

# Knowledge Translation – Foundation, Vision and Strategy

Knowledge Translation and/or Knowledge Mobilization are a set of strategic activities with the goal to streamline research evidence uptake, sustain a quality improvement culture, develop ongoing learning and dissemination efforts, drive the agenda for new research and discovery, and sustain and optimize health research partnerships for health impact.

KT/KM supports the advancement of knowledge agendas and implementation mechanisms across teams to strengthen the health system and health outcomes. In particular, knowledge translation is a practice continually being developed by BC health authorities, provinces across Canada, and internationally.

According to Barwick et al. (2020), the use of knowledge in organizations varies across its function and role, and a preliminary categorization includes instrumental, conceptual, and symbolic use.

- The *instrumental* use focuses research on concrete, specific and direct actions, useful for decision-making processes, standards of operations, and implementation sciences efforts.
- The *conceptual* use evolves around general enlightenment, expansion of knowledge, clarifications and new highlights for discovery or exploration. In this case, research may influence actions but in an indirect way and less targeted than in the instrumental use.
- The *symbolic* use of research might involve using evidence to legitimate and sustained predetermined positions (Amara et al. 2014); a role that has to be carefully examined in light of ethically sound application of knowledge.

## Northern Health Vision and Strategic Priorities

### What if we could:

- Help people to be exceptionally healthy and to stay independent?
- Create a health system where people can get the services they need when they need them?
- Shrink our geography and provide needed health services closer to home by innovatively combining technology and supports?
- Embrace diversity, ensure cultural safety, and free our workplaces from discrimination?
- Become the first place people look to build and to thrive in their careers?



## Strategic Priorities and Critical Initiatives highlights - Alignment with KT/KM

### 1) Healthy People in Healthy Communities

“Northern health will partner with communities to support people to live well and to prevent disease and injury” (NH p.5).

1.2 Support healthy communities and healthy environments, acting in partnership with communities, industry, policymakers, academia, and other organizations.

1.3 Stimulate conversation and partnership to creatively develop and support accessible, affordable housing.

### 2) Coordinated and Accessible Services

“Health services will support people and their families over the lifespan, from staying healthy, to living well with disease and injury, to end-of-life care.”

2.3 Use innovative practices in transportation, accommodation, and technology to balance the fact that services are not available in every community.

### 3) Quality

“Northern Health will improve continuously.”

3.1 Advanced a culture of quality and safety.

3.3 Partner to promote innovation and continuous learning.

3.4 Implement and maintain evidence-informed standards.

### 4) Our People

“Northern Health will provide a positive, dynamic environment where staff and physicians make a difference for the people we serve.”

4.1 Ensure workplaces are physically and psychologically safe, with a focus on fostering collaborative, respectful working relationships.

4.2 Promote culturally safe practices everywhere.

### 5) Communications, Technology and Infrastructure

“Northern Health will advance communications, technology and infrastructure”.

5.1 Using traditional and digital partners, communicate more effectively with Northerners.

5.3 Use innovative technologies to support new ways of practicing in person and virtually.

## Northern Health Critical Initiatives - 2019/2020

Strengthen our quality and safety culture (QSC). Implement a strategy to represent Northern's health culture (the northern way of caring), within a person- and family-centred care and continuous quality improvement approach, which is psychologically, physically, and cultural safe.

Selected components:

- Identify common attributes of quality and safety culture.
- Develop a proposed implementation plan for the culture strategy.

## Accepted definitions and approaches of KT in Canada

Operationally, CIHR - Canadian Institutes for Health Research originally defined KT 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” (CIHR, 2018).

According to Graham (2010), these processes take place within a complex system of interactions between researchers and knowledge users which 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.

From the perspective of “instrumental” use of knowledge (Barwick, 2020), KT originally evolved in two different approaches: end of grant KT (dissemination) and integrated KT (iKT), the latter with broader prospects of research impact in the healthcare system.

- **End of Grant**

A KT approach where the researcher(s) develop and implement a plan for making potential knowledge-user audiences aware of the knowledge that is obtained during a research project. End-of-grant KT involves intensive and planned dissemination activities that tailor the message and medium to a specific audiences and in some instances might support moving research into practice.

- **Integrated KT iKT**

iKT is an approach to doing research that applies principles of knowledge translation to the entire research process. This approach is directed towards producing research findings that are more likely to be relevant and contextualized to and used by knowledge users (partners). Every stage in the research process is an opportunity for significant collaboration with knowledge users, including the development or refinement of research questions, selection of the methodology, data collection and tools, selection

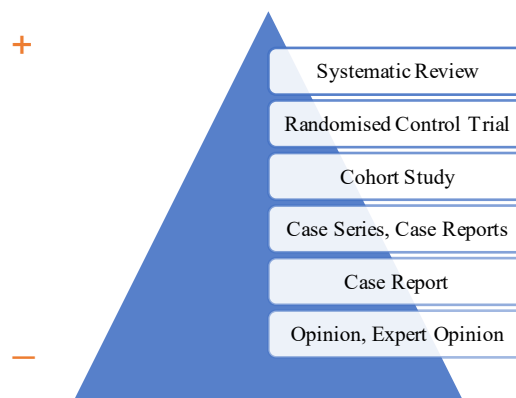
of outcome measures, interpretation of the findings, crafting key messages, and dissemination and mobilization of the results.

- **Knowledge user**

A knowledge user is defined as an individual, team or unit who is likely to be able to review or use research results to make informed decisions about health policies, programs and/or practices. A knowledge user can be, but is not limited to: a practitioner, a policy maker, an educator, a decision maker, a health care administrator, a community leader or an individual in a health charity, patient group, private sector organization or media outlet. A knowledge user's level of engagement in the research process may vary in intensity and complexity depending on the nature of the research and on her/his information needs (CIHR, 2018).

- **Evidence-Driven Uptake**

Access and understanding a hierarchy of evidence is a core concept for the practice of EBP -Evidence Based Practice. EBP's hierarchies classify and rank study types based on its rigour of their research methods and various standardized health data criteria such as validity, reliability, appropriate assessment and verifiability.



Source: Adapted from Cochrane (2020)

- **Variety of frameworks and models used in KT:**

**The CIHR research cycle superimposed by the six opportunities to facilitate KT.** CIHR developed a global KT model integrating research cycle and core components of application of knowledge and its route to impact. It is a conceptual guide that showcases a high level understanding of the KT process.



Source: Sudsawad, 2007

CIHR identifies six main opportunities within the research cycle where the interactions, communications, and partnerships could facilitate knowledge translation. Those opportunities are explained:

- **KT1:** Defining research questions and methodologies
- **KT2:** Conducting research (ideally participatory)
- **KT3:** Publishing research findings in plain language and accessible formats
- **KT4:** Placing research findings in the context of other knowledge and sociocultural norms
- **KT5:** Making decisions and taking action(s) informed by research findings
- **KT6:** Influencing subsequent rounds of research based on the impacts of knowledge use and new research inquires.

### The Knowledge to Action Framework and Process

The KTA was developed by Graham and colleagues in Canada, it is one of the pioneer frameworks that served to conceptualize the gap between research creation and research implementation expressed as knowledge creation and action cycle in the below visual model.

The KTA framework is highly regarded as one of the first comprehensive KT framework; it has been introduced in different health care and academic settings with projects targeted at patients, the public, nursing and other health sector domains (Field, et al. 2014).



The Knowledge to Action Research Process by Graham et al. Source: CanChild (2018)

Currently, the framework is being put in practice in various degrees and importantly, has served to inspire and direct further KT and Science Implementation applied guides.

### The Evidence-Informed Decision Making

Evidence-informed decision-making (EIDM) is the process of distilling and disseminating the best available evidence from research, practice and experience and using that evidence to inform and improve public health policy and practice.

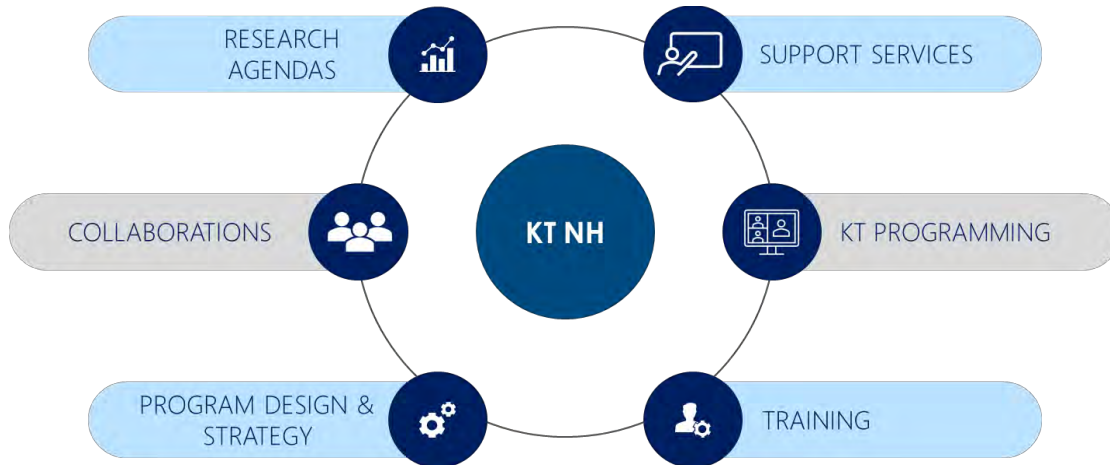


Source: The Evidence-Informed Decision Making Casebook. NCC for Methods and Tools (2017)

Evidence-informed decision making in public health considers the valuable evidence from a variety of sources: community health issues and local context, existing public health resources, community and political climate, and the best available research findings. EIDM offers several potential benefits: “adoption of the most effective and cost-effective interventions, prudent use of resources, and better health outcomes for individuals and communities”. National Collaborating Centre for Methods and Tools (2017).

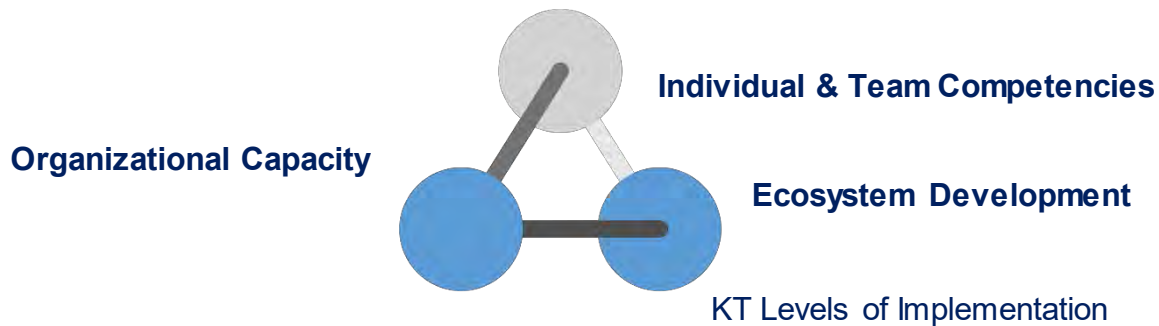
## Operationalizing KT at Northern Health

KT development at Northern Health requires a holistic vision aimed at supporting the organization to develop competencies at the individual level, capacities (practices, resources and tools) at the organizational one, and enabling mechanisms at the ecosystem level. In order to materialize this thinking and offering, the KT at NH envisions an integrated approach that includes:



KT visioning and core activities

In particular, KT at Northern Health is aimed at being operationalized while synchronically working at the individual level, organizational level and ecosystem development onet:



### 1) Individual and Teams level Competencies

KT is driven and sustained by professionals who are committed and driven by a passion for health outcome improvements and that are open, creative, and collaborative in finding the best ways to facilitate evidence-uptake.

Activities at this level include:

- Identifying leaders in medical fields and understand knowledge needs
- Assess and facilitate the use of KT tools for streamlined uptake
- Develop implementation projects
- Support access to evidence and KT mentoring
- KT implementation evaluation.



## 2) Organizational capacity

A key priority identified by KT specialists amongst health authorities is to operationalize KT services and work towards strengthening institutional processes and programming. This goal requires to work across departments with an integrative and collaborative vision to understand knowledge needs and better support institutional priorities through research.

Activities at this level include:

- Research and KT Newsletter and Website
- KT knowledge experts programming
- KT programs and incentives
- KT community of practice, learning and networks
- Knowledge agendas and research priorities.

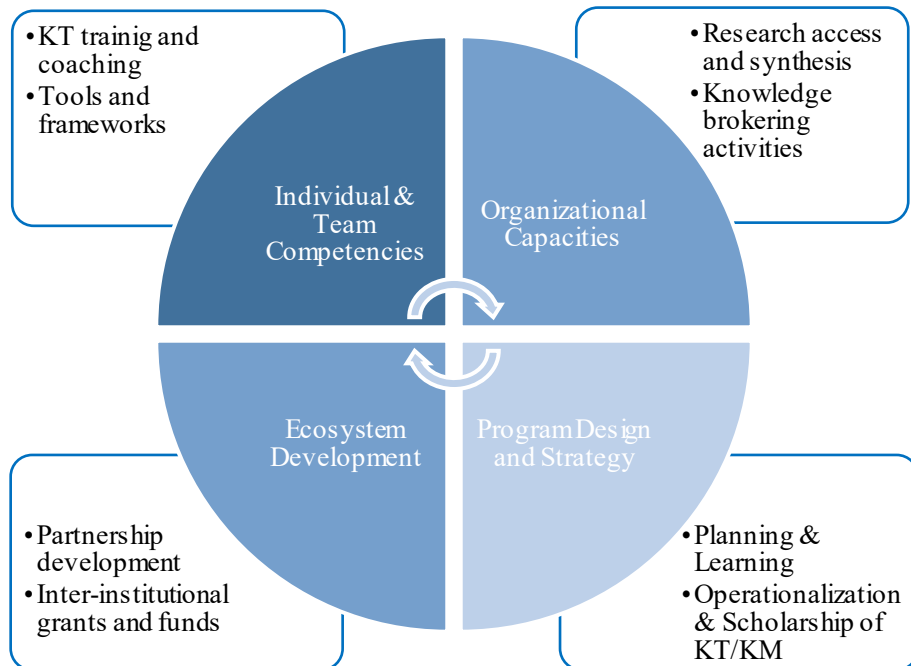
## 3) Ecosystem development

KT/KM is part of an evolving field, the maturity of the field and benefit of shared collaborations requires working with organizations and institutions who are supporting institutional KT developments, funds, and field and academic expertise. Examples of these are MSFHR – Michael Smith Foundation for Health Research, BC Ministry of Health, PHSA – Provincial Health Services Authorities, CIHR- Canadian Institutes for Health Research, National NCC's- National Collaboration Centre's for Methods and Tools, Research Impact Canada, amongst others.

Activities at this level include:

- Inter-institutional grant proposal development
- Leadership and health systems advocacy
- Partnership development
- Health research priority alignments
- Scholarship of KT/KM and Learning organizations.

The following diagram visually represents the interconnected work at the different levels to enable KT capacity development. It includes a fourth element with regards to Program Design and Strategy that serves to connect the three aforementioned operational level of work.



KT/KM work at Northern Health, 2021

## Conclusion

Knowledge Translation and its various strategic activities seeking to support capacity development at different levels of the organization is intrinsically linked to research, quality enhancement culture, learning health systems and healthcare outcomes improvements. KT can be seen a strategic investment that supports a collaborative culture, implementation and evaluation, drives research agendas, enhances evidence based culture, and proactively works with research partners to support research that is better aligned with NH priorities and strategic interests in the short and long terms.

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