The OHTN's Rapid Response Service: Report and Evaluation

January 2017

The OHTN publishes, on average, fourteen rapid responses each year. Rapid responses are summaries of the peer-reviewed and grey literature on issues identified by our stakeholders – community-based organizations, policymakers, healthcare providers and academic researchers. Since the program began in 2009, 102 rapid responses have been published.

The OHTN's Rapid Response Service focuses exclusively on questions related to HIV and other sexually transmitted and blood borne infections. It summarizes HIV research to support evidence-informed programs, services and policies. Its goal is to give Ontario's HIV network access to easy to read, relevant, high-quality research evidence.

The OHTN's Rapid Response Service is one of a handful of formal rapid review programs in Canada. The others include: Canadian Agency for Drugs and Technologies in Health (CADTH) and INESS - Institut national d'excellence en santé et en services sociaux, University of Ottawa/Ottawa Hospital Research Institute. (See appendix A for a description of rapid reviews.)

The OHTN Rapid Response Service grew out of research with community-based HIV organizations which found that – although these agencies are interested in evidence-based practice – they do not have the capacity to acquire and assess the literature. The OHTN, on the other hand, had the capacity to create a centralized unit of people with the skills to do these reviews and to make the findings available to the HIV community in Ontario.

The Rapid Review Process

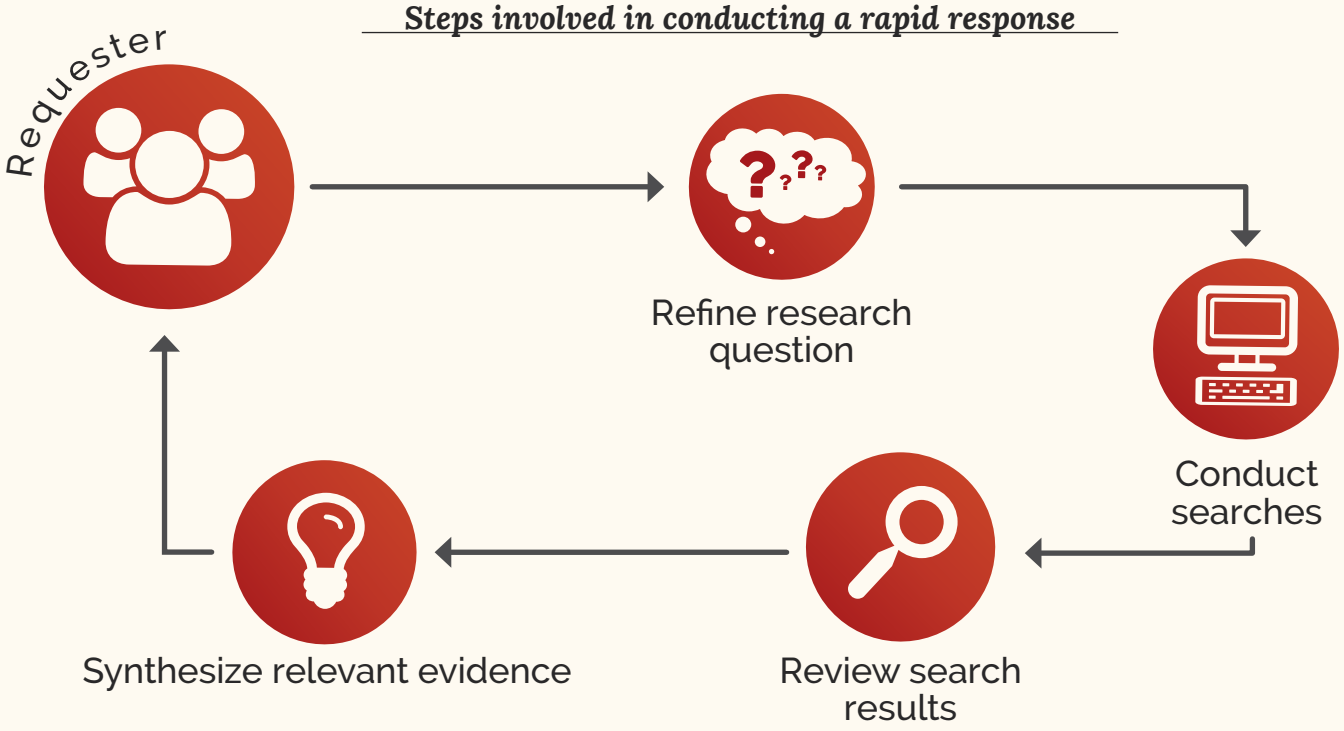
Creating a rapid response is an iterative labour-intensive process that involves identifying a research question, developing a search strategy, conducting database searches and 'related article' searches, retrieving full-text articles, contacting experts for additional information, and completing data extraction and write-ups. Each rapid response provides 3 to 5 key messages from the literature, outlines the issue and why it's important, presents a more

The OHTN uses databases such as Medline, Embase and PsycInfo to conduct the searches. We also search the Cochrane Library, Google Scholar and other online resources and conduct reference searches for included papers as well as related article searches. Searches are done in multiple databases focusing on fields particular to the question raised (for example, a sociological question might warrant searching a sociological database).

detailed summary of what we found, and identifies possible factors that may affect the local applicability of the findings (e.g., where the research was conducted and with what populations).

The process takes at least four weeks from start to finish and involves, on average, 125 hours of work. Because this represents a significant investment of OHTN resources, it is important to evaluate how the reviews are used and their impact.

Steps involved in conducting a rapid response



Evaluation Scope and Methodology

To assess the effectiveness of the OHTN's Rapid Response Service, we:

1. Analyzed all rapid responses (n=102) published between January 1, 2009 and September 30, 2016, looking at key characteristics, populations involved, topics covered†, requester affiliations and number of downloads. (See appendix B for the list of rapid responses published by year.)

Beginning in the 2016-17 fiscal year, we will use a similar approach to evaluate all newly published rapid responses.

2. Interviewed 23‡ of 25 people (92% response rate) who requested rapid responses in 2014 or 2015 about how helpful/useful the service was. Requesters were contacted via e-mail and telephone and asked 10 questions. Anyone who requested more than one rapid response during the two-year period was asked to answer the questions separately for each request. In the fall of 2016, we conducted in-depth follow-up interviews to explore how rapid response findings were used to secure new funding, create a new program/service or improve an existing program/service. (See appendix C for survey and follow-up interview questions.)

† We categorized rapid responses by population and topic (e.g. HIV-related syndemics, determinants of health and stages of the HIV care cascade). However these categories are not mutually exclusive, so some rapid responses are placed in more than one category.

‡ The two respondents who could not be contacted were no longer employed by the organization that had requested the review and no one at the agency felt equipped to answer on their behalf.

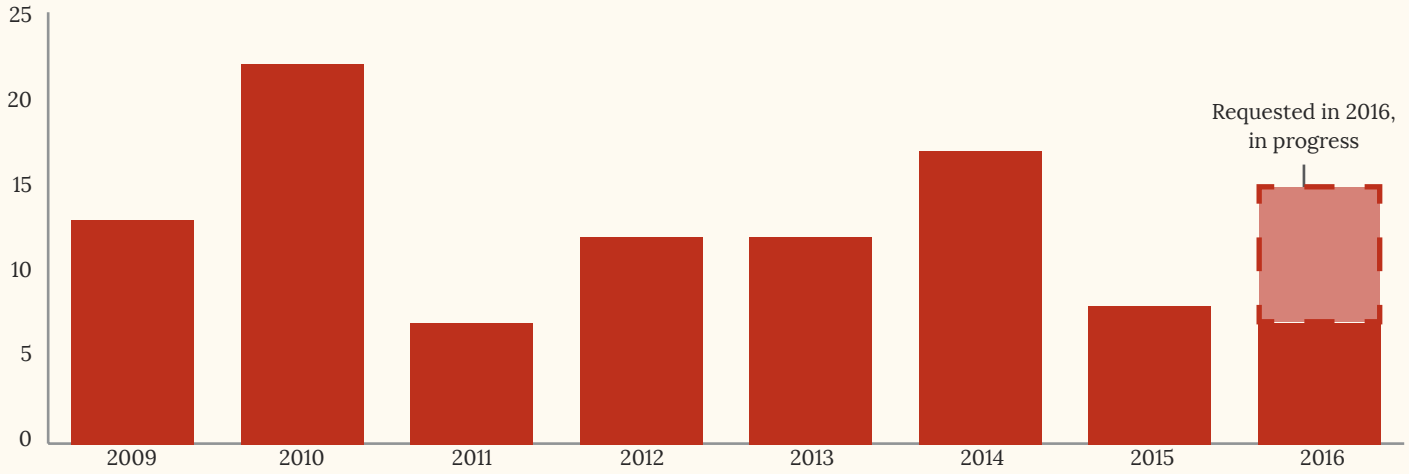
Key Findings: Analysis of Rapid Responses

About 14 New Rapid Responses Published Each Year

The number of rapid responses published each year has varied from 7 to 22.

In 2016, the OHTN received 15 rapid response requests, seven of which have been completed. The remaining eight requests were underway at the time of this evaluation.

Number of rapid responses published per year (n=102 total)



The variation in the number of rapid responses produced per year may be related to changes in the service. Initially the OHTN's Rapid Response Service was less restrictive in its criteria. Now, not all requests end up as published reviews online. For example:

- when initial searches yield few articles and/or the research question is extremely narrow, the OHTN may simply provide copies of the articles for the person/organization requesting the rapid response to read and use
- when initial searches identify large numbers of articles and the question is extremely broad, the OHTN may provide an annotated bibliography.

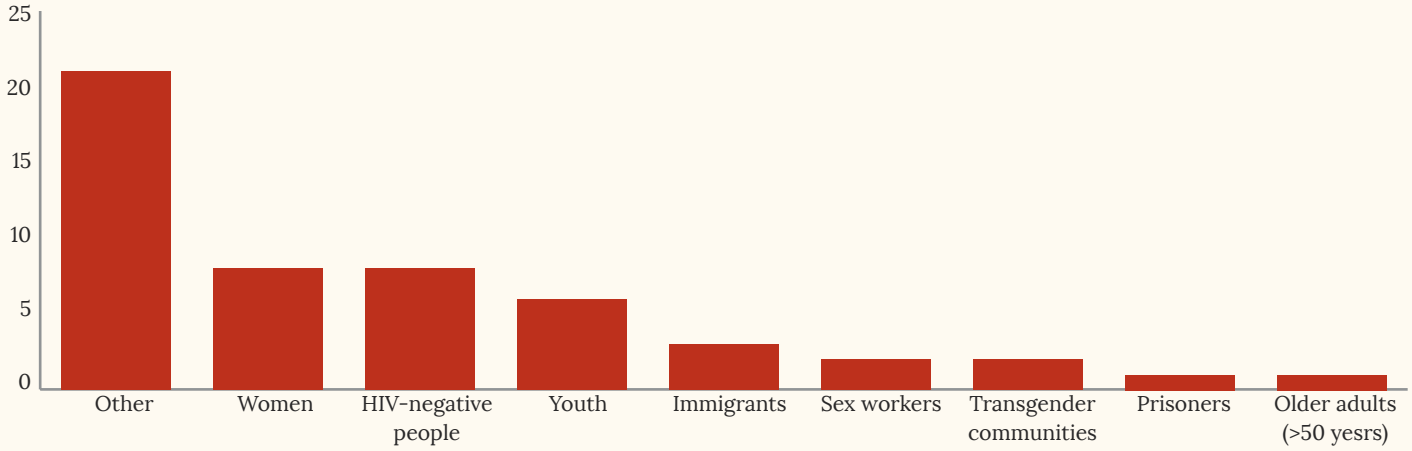
The Majority Focused on Priority Populations

Most of the 102 rapid responses focused on the priority populations identified in *Ontario's HIV Strategy to 2026*: people living with HIV (n=41), men who have sex with men (n=25), people who use drugs (n=9), African, Caribbean and Black communities (n=2) and Indigenous people (n=2).

Many of the rapid responses also focused on populations identified in the Strategy as being at-risk or of interest because of structural factors that increase their vulnerability to HIV, such as immigrants/refugees/non-status people, sex workers, transgender communities, prisoners and older adults.

Number of rapid responses for each priority population

Number of rapid responses for populations of interest



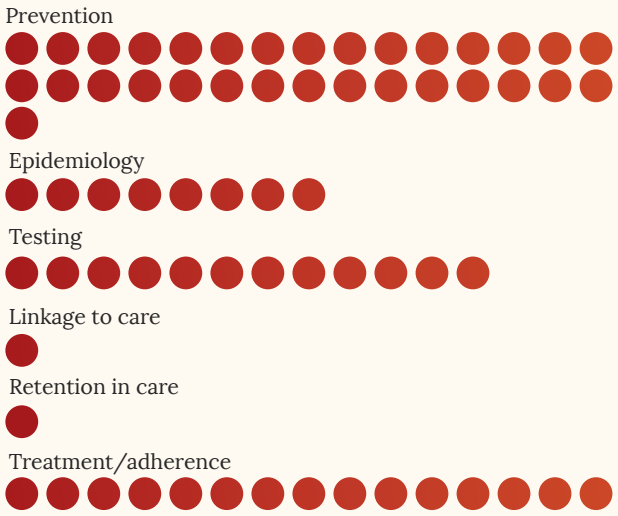
The rapid responses in the "other" category were focused on health care providers (i.e. nurse practitioners, general health practitioners, etc.), AIDS service organization volunteers, infants, the general public, migrant workers, women who have sex with women and rural communities.

Reviews Cover all Aspects of the HIV Prevention, Engagement and Care Cascade

The OHTN has received requests for reviews that cover all aspects of the cascade, including prevention (n=31), epidemiology (n=8), testing (n=12), linkage to care (n=1), retention in care (n=1), and treatment (n=15).

Until recently, organizations requesting reviews have been primarily interested in HIV prevention but, with the recent introduction of the HIV care continuum, the OHTN has already received two requests related to linkage and retention in care, and we expect more. The OHTN is undertaking other knowledge synthesis activities related to linkage and retention. In 2015, we completed an annotated bibliography on linkage to HIV care and we have recently completed a systematic review on facilitators and barriers to retention in HIV care.

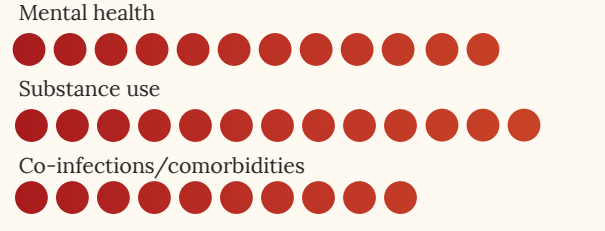
Number of rapid responses across the cascade



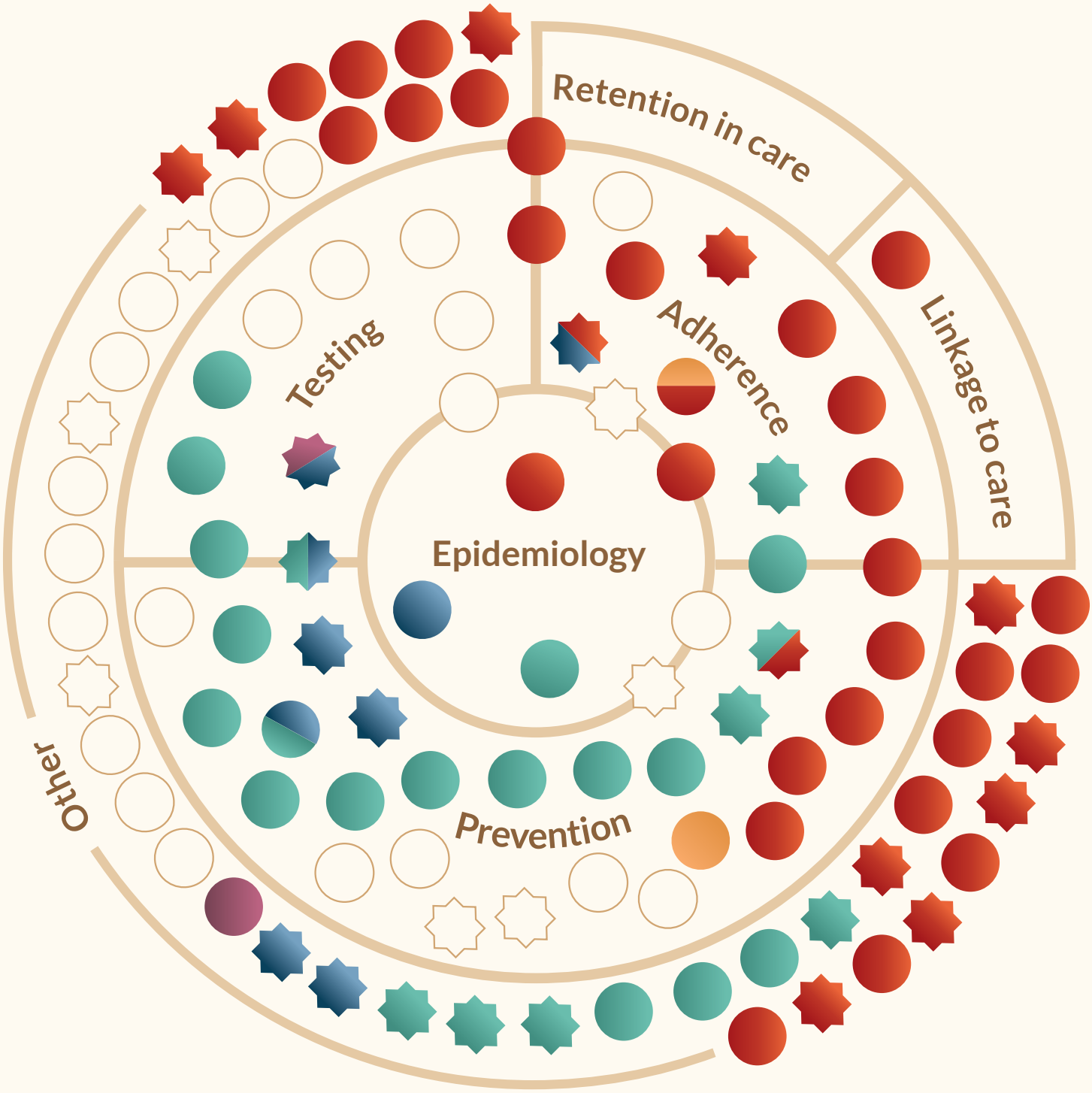
One-Third Examine Syndemics/Co-morbidities

Approximately one third of rapid responses (n=32) were on HIV-related syndemics and comorbidities including: mental health (n=12) (mood disorders, anxiety, stress, post-traumatic stress disorder and general mental health status); substance use issues (n=13) (injection drug use, tobacco smoking, and use of methamphetamine, alcohol and methadone); and co-infections/ comorbidities (n=10) (hepatitis B and C, syphilis, human papillomavirus [HPV] and chlamydia).

Number of rapid responses on HIV-related syndemics



Overlap between rapid responses by category (n=102)



Populations:

- People living with HIV (41)
- Men who have sex with men (25)
- People who use drugs (9)
- African, Caribbean and Black communities (2)
- Indigenous people (2)
- Other (29)

Topics:

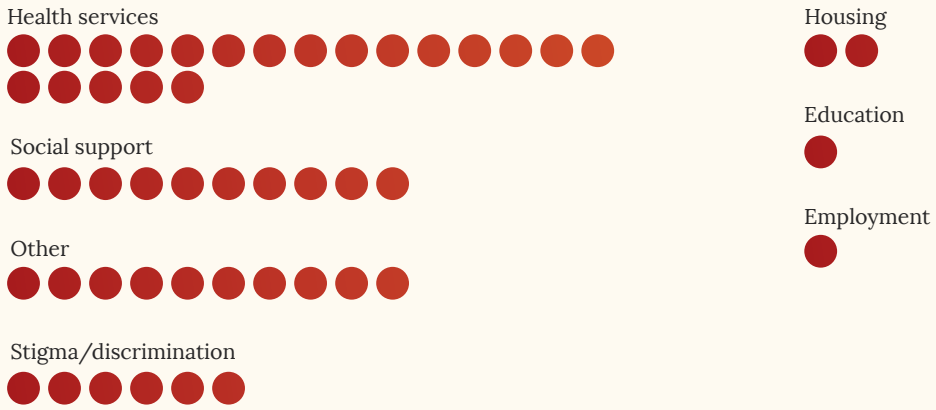
- HIV prevention (31)
- Treatment (15)
- Testing (12)
- Epidemiology (8)
- Linkage to care (1)
- Retention in care (1)

Rapid Responses focused on HIV-associated syndemics and co-morbidities (32)

Focus on Health Services than Other Determinants of Health

When analyzed by the determinants of health, most rapid responses looked at the impact of health services (n=20), social support (n=10) and stigma/discrimination (n=6). Only a small number examined determinants such as housing (n=2), education (n=1) and employment (n=1). "Other" included topics such as criminalization, nutrition and farm work.

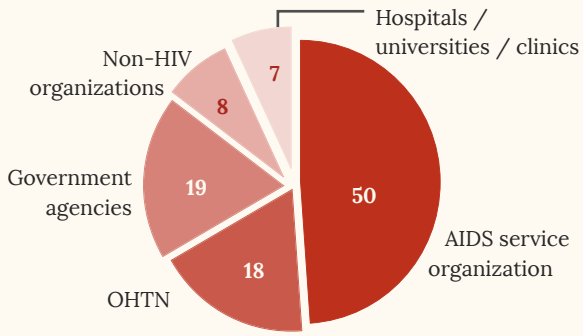
Number of rapid responses on determinants of health



Who Requests Rapid Responses?

Most rapid responses were requested by AIDS service organizations (n=50) and OHTN staff working on collaborative projects with community organizations (n=18). Nineteen were requested by government agencies/ policymakers. Other requests came from community health centres (n=8) and hospitals/ universities/health centres (n=7).

Number of rapid responses by requester affiliation

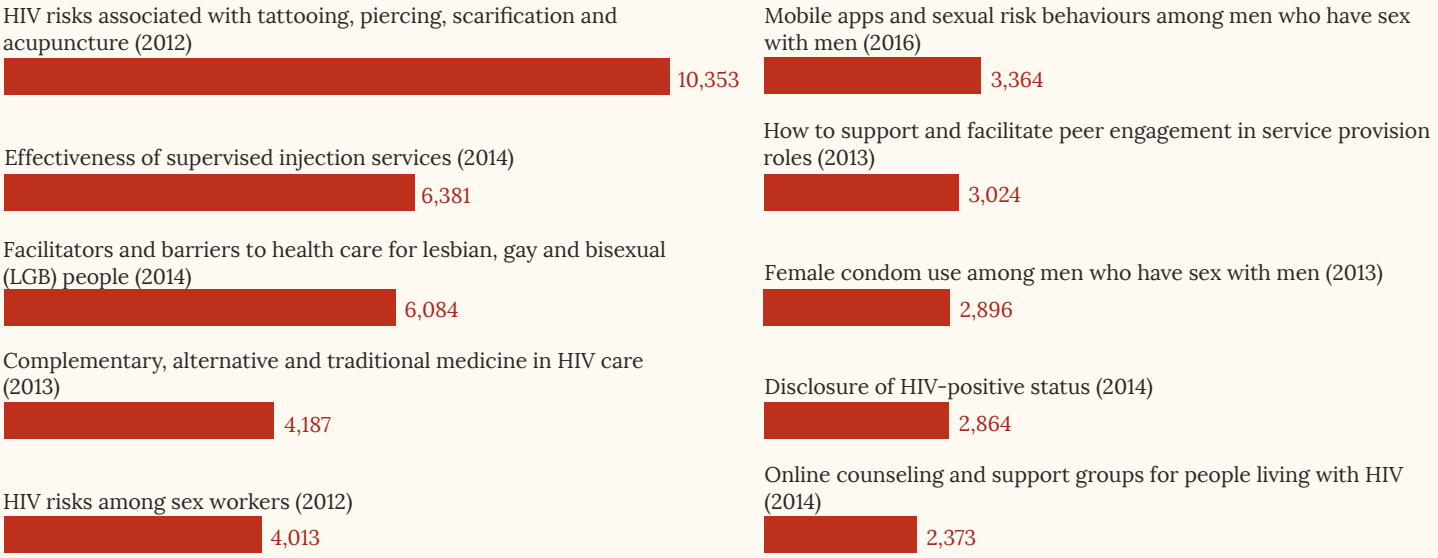


Who Reads Rapid Responses?

Each completed rapid response is sent to the requesting organization. It is also promoted through the OHTN's *Did You Know* e-newsletter, and made available on the OHTN website.

The OHTN does not distribute relevant rapid responses to agencies that might be interested in them, but we do monitor downloads from the OHTN website to track how many people are reading/using the responses. As of September 30, 2016, there had been a total of 112,629 downloads of rapid responses. At the time of this evaluation, each of the 102 rapid responses had been downloaded between 238 and 10,353 times (average 1,015). The most downloaded rapid response (10,353) was on HIV risks associated with tattooing, piercing, scarification and acupuncture. The second most downloaded rapid response (6,381) was on the effectiveness of supervised injection services.

Top ten most downloaded rapid responses



Key Findings: Requester Interviews

Requesters first completed a quantitative survey using a 5-point Likert scale addressing how useful the service was and identifying aspects that could be improved. In the fall of 2016, we then conducted follow-up qualitative interviews to explore the impact the rapid response(s) had on securing funding, and/or creating or improving projects and services. We also asked requesters about their experience with the Rapid Response Service. (See appendix C for survey and interview questions.)

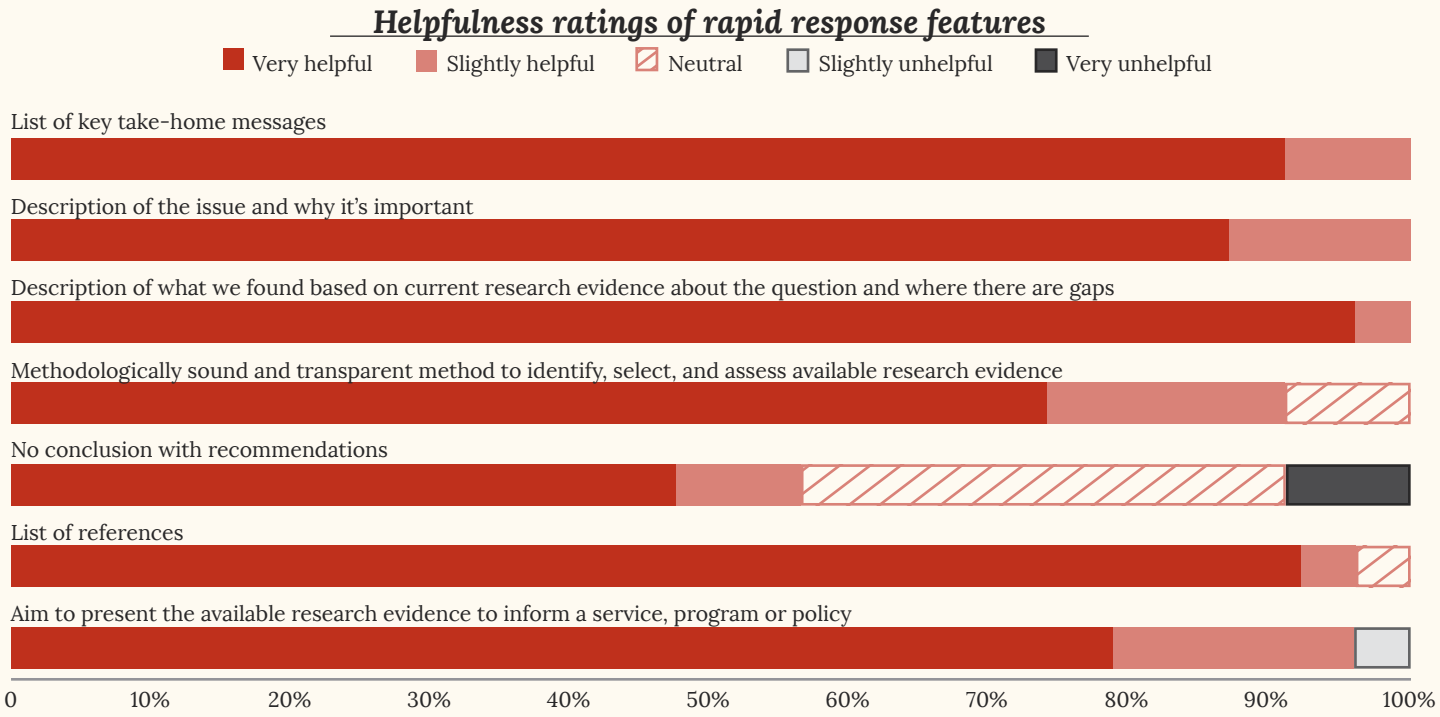
High Level of Satisfaction with Rapid Responses

Rapid response requesters found most aspects of the reviews very helpful – particularly the summary of what we found, the list of references and the key take-home messages.

Requesters differed on their desire for a conclusion with recommendations. Our current practice is to present the research findings and implications for policy and practice but not to make specific recommendations about policies or programs. While more than half the requesters found this approach very or slightly helpful, about 44% did not.

Typically, rapid responses do not conclude with recommendations. This is usually because the process of going from a summary of the evidence to actual recommendations requires a resource intensive process that may take up to eight months.[1] The process involves assessing the quality of the evidence as well as other factors (e.g. cost, resources) that might influence a particular recommendation.[2]

Our rapid responses cover a wide range of complex topics, including clinical, epidemiological, and behavioural factors, as well as other aspects of HIV infection. Since the OHTN does not necessarily have the expertise or resources necessary to assess the quality of evidence across these topics, we feel it is more appropriate for us to provide timely access to information with key take-home messages for decision-makers to consider.



Most Useful Aspects of Rapid Responses

Requesters were asked to identify most and least useful elements of the Rapid Response they received. Requesters identified the following as the most useful elements and made the following comments:

- **research presented in lay language (17%)**
  - 💬 *"The synthesis of the literature and having people who have time and ability to do that is helpful, and having them know how to synthesize the data, which is something that community members don't always have."*
  - 💬 *"The way the research is set out – not lay language, not academic, but in the middle – is perfect for our community setting."*
- **evidence summarized as 'Key take-home messages' (17%)**
  - 💬 *"The key take-home messages are helpful in point form so you get info you need right away."*
  - 💬 *"The key take-home messages are good for people who don't come from a research background."*
- **overview of current literature (17%)**
  - 💬 *"We just needed an overall synthesis of where the research was at."*
- **list of references (13%)**
  - 💬 *"It was great to have the references and narrative summary… they helped us write the background of our paper."*

- **discussion in the 'What we found' section (9%)**

  > *"The What we found section provided the information we needed to give consideration to the programming we wanted to develop."*

- **background information provided as 'The issue and why it's important' (4%)**

  > *"This section helped create a baseline of information – a quick take was needed on where the research was. We needed a starting point and that was what the rapid response was for."*

The use of lay language is important because 58% of people requesting rapid responses are staff at community-based agencies, including AIDS service organizations, who may not have the time or expertise to interpret complex research data.

Least Useful Aspects of Rapid Responses

When asked about the least useful aspect of the Rapid Response Service, 65% of respondents could not pinpoint a "least useful" feature (i.e., all aspects were useful). However, informants took this as an opportunity to comment on weaknesses in their respective rapid responses:

- **insufficient data (13%)**

  > *"Most of the data cited was American… there was a shortage of Canadian data."*

  > *"The rapid response was a bit too general and needed to focus on the specific population a bit more."*

- **lack of recommendations (4%)**
- **inadequate information on research strategy (4%).**

What the OHTN Should Do Differently

When asked whether there was anything the Rapid Response Service should do differently, most respondents (43%) answered "no." Some suggestions for possible improvements were:

- **provide recommendations (13%)**
- **decrease turnaround times (9%)**

  > *"There was a backlog of rapid responses and we didn't want to start the project without the review but we were waiting 3-4 months, so our timelines were pushed back which was not ideal."*

- **focus specifically on the requester's question (9%)**

  > *"The rapid response was broad and didn't address the request exactly."*

- **provide a data extraction table with all studies cited (4%)**

  > *"The peer-review articles referenced are not accessible to most people."*

- **expand the 'Key take-home messages' section (4%)**
- **allow for reviews to answer multiple questions within one review (4%).**

Findings from the qualitative follow-up interviews with requesters:

When asked how the Rapid Response Service could be improved, requesters offered the following feedback:

- **Enhance communication between OHTN staff and requester:**
  - *"We have a lack of capacity internally, and no access to literature. It's great to have people help develop the research question and help us figure out whether it is the right question to be asked."*
  - *"It may be good to let people know that getting involved in a rapid response is a 'commitment' – that they may have to be involved in the development of the research question, and that the process takes time."*
- **Build capacity:**
  - *"It might be nice to have a conversation with the requester once the rapid response is submitted for capacity building purposes. A dialogue with the OHTN might help us be as true to the evidence as possible."*
  - *"It may be helpful to have some resources on how community members and others without the expertise can do their own "quick" research."*
- **Update rapid responses:**
  - *"As good as the rapid response was, a lot has been coming out since it was completed and the rapid response is now out of date."*
- **Distribute and circulate rapid responses more widely:**
  - *"Not everybody knows about it – there may be a level of intimidation to accessing it?"*
  - *"The OHTN should work on distributing the rapid responses more widely."*
  - *"These rapid responses are very valuable, but their value is diminished in that they only go as far as a website. I would like to see them go further."*

The overall impression from the qualitative interviews was that the Rapid Response Service is successful in presenting available research on a topic. When asked for overall impressions of the service, most individuals had an immediate answer of "very good" or "excellent." Since the Rapid Response Service is used primarily by organizations in Ontario, some requesters felt that additional Canadian data would be useful for informing their programs, services, and policies:

- *"The rapid response proved that more Canadian HIV-related research is needed, as most references were from American studies."*
- *"The rapid response mainly cited Australian and U.S. data so a Canadian study has now been developed."*

Requesters were aware that a lack of Canadian data did not reflect the quality of the rapid response – it did, however, point to a need for more Canadian HIV-related research. In some instances, the rapid response was able to assist requesters in developing Canadian research studies. Other requesters noted that the Rapid Response was useful for their organization, despite the limited nature of the data. Some requesters even forwarded the response to their stakeholders or board of directors.

The Impact of the Rapid Response Service

Every respondent referred to a project or service that the rapid response was instrumental in supporting. Respondents noted that the rapid responses helped lay essential groundwork for their projects. The majority of respondents used the rapid response to aid in the development of a new research project or service:

- *"The rapid response supported a needs assessment and evaluation, key informant interviews, and our research plan."*
- *"We are looking to do more qualitative, community-based research now, and the rapid response has informed how we can do this."*
- *"We went on to do a study through the hospital and we decided to do that study based on the rapid response."*
- *"The rapid response formed the basis of our research project. It helped guide our project and gave a general idea of what was happening in the field before I even started the project."*

Some respondents also used the rapid response to guide further development of programs already in place, ensuring that existing services were aligned with current research evidence presented in the rapid response:

- *"The rapid response was valuable in providing evidence that what we had already started was correct."*
- *"We felt our current approach was in line with the research."*

Funding was also brought up during qualitative interviews. A few respondents mentioned that they had secured funding, or were looking for evidence to help them pursue funding, and that the rapid response had provided the necessary evidence:

- *"We applied for research funding using data from the rapid response and we were successful."*
- *"We were looking for something to advocate for the funding of skills development to better address marginalized populations, and this rapid response was the piece that allowed our AIDS service organization to tangibly enter the discussion."*

Other respondents noted that the rapid response led to new ideas about how current programming could be modified to better serve clients and collaborate with partnering organizations:

- *"The rapid response was useful for guidance in terms of what our clinic's priorities might be in terms of planning."*
- *"The rapid response led to some new thoughts on how to work with outsider staff, and some new frameworks for how to partner with other organizations."*
- *"We set up a committee to re-develop an outreach program – the rapid response was central to that....It was the foundation of the external data included in the process."*

Conclusions

Overall, the data collected from the survey and interview questions provided valuable insights into the Rapid Response Service at the OHTN. In general, requesters found rapid responses to be valuable research products that informed and had an impact on specific projects and services, despite the fact that data on certain populations was sometimes lacking. Feedback from the requesters highlighted the need for more HIV research to be carried out in the Canadian context. Additionally, requesters seemed interested in having the rapid responses include recommendations. However, including recommendations is beyond the scope of the service at this time.

Appendix A: What is a Rapid Review?

Evidence-informed policymaking involves using the best available research evidence – systematically and transparently – in the time available for agenda setting, policy or program development, and implementation.[3] Research evidence can help decision-makers determine how best to define a problem, identify possible solutions to address the problem and identify possible implementation strategies.[3]

Decision-makers are increasingly seeking evidence to inform policymaking processes, and they require access to high-quality evidence. Health care knowledge syntheses have often used traditional and methodologically rigorous systematic review methods, such as those used by the Cochrane Collaboration, to assess the effectiveness of interventions.[4,5] In evidence-based medicine, systematic reviews are viewed as the gold standard.[6]

However, the health care system increasingly faces multifaceted issues that require an examination of more complex evidence, including integration of evidence from both qualitative and quantitative studies.[5] Moreover, health care decision-makers are increasingly in need of this evidence within limited timeframes to support informed decisions.[6,7] This has led to the evolution of rapid reviews.

Rapid reviews do not share a common description of their purpose or methods, or follow a uniform template. Rather they vary in terms of time to completion, report format, literature search strategies and methods used for synthesizing evidence.[7,8] Nevertheless, rapid reviews are defined as evidence syntheses that streamline methods used in systematic reviews to synthesize evidence in a shorter turnaround time.[6,7,9]

Rapid reviews should be tailored to the needs of the commissioning body and/or the intended end users.[6,8] Although systematic reviews are more likely to incorporate in-depth results on clinical outcomes, economic considerations and health service impacts, their overall conclusions do not differ much between rapid reviews examining similar research questions.[8]

Rapid review programs can focus on questions centered on healthcare policies, health technologies, health system interventions, health service delivery, operational efficiencies and quality improvements.[6] A recent publication investigated and compared processes and methods for 29 rapid review programs from around the world.[6] Although numerous rapid review programs focused on questions of clinical effectiveness, efficacy and cost-effectiveness, no uniform process or method was found. In addition, the turnaround time, resources available, complexity and sensitivity of research topics were all found to have an impact on the review programs including how individual reviews were disseminated.[6]

Rapid reviews have been identified as rapid products.[1] Rapid reviews organize and evaluate the literature to present the end-user with an answer based on the best available evidence. Usually this means reporting the conclusions of guidelines or systematic reviews, but some rapid reviews apply a best evidence approach and report the results of primary studies if no additional sources are available.[1]

Appendix B: List of OHTN Rapid Responses Published by Year

2016

- Impact of successful hepatitis C treatment on quality of life
- Hepatitis C reinfection after successful treatment
- HIV and STI testing among Indigenous women and women who inject drugs
- Programs to improve the sexual health and well-being of transgender individuals
- Delivering HIV/STI test results over the phone and through text messaging
- The role of nurse practitioners in HIV care
- Epidemiology of hepatitis C virus infection among men who have sex with men

2015

- Crystal methamphetamine use, sexual risk behaviours and harm reduction among men who have sex with men
- HIV-related stigma in relation to health care professionals in Canada
- Reminder systems for people living with HIV
- Transitioning from adolescent to adult care in HIV
- Impact of community-based organizations for people living with HIV
- Knowledge of HIV and related best practices among non-HIV-specific health care providers
- Mobile apps and sexual risk behaviours among men who have sex with men
- Factors affecting the health and well-being of lesbian, gay and bisexual Asian youth

2014

- Effective HIV prevention, education and outreach activities in African, Caribbean and Black communities
- Gay men's attitudes and perceptions regarding viral load and treatment as prevention
- Facilitators and barriers to health care for lesbian, gay and bisexual (LGB) people
- HIV prevalence and testing among street-involved youth in Ontario
- Online counseling and support groups for people living with HIV
- Common conditions and diseases in HIV-positive men who have sex with men
- Peer-based programs to support antiretroviral adherence
- Case management/community development models
- Behavioural emergencies among HIV positive gay men
- Effectiveness of motivational interviewing in changing risk behaviours for people living with HIV
- What is the effectiveness of supervised injection services?

- Disclosure of HIV-positive status: Towards the development of guidelines, strategies and interventions
- Telemedicine and HIV health care
- Hepatitis C reinfection rates among people who use drugs
- Treatment access barriers and related best practices for newcomers living with HIV and/or hepatitis C
- Posttraumatic stress disorders among people living with HIV
- Sexual health of heterosexually-identified men who have sex with men

2013

- The willingness of people living with HIV in high-income settings to negotiate condom use & use condoms during sex
- Complementary, alternative and traditional medicine in HIV care
- Effects of viral load and antiretroviral medications on sexual transmission of HIV
- Intersectionality in HIV and other health-related research
- Gay men's attitudes and perceptions regarding rapid HIV home testing
- Migrant farm workers and sexual health
- Effectiveness of HIV testing interventions for high-risk populations
- Adherence to methadone maintenance treatment and antiretroviral therapy
- HIV services in rural and remote communities
- Female condom use among men who have sex with men
- How to support and facilitate peer engagement in service provision roles
- Gay men's attitudes and perceptions regarding pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)

2012

- Effectiveness and key features of employment support programs
- East and South East Asian women's sexual health
- Mindfulness-based therapy for people living with HIV
- Sexual health programs for gay and bisexual men in rural and suburban regions
- Sex worker HIV risk
- Smoking cessation interventions in people with HIV
- Rapid HIV testing in correctional facilities
- HIV risks associated with tattooing, piercing, scarification and acupuncture
- Demographic characteristics associated with access to antiretroviral therapy, HIV care and HIV viral load testing
- Public perception of harm reduction interventions
- Approaches for front-line organizations to implement evidence-based interventions

- Factors influencing the sexual health of Asian men who have sex with men

2011

- Impact of housing status and supportive housing on the health of Indigenous people
- Psychosocial support programs for HIV-positive women who are pregnant
- Psychosocial issues for older adults living with HIV
- Models of outpatient care for the ongoing care and treatment of people living with HIV
- Sexual abstinence among people living with HIV
- Criminalization of HIV exposure and transmission: Stakeholder views and beliefs and effects on behaviour
- Special nutritional requirements for people living with HIV

2010

- Effectiveness of female condoms for preventing HIV and factors that impact uptake
- Cost-effectiveness of HIV front-line services
- Women and HIV/ hepatitis C co-infection
- Knowledge and training needs of health professionals working with people with HIV with consideration for mixed urban/rural care settings
- The use of facilitated peer support group model for people living with HIV
- HIV prevention for women who have sex with women
- Effectiveness and cost-effectiveness of pre & post-exposure prophylaxis for HIV
- Impact of fetal alcohol spectrum disorder on HIV risk
- Mental health status of women and families infected and affected by HIV
- Academic achievement and psychosocial needs of children affected or infected by HIV
- Sports and social networks for HIV prevention
- Elite controllers for HIV
- Refugees and HIV prevention
- Social media and HIV
- Latino men and coming out
- Acceptance commitment therapy and its application in HIV or stigma reduction
- HIV prevention for men who have sex with men
- Provider-initiated HIV testing and counseling
- Sexual health and HIV risk among trans communities
- Coordination and delivery of HIV prevention, treatment, care and support by nurse practitioners
- Mandatory testing of sex workers for HIV and other sexually transmitted infections
- Radio-based interventions for HIV prevention

2009

- HIV medication and depression
- Impact of methamphetamine and poppers on sexual risk taking
- HIV testing practices
- Translation of sexual health information for immigrants to Ontario
- Linking sexual compulsivity and HIV transmission
- Mental health issues and HIV
- HIV-specific screening and treatment tools for mood disorders
- Housing and harm reduction
- Voluntary workers in AIDS service organizations
- HIV disclosure
- Massage and recreation therapy for reducing stress
- Does living with HIV increase the risk of substance use?
- H1N1 vaccine guidelines for people living with HIV
- Effectiveness and impact of the using the internet for preventing HIV

Appendix C: Requester Interview Questions

Survey Questions

1. The Rapid Response included a list of key take-home messages. Did you find this helpful?
2. The Rapid Response described the issue and why it's important. Did you find this helpful?
3. The Rapid Response described what we found based on current research evidence about the question and where there are gaps. Did you find this helpful?
4. The Rapid Response employed a methodologically sound and transparent method to identify, select, and assess available research evidence. Did you find this helpful?
5. The Rapid Response did not conclude with particular recommendations. Did you find this helpful?
6. The Rapid Response included a list of references for those interested in reading more about a particular topic. Did you find this helpful?
7. The purpose of the Rapid Response was to present the available research evidence to inform a service, program or policy. How well did the Rapid Response achieve its purpose?
8. Please list one element of the Rapid Response that you found most useful._
9. Please list one element of the Rapid Response that you found least useful.
10. Is there anything you would like us to add to the review or do differently?

Requesters were asked to rate the level of helpfulness of each section of the review on a 5-point Likert scale. All responses were collected confidentially and anonymized during data entry. On average, interviews took 10 minutes to complete.

Interview questions

1. Could you describe your general impression of the Rapid Response?
2. The purpose of the Rapid Response was to present the available research evidence on a particular topic in order to inform services, programs and/or policies. How well do you think the Rapid Response achieved its purpose? Why?
3. Based on your reading of the Rapid Response, please describe any elements of the review that you thought were particularly helpful. Why?
4. Based on your reading of the Rapid Response, please describe any elements of the review that you thought could be improved. Why?
5. Please describe any important actions that you or your agency/institution/organization have taken to better inform a service, program or policy issue as a result of what you learned in the Rapid Response. Why?

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