

# **The OHTN Knowledge to Action Strategy**

**Using Evidence-based Practice and Practice-based Evidence to  
Improve Health and Quality of Life for People with HIV/AIDS and  
Communities at Risk**

September 2007

# Knowledge – and how we acquire it, assess it, mobilize/share it, adapt it and apply it – is the way to stop AIDS.

The OHTN is in the knowledge business.

Our mission is “to optimize the quality of life of people living with HIV in Ontario and to promote excellence and innovation in treatment, research, education and prevention through a collaborative network of excellence representing consumers, providers, researchers and other stakeholders”. We actively support research and other activities in order to find and create knowledge that will make a difference in the lives of people living with HIV and communities at risk.

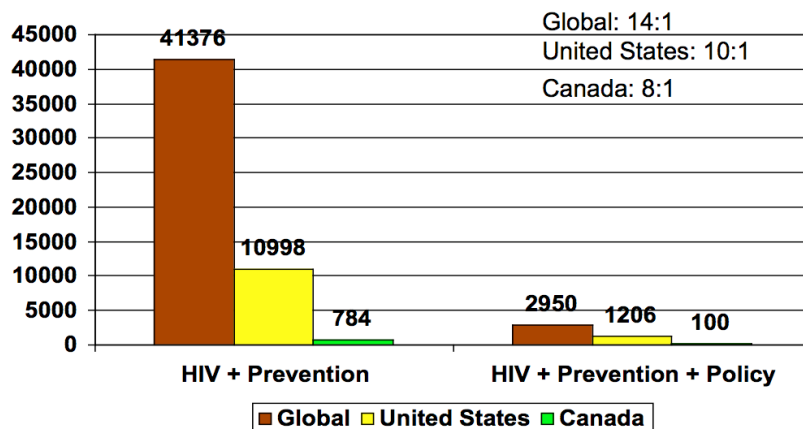
**The OHTN is committed not just to creating knowledge, but to putting knowledge into action.**

## The Gap Between Knowledge and Action

There is a significant gap between the amount of research knowledge generated and the impact it has on policy and practice. As figure 1 illustrates, researchers globally, in the US and in Canada produce a large number of publications related to HIV and prevention; but only a small proportion of that research currently has an impact on policy. The same trend is true for other types of HIV research, and for research in other diseases and conditions.

**“The OHTN’s role goes beyond gathering and analyzing data, and supporting research. It includes ensuring that information developed through its activities is used to improve care and treatment for people with HIV. As part of its commitment to shape both practice and policy, the OHTN will actively support knowledge transfer and exchange (KTE) strategies.”**  
**Strategic Plan to 2010**

*Figure #1: A Comparison of Efforts to Study and to Solve Problems*



## Closing the Gap Between Knowledge and Action

Over the first two years of our strategic plan, we have refined our understanding of knowledge exchange and the steps required to close the gap between knowledge and action. Our strategy is based on the following understandings and principles:

### Knowledge exchange is about people and partnerships

Most knowledge exchange plans focus on developing products: the summary report produced at the end of a research project, the article in the peer reviewed journal, the presentation at a conference, the fact sheets and/or a video presentation. We know that information products alone are not enough to put knowledge into action, or to change policy or practice.

Effective knowledge exchange is a process that builds partnerships among researchers, service providers, the community and policy makers, and identifies champions who will help drive change. As CHSRF notes, knowledge transfer is about co-ordinating three teams: those who create the knowledge, those who disseminate it and those who use it.

**Written materials, in whatever form, are not enough to consistently transfer knowledge**

*Knowledge Transfer ... and making research work, Canadian Health Services Research Foundation*

**Interpersonal links, spread through the life of a given study, are the key to research use. They allow non-researchers to find their niche and their voice while a study is still young .**

*Huberman, M: Research Utilization: The State of the Art. Knowledge and Policy 1994;7:22*

### Knowledge exchange is a culture, not an activity

A successful knowledge exchange strategy requires organizational change. All those involved must truly believe in and support a more collaborative, full contact, team approach to developing and sharing knowledge, and actively value and support evidence-based practice. Within the OHTN, we must develop and promote a learning culture that recognizes the value of different knowledge and expertise, and incorporate knowledge exchange in all our programs and activities. Within our network we must promote a learning/knowledge sharing culture.

**Knowledge transfer and exchange is a contact sport and team game.**

*Knowledge Transfer ... and making research work, Canadian Health Services Research Foundation*

### Knowledge exchange is about solving problems

The goal of knowledge exchange is to use knowledge to solve problems. Using the provincial and pan-Canadian HIV strategies as a guide as well as other listening for directions activities, the OHTN will focus on issues identified by our stakeholders, and work with our partners to solve problems that threaten the health and well-being of people with HIV and communities at risk.

## **Knowledge exchange is about the interface between evidence-based practice and practice-based evidence**

Knowledge exchange has traditionally focused on transferring or “pushing” new research knowledge out to service providers and policy makers. But effective knowledge exchange is multi-directional. It occurs at the interface between research and experience, between evidence-based practice and practice-based evidence. The OHTN sees knowledge exchange as more collegial, iterative and interactive. Solving problems and putting knowledge into action requires our collective wisdom. The community, service providers and policy makers are providers and developers – as well as recipients – of knowledge. As CHSRF note, the best form of KTE is co-production of knowledge

**We are no longer in a conventional research-to-practice paradigm, but in more of a conversation among professionals, each bringing different expertise to bear on the same topic**

*Huberman, M: Research Utilization: The State of the Art. Knowledge and Policy 1994;7:22*

Ontario’s HIV sector is rich in knowledge, skills and experience. All the OHTN’s stakeholders bring knowledge and value to our endeavours – as do people outside our sector. Working together and acknowledging one another’s expertise, we can create knowledge networks that will result in: the right questions, relevant research, the right partnerships, best practices in HIV prevention, care, treatment and support, and the right policies to get ahead of the epidemic.

## **Knowledge exchange is a moral imperative**

The need is great, and resources are limited. Ontario and the OHTN are not alone in their efforts to use knowledge to solve problems. There are other research funders, and other organizations asking questions, conducting research, developing knowledge exchange initiatives, and trying to influence policies and practices. We cannot afford to keep asking the same questions or duplicate one another’s efforts. We must know what others are doing, and work together.

# The OHTN’s Role in Putting Knowledge into Action

The OHTN’s role in knowledge exchange and putting knowledge into action is driven by our mandate, the needs and capacities of our stakeholders, and by the role of other organizations in the HIV sector and beyond.

## Responding to Stakeholder Needs

### AIDS Service Organizations have a knowledge culture but need support to acquire, assess and adapt knowledge.

In 2006, the OHTN surveyed AIDS Service Organizations (ASOs) in Ontario about their knowledge needs, using and adapting a survey tool developed by the Canadian Health Services Research Foundation (CHSRF). The tool provided a way to assess ASOs’ capacity to acquire, assess, adapt and apply knowledge<sup>1</sup>. We learned that:

- ASOs already have a “*knowledge culture*”. They are interested in using evidence-based information to inform policy, program and service decisions for people with HIV and communities at risk, and they do a good job of applying new information in their programs and services.
- ASOs need help acquiring, assessing and adapting information. They do not have the staff/expertise, time or resources to undertake these tasks in a systematic way; as a result they rely on grey literature for much of their information.
- ASOs would benefit from access to expertise, training and tools that will help them *acquire, assess and adapt* research knowledge -- and avoid unnecessary duplication.

Figure #: Role of Research in Decision Making

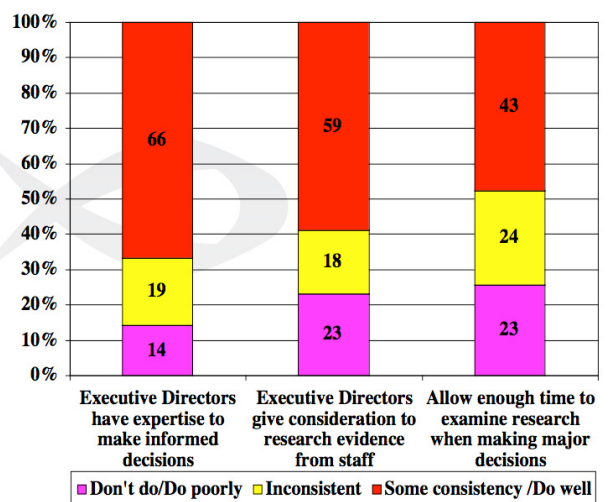
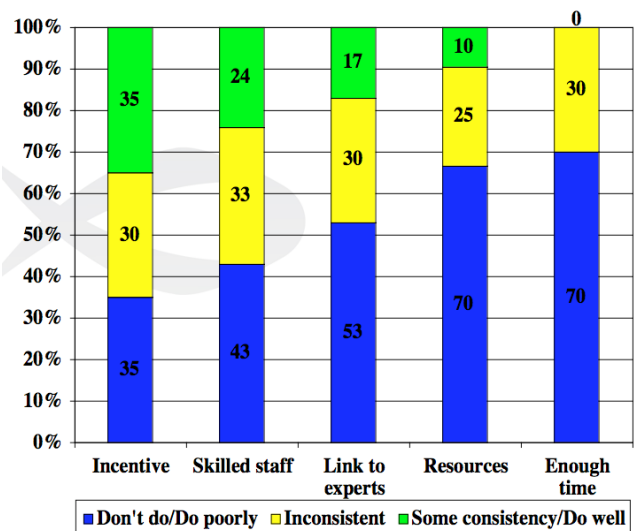


Figure #: ASO Capacity to Acquire Knowledge



<sup>1</sup> This represents the framework for knowledge exchange developed by the CHSRF.

In addition to help acquiring, assessing and adapting knowledge, ASOs want access to:

- summaries of relevant research
- a rapid response service that can link them to the latest knowledge on a given issue
- information on how to adapt and apply effective interventions to their clients/setting
- links to researchers who can help them answer their questions and document their practice
- opportunities to share their practice-based knowledge and experience
- assistance in monitoring and evaluating the impact of their programs and services.

### Researchers need support and assistance with knowledge translation

Researchers are now expected to integrate a knowledge translation and exchange (KTE) plan into their research proposals.

However, based on the OHTN’s experience with researchers and information gathered by the Canadian Institutes for Health

Research, not all researchers have the skills to do effective KTE and efforts to translate and share individual research findings may not be helpful to end users. Some researchers are highly effective in translating their findings into “key messages” for different target audiences, and advocating for changes in policy and practice; however, many still view scholarly articles in peer-reviewed journals as successful KTE.

Research funders are exploring different ways to support researchers with KTE including:

- involving end users in developing and implementing research projects
- providing infrastructure support to allow researchers to hire people with expertise in KTE
- having the funding agency take more responsibility for KTE, which ensures a more co-ordinated and consistent approach to sharing information.

Figure #: ASO Sources of Knowledge

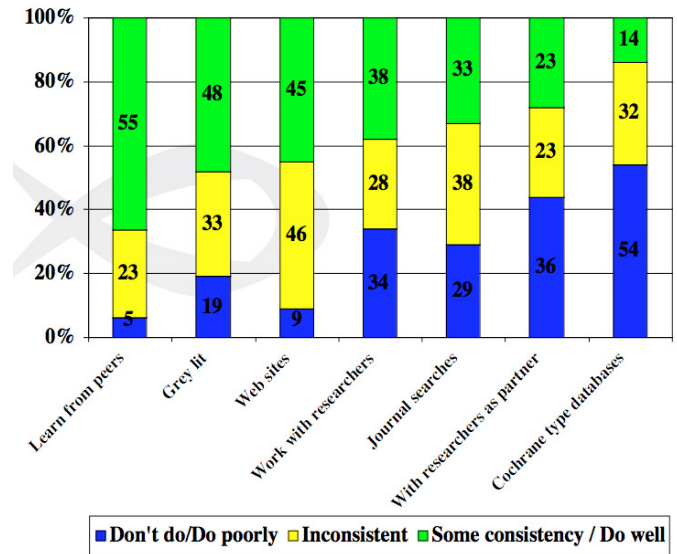
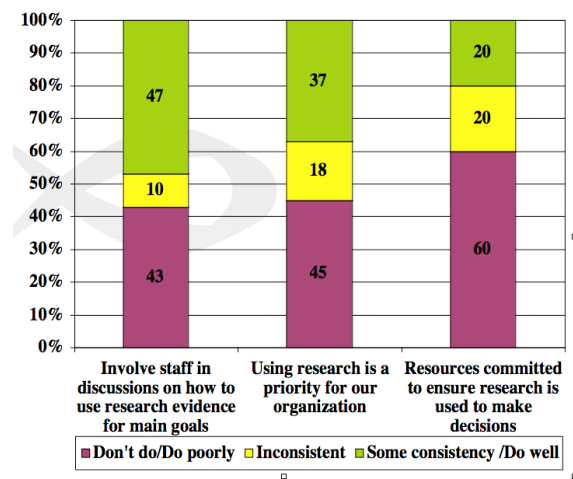


Figure #: ASO Capacity to Apply Knowledge



## **Policy makers need timely access to policy-relevant information and analysis**

Policy makers need timely access to policy-relevant information – which may come from research or practice – and analyses that can help them use that information to inform policy. The OHTN’s main policy stakeholder – the AIDS Bureau – has a strong knowledge culture, actively participates in research, and is well integrated with both researchers and front-line agencies. Other policy makers, such as other programs within the Ontario Ministry of Health and Long-Term Care, other provincial ministries, municipal governments and the Public Health Agency of Canada, may not have the same strong knowledge exchange partnerships or networks.

Based on research done by organizations such as the CHSRF, policy makers need:

- assistance in acquiring and assessing knowledge
- access to summaries of bodies of literature, rather than results from single studies
- a rapid response service that can link them to the latest knowledge on a given issue
- information on how to adapt and apply knowledge to their policies and programs
- links to researchers who can help them answer health services questions.

## **Service providers want to implement best practices but need guidelines and peer support**

Service providers want to provide the most effective care, treatment and support, but they do not have the time or resources to follow developments in the literature in a consistent way. Instead, they tell us they want:

- summaries of clinical information
- evidence-based practice guidelines
- links to peers who can answer their questions and provide ongoing support.

## ***Forging Partnerships with Other Organizations Involved in KTE***

To meet the needs of our stakeholders and make the most effective use of all skills and resources, the OHTN must also forge strong working relationships and knowledge networks with other organizations in and beyond the HIV sector involved in knowledge exchange, including:

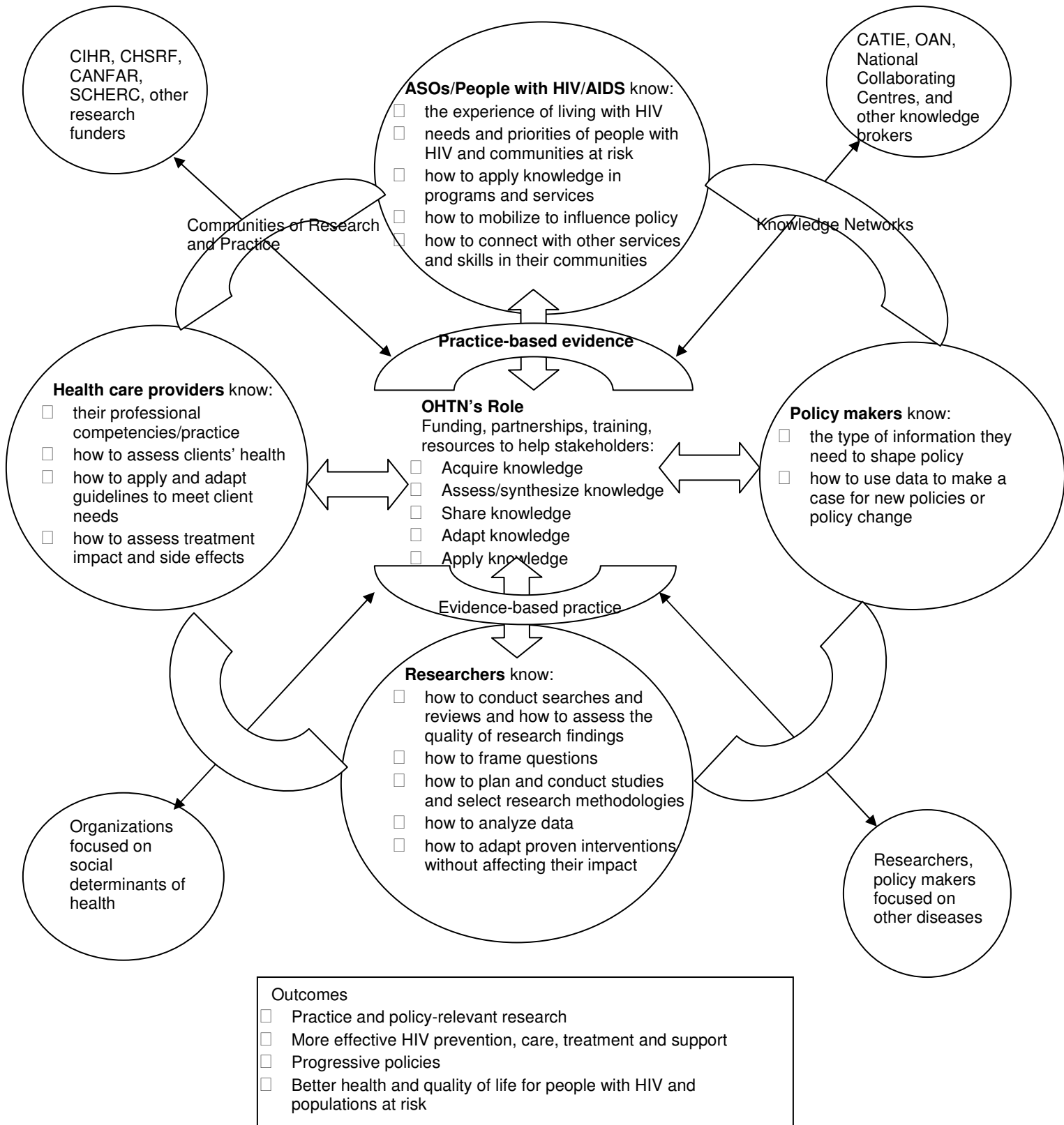
- **research funding agencies**, such as the CIHR Institute of Infection and Immunity, the National Collaborating Centres for Public Health, and the National Institutes of Health
- **knowledge brokers**, such as the Canadian AIDS Treatment Information Exchange (CATIE) and the Ontario AIDS Network (OAN)
- **organizations actively solving problems related to the determinants of health** (e.g., the National AIDS Housing Coalition in the US)
- **service providers, front-line organizations, researchers and policy makers in other sectors**, such as infectious diseases, life threatening and/or chronic illnesses (e.g., cancer), mental health and addictions, Aboriginal health, social services and rehabilitation.

## **The OHTN's role is to build the tools, partnerships and networks that will help put knowledge into action**

Our goal is to fill the gaps that currently keep policy makers and front-line service providers from making the best use of new knowledge, and researchers from understanding the needs of policy makers and front-line service providers. As Figure # illustrates, we plan to build the tools, partnerships and networks required to put knowledge into action. To do that, we will focus on:

- conducting/supporting systematic reviews, scoping reviews and literature reviews that will help assess the current state of knowledge
- investing in relevant research
- forging a stronger link between researchers (evidence-based practice) and the front lines (practice-based evidence)
- synthesizing knowledge and producing summaries that will meet the needs of our stakeholders
- finding effective ways to mobilize and share knowledge
- helping our stakeholders adapt and apply new knowledge in policy and practice (i.e., put knowledge into action)
- creating and evaluating best practices in knowledge mobilization and exchange.

**Figure #: The OHTN's Role in Putting Knowledge into Action:  
Building Knowledge Networks and Communities of Practice**



# The Knowledge to Action Strategy, Workplan and Priorities

We have used the CHSRF framework to organize our strategy, adding one additional step (i.e., mobilize/share knowledge) that reflects our responsibility to look beyond our own knowledge needs and act as a knowledge broker for our stakeholders.

## 1. Acquire and Assess Knowledge

### 1.1 Connect with the right people and information

- Conduct a survey of all systematic reviews, scoping reviews and literature reviews related to HIV, to gain a clearer picture of what we already know and identify gaps
- Enhance the OHTN's in-house capacity to do systematic reviews and assessments
- Continue to fund systematic reviews in areas identified as priorities
- Monitor recent publications, web sites and key conferences to identify new knowledge and findings that could enhance services in Ontario
- Continue to organize Think Tanks where the current knowledge on a given issue can be discussed and assessed

### 1.2 Develop effective collaborative relationships with other research funders

- Liaise with other organizations funding systematic reviews (e.g., CIHR, the National Coordinating Centres) to identify work already underway, and develop partnerships to fund reviews
- Identify opportunities to partner with CIHR, CHSRF, PHAC, SSHRC (e.g., CURA) to advance our understanding of best practices in KTE
- Work with Universities to enhance the support given to applied research within departments (e.g. change incentive structure to encourage KE and partnership research)

### 1.3 Build knowledge networks and communities of practice

- Work with ASOs to document practice-based evidence
- Develop a common ASO database that will provide information on services provided and the needs of clients, and track and analyze information from the database
- Organize training sessions to educate executive directors and board chairs about systematic reviews and other research tools, and how to use them effectively
- Track and analyze OCHART (Ontario Community HIV/AIDS Reporting Tool) data and provide reports to ASOs that will help them plan and evaluate their services
- Provide opportunities for ASO staff to participate in training on acquiring, assessing,

In the Housing and Health Study, community-based organizations worked closely with academic researchers to design the study, and people living with HIV were trained as research assistants and responsible for data collection.

This approach was highly effective: recruitment was complete # weeks earlier than planned, data are complete, and the research assistants have become advocates for the study.

adapting and applying information

- Provide scholarships and opportunities for front-line staff to attend conferences where research findings are presented and discussed
- Provide opportunities during the life of research studies for stakeholders to discuss preliminary findings and their the implications of research findings for practice and policy, and provide advice to guide the studies.

1.4 Enhance the OHTN’s capacity to assess and synthesize knowledge

- Seek out opportunities for staff exchanges and secondments, bringing people from the community and health system to work at the OHTN and giving OHTN staff the opportunity to understand the challenges of integrating new knowledge into practice and policy

1.5 Create a knowledge exchange culture within the OHTN

- Structure the IRDP and other granting programs to promote effective KTE
- Help researchers develop community-academic partnerships and coalitions
- Make policy makers and ASO staff who are part of the research team eligible for infrastructure supports, such as buy-out time
- Promote the use of peer research assistants where appropriate
- Develop targeted RFAs for ‘research to action’ projects that will address urgent policy and programmatic issues/questions

**Describe the changes that have already been made (e.g., giving preference to research projects that demonstrate a commitment to a partnership or network approach to knowledge exchange, requiring applicants to demonstrate that they are aware of other related research and that their project will enhance – and not duplicate – existing knowledge, establish ingclear expectations for researchers’ role in KTE, developing a reporting template that ensures researchers provide the information the OHTN requires for effective knowledge exchange (e.g., implications of findings for policy and practice)**

## 2. Mobilize/Share Knowledge

2.1 Identify champions -- key people who are receptive to using new knowledge and who have influence in the community, in clinical care and other services, and in policy decision making – who will be partners in mobilizing knowledge networks and sharing knowledge

2.2 Develop effective tools to mobilize and share knowledge among stakeholders – including front-line staff, such as:

- the exCHANGE newsletter, which will summarize key research findings/messages and the implications for policy and practice, as well as synthesize knowledge within priority areas (e.g. complexities of care)
- the COMPASS newsletter
- plain language summaries
- fact sheets
- targeted on-line bulletins
- on-line interactive “lunch and learn” sessions that feature research and/or practice teams talking about their findings and how they are being or can be used to shape policies and programs

- the annual research conference
  - other mechanisms to support ongoing personal contact between the research team and individuals and organizations trying to use the research
  - video productions and other presentation/implementation tools
  - annual reports.
- 2.3 Continue to explore the potential to use the web site and internet-based technologies to mobilize knowledge and engage users of information
- 2.4 Organize Knowledge to Action Forums and consensus meetings to communicate key knowledge/findings and develop action plans
- 2.5 Collaborate with other organizations involved in knowledge exchange, such as CATIE, the OAN, and the media to develop effective, streamlined ways to share knowledge and information

### **3. Adapt/Apply Knowledge**

- 3.1 Work with stakeholders to develop strategies to adapt and apply research findings
- Provide advice on how to adapt successful interventions for use in Ontario
  - Work with ASOs and community mental health organizations to pilot the Adding Life to Years intervention for depression
  - Support other intervention studies
  - Monitor and evaluate the impact of new knowledge on policy and practice, and of changes in policy and practice on the health and well-being
- 3.2 Participate in policy and program development projects and initiatives as requested by stakeholders including
- the evaluation of point-of-care testing