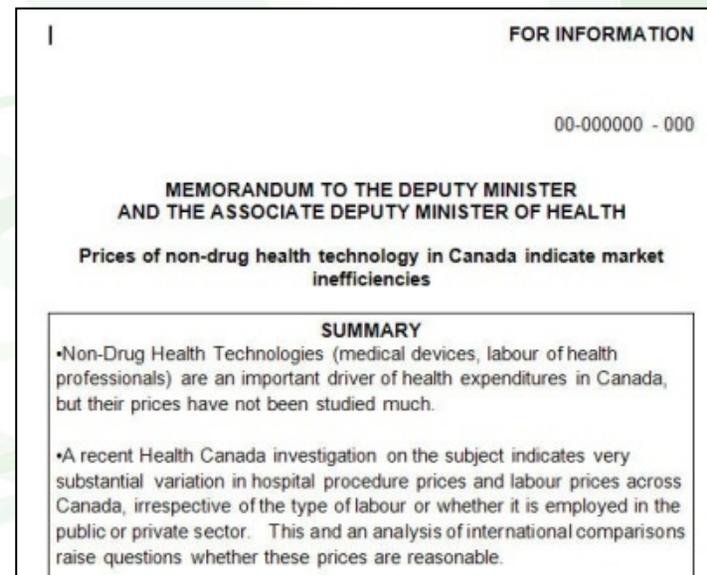




Building Capacity through Science Policy Fellowships

First lesson learned: it's all about the top line...

In a strategic policy shop, issues are analyzed at 30 000 ft. There is limitless room to refine your analysis to include ever more factors.



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Building Capacity through Science Policy Fellowships

Second lesson learned: nurture a fast absorption rate...

- Policy environment can evolve rapidly and decision makers are often responding to forces well outside of their control. If you're late, you're not influential.

Third lesson learned: important versus interesting...

- Policy work is shaped by external factors: political, economic and social. It's very easy to 'go down rabbit holes' chasing interesting ideas, ultimately though interesting isn't as influential as important in the policy world.





Building Capacity through Science Policy Fellowships

Contributions to be Made Inside Government:

-> Public policy development needs critical, disciplined and creative thinkers

Contributions to be Made Outside Government:

-> Evidence-based policy making requires independent expert advice

-> To be effective, remember to keep it brief and focus on the important, not the interesting





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Moving Knowledge to Action – The Realities

- Aim of health researchers is to impart research knowledge to users and **get them to apply the knowledge** in their practices, policies and products
- Much of health research is not well suited to achieve this aim, and many knowledge user organizations are unable to be receptive to research use due to **barriers** at the individual as well as organizational level





Moving Knowledge to Action – Lessons Learned

A number of important lessons about successful knowledge translation, both end-of-grant and integrated:

- Involve the End-Users
- Consider all Potential Stakeholders
- Customize the Message
- Help End-Users Overcome Usage Obstacles
- Communicate the Benefits of KT



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Involve



Influence



Act

Canada

The Big Question – Why have Evidence-informed Policy Making?

Additional evidence (Graham & Tetroe, unpublished)

- Interviews with 16 KT experts
- Asked what would increase the uptake of research evidence
- They stressed the importance of:
 - conducting a detailed needs assessment,
 - face to face interactions,
 - tailoring the message,
 - creating a pull,
 - knowledge brokering,
 - tailoring the strategy to fit the circumstance,
 - partnerships between researchers and decision/policy makers.

These are all functions of moving knowledge to action.



Online Learning Resources

Educational modules / guides:

1. Guide to Knowledge Translation Planning at CIHR: Integrated and End-of-Grant Approaches
2. A Guide to Evaluation in Health Research
3. Guide to Researcher and Knowledge-User Collaboration in
4. Introduction to Evidence-Informed Decision Making
5. Critical Appraisal of Intervention Studies
6. A Guide to Knowledge Synthesis
7. Deliberative Priority Setting
8. Knowledge Translation in Health Care: Moving from Evidence to Practice
9. Knowledge Translation in Low & Middle-Income Countries

Available at:

www.cihr-irsc.gc.ca/e/39128.html



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Other KT Resources

- KT Casebooks
 - www.cihr-irsc.gc.ca/e/29484.html
- Writing Letters of Support
 - www.cihr-irsc.gc.ca/e/45246.html
- Applying to Integrated Knowledge Translation Funding Opportunities at CIHR: Tips for Success
 - ktclearinghouse.ca/ktcanada/education/seminarseries/2011/20110908
- Top 10 Tips for PHSI Success
 - www.cihr-irsc.gc.ca/e/38778.html





KT in Health Care – Moving from Evidence to Practice: A KT Handbook

Chapters cover:

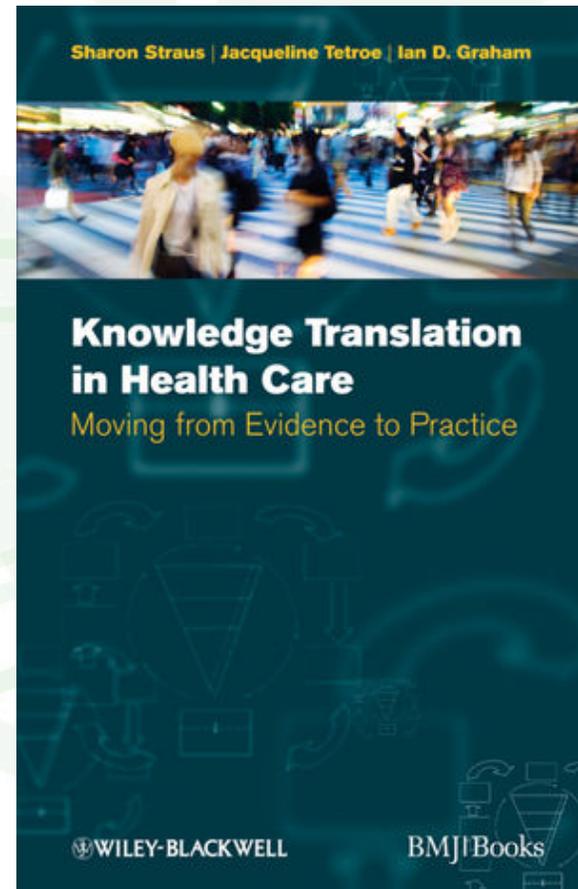
- Knowledge creation
- Knowledge-to-Action cycle
- Theories and Models of Knowledge-to-Action
- Knowledge exchange
- Evaluation of Knowledge-to-Action

Available at:

http://ca.wiley.com/WileyCDA/WileyTitle/productCd-1405181060_descCd-description.html

Presentations based on chapters available at:

<http://www.cihr-irsc.gc.ca/e/40618.html>



KT Clearinghouse

Funded by CIHR to serve as the repository of KT resources for individuals who want to learn about the science and practice of KT, and access tools that facilitate their own KT research and practices.

www.ktclearinghouse.ca



The screenshot shows the CIHR IRSC KT Clearinghouse website. The navigation menu includes: Home, Introduction to KT and the KT Clearinghouse, Knowledge Inquiry, Knowledge Synthesis, Knowledge Tools / Products, Identify Problem / Identify, Review, Select Knowledge, Adapt Knowledge to Local Context, Assess Barriers to Knowledge Use, Select, Tailor, Implement Interventions, Monitor Knowledge Use, Evaluate Outcomes, Sustain Knowledge Use, KT Tools, Additional Models and Theories of KT, Learning Resources, and Glossary.

The main content area features the title "Introduction to KT and the KT Clearinghouse" and the CIHR definition of knowledge translation (2008-01-29): "Knowledge translation is 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."

The diagram illustrates the knowledge translation cycle as a continuous loop around a central funnel. The funnel is divided into three horizontal sections: "Knowledge Inquiry" at the top, "Knowledge Synthesis" in the middle, and "Knowledge Tools Products" at the bottom. A dashed line labeled "Tailoring Knowledge" runs vertically through the funnel. The cycle starts at the bottom with a box labeled "Identify Problem, Identify, Review, Select Knowledge", marked as the "cycle starting point". The cycle proceeds clockwise through "Adapt Knowledge to Local Context", "Assess Barriers to Knowledge Use", "Select, Tailor, Implement Interventions", "Monitor Knowledge Use", "Evaluate Outcomes", and "Sustain Knowledge Use", before returning to the starting point.



Resources

- McMaster Health Forum
 - www.mcmasterhealthforum.org
- McMaster Health Forum Evidence Service
 - <http://www.mcmasterhealthforum.org/about-us/newsletters/subscribe-to-mcmaster-health-forum-evidence-service>
- Health Systems Evidence
 - www.healthsystemsevidence.org
- Evidence-Informed Healthcare Renewal (EIHR) Portal
 - www.healthsystemsevidence.org or www.eihrportal.org
- Health Systems Learning
 - <http://www.mcmasterhealthforum.org/policymakers/health-systems-learning>



Thank you!

Meghan.Baker@cihr-irsc.gc.ca

(613) 960-6213



CIHR IRSC

Canada

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SEDL's Center on Knowledge Translation for Disability and Rehabilitation Research (KTDRR)

Web: <http://www.ktdrr.org>

Email: ktdrr@sedl.org

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