



# Sharing evidence from rehabilitation science:

## A Knowledge Translation approach

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*A vision of Canada where people with disabilities enjoy full participation and citizenship,  
supported by a coherent framework of legislation, regulation and programs.*



# A Knowledge Translation approach

Knowledge translation consists of 3 decisions:

1. *Audience*
2. *Medium / Messenger*
3. *Message*



# A Knowledge Translation approach

<b>Media Audience</b>	<b>Peer- reviewed</b>	<b>Presentations / workshops</b>	<b>Newsletters</b>	<b>Social media</b>	<b>Creative media</b>
<b>Physicians?</b>	<i>Message</i>				
<b>Policy- makers?</b>		<i>Message</i>		<i>Message</i>	
<b>Consumers / media?</b>			<i>Message</i>		<i>Message</i>



# AUDIENCE:

## *Who are policy-makers?*

- ***Politicians*** – elected officials
- ***Bureaucracy*** – non-partisan professionals
- ***Staffers*** – administrative staff





**AUDIENCE:**

# *Who are policy-makers?*

1. What do they need to know? What do they already know?
2. Where & how do they typically seek information?
3. Who will they listen to?





# AUDIENCE:

## What are they interested in?

- **Relevant** – to government's priorities
- **Timely** – for the policy agenda
- **BRIEF** – 1 pg., focused on government's needs;
- **Accessible** – compelling and effective;
- **Rigorous** – offers confidence in your findings;
- **Solution-oriented** – responses to the problem;
- **Collaborative** – created collaboratively with user.



**MEDIUM:**

## *Pushing vs pulling information*

Think about how receptive you are to information being *pushed* at you –

vs. information that you *pull* from trusted and authoritative sources



- Solicited vs. unsolicited



# ***MEDIUM:*** ***Usual sources***

- ***Briefing notes***
- ***Targeted / invited presentations***
- ***Newsletters***
- ***Consultation process***
- ***Social media***





# MEDIUM:

## *Whose voice is most likely to be heard?*

<b>PLAN</b>	Assemble evidence in brief and compelling fashion, with recommendations for best practices	<b>Academic partners</b>
<b>DO</b>	Mobilize consumers and use networks to disseminate research findings to policy partners	<b>Community &amp; Policy</b>
<b>STUDY</b>	Study effectiveness of “Do” phase; gather new information from policy partners on what worked and what didn’t; furnish additional information as needed	<b>Academic</b>
<b>ACT</b>	Reach out to a broader group of stakeholders, using best advice from all partners	<b>Community &amp; Policy</b>

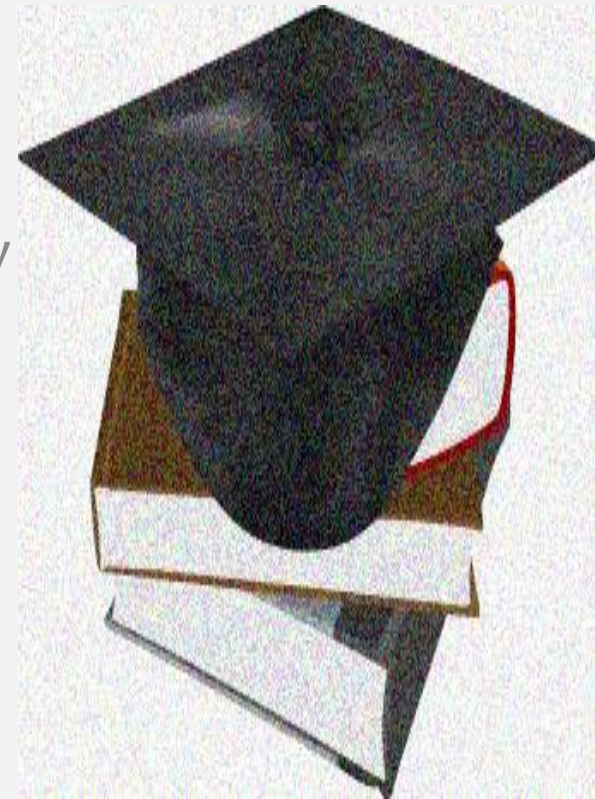


# MEDIUM:

## Working with partners

**Academic Partners** -- use their research skill to:

- Formulate questions and conduct research, in consultation with partners
- Undertake reviews of literature to identify best practices
- Seek external funding if needed to supplement resources
- Conduct policy analysis
- Prepare policy briefs to assemble policy-relevant research





# MEDIUM:

## Working with partners

**Community Partners** – use their experience and membership to:

- identify important issues and ensure research responds to priority needs of consumers
- Identify and recruit research participants
- Reaching out to policy-makers on behalf of their membership
- Getting information out to their distribution networks



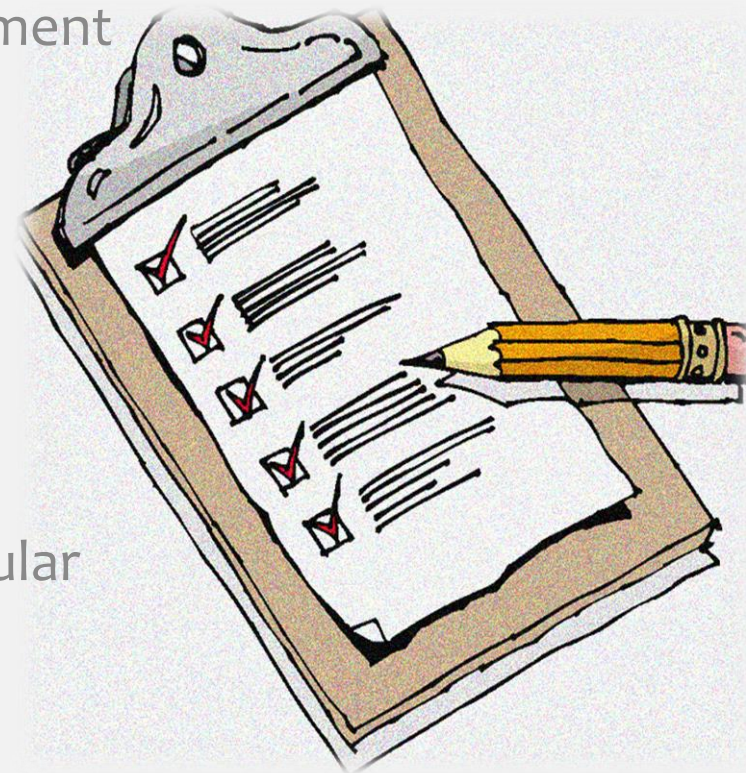


# MEDIUM:

## Working with partners

**Policy Partners** -- function in an advisory capacity to:

- Assist in understanding the policy environment of particular issues
- Assist in identifying appropriate contact persons in government
- Assist in framing messages to take government priorities, sensitive issues, program developments into consideration
- Assist in understanding timelines of particular policy issues and opportunities for citizen engagement



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# MESSAGE:

## *Elements of a message*

1. A significant problem
  - a) *Their problem, not yours (no literature is not a problem)*
  - b) *Scope & magnitude of the problem*
  - c) *Visibility & impact; implications of doing nothing*
  - d) *Relationship to policy agenda*
  - e) *Cost*
2. A research finding -- *Research you have done or can cite from the literature*



# MESSAGE:

## *What does a problem look like?*

- *What are the most pressing problems dealt with by the people you serve?*
- *What problem motivates the research you do?*
- *Whose problem is it? How would THEY express it?*





# **MESSAGE:** *Sharing the evidence*

Can you complete the phrase:



***“Our research  
shows that  
...”?***



# MESSAGE:

## *The state of the evidence*

### *Let's be honest ...*

- Level 1 – systematic reviews, RCT's
- Level 2 – Cohort, longitudinal
- Level 3 – Observational studies
- Level 4 – Case studies
- Level 5 – Expert opinion

(Oxford Centre for EBM)







# EXAMPLE #1

## The problem

*“Our research shows that people with disabilities receive an inferior standard of primary care because they can’t be examined properly”.*



- One of the most significant barriers to primary care for people with disabilities is the absence of adjustable exam tables & lifts.
- Only 18% of practices we surveyed were capable of getting people with disabilities onto an exam table.

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# EXAMPLE #1

## The message

- Worked with Ontario Ministry of Health & Long-term Care to ensure funding for adjustable exam tables and ceiling track lifts in all 200 Family Health Teams in Ontario
- Used existing contacts in government
- Used pending legislation on accessibility (AODA, 2006) to convince them to take leadership
- Made case based on Ontario survey data
- Provided detailed specs on “made in Canada” equipment
- Approached them to “do the right thing” together with us and our partners!





# EXAMPLE #1

## *Elements of its success*

- *Personal relationship, collaborative approach*
- *Specific recommendation; did all the thinking for them*
- *Region-specific data, based on our own research*
- *Directly related to priority government policy and legislation*





# EXAMPLE #2

## The problem

*“Our research shows that disability policy suffers from a lack of consensus about what disability issues are and how best to address them”.*

- *What do we mean when we talk about disability issues – does it include all age groups, all disabilities?*
- *What about inter-sectoral issues, like women’s or visible minority issues? Whose responsibility are those?*
- *What constitutes good, robust disability policy?*



# EXAMPLE #2

## The message

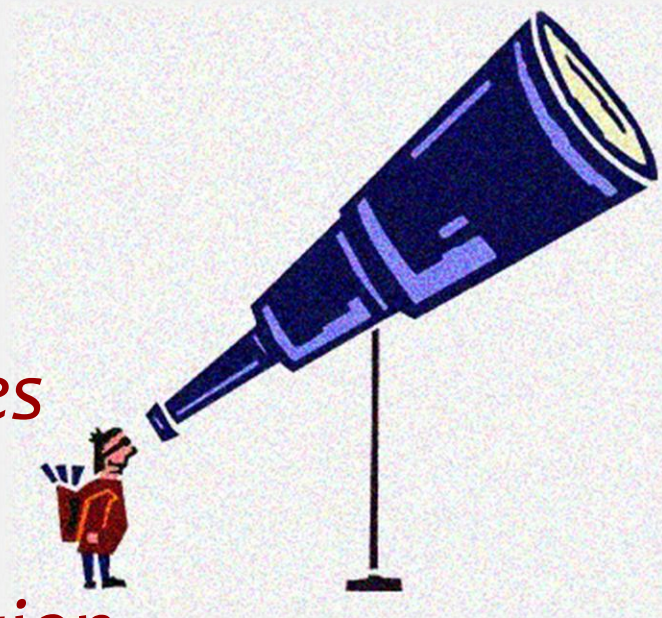
- We worked with partners in the federal Office of Disability Issues and the Ontario Disability Directorate to anticipate a format that might work across Ministries
- Created a one-page Disability Policy Lens  
<http://www.disabilitypolicyalliance.ca/tools/disability-policy-lens-2nd-ed.html>
- Used literature to identify best practices in other jurisdictions
- Consulted broadly with disability experts
- Offered it to pilot test and assist in refinement



# EXAMPLE #2

## Elements of its success

- *Personal relationship, collaborative approach*
- *Brief and sensitive to context*
- *Timely in terms of current federal government activities*
- *Doesn't over-simplify or suggest “one-size-fits-all” solution*
- *Compatible with current “gender lens” focus*





# In summary ...

- **AUDIENCE:** Commit to your partners
- **MEDIUM:** Figure out the best medium & spokesperson
- **MESSAGE:** Say something!!





# Thank you for your interest and attention

**I'm sorry to tell you that there is no magic formula  
... just a lifelong commitment to working with  
partners, speaking out, creating high-quality new  
knowledge, and making the world a better place  
for the people you serve!**

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# Acknowledgements



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Canadian Disability Policy Alliance

Alliance Canadienne concernant  
les politiques reliées au handicap



Canadian Access  
and Inclusion Project

Projet canadien sur  
l'accès et l'inclusion



cdpp

Canadian Disability Participation Project

Le projet canadien sur la participation sociale  
des personnes en situation de handicap

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