Sharing evidence from rehabilitation science: A Knowledge Translation approach

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

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Knowledge translation consists of 3 decisions:

1. **Audience**
2. **Medium / Messenger**
3. **Message**
A Knowledge Translation approach

<table>
<thead>
<tr>
<th>Media Audience</th>
<th>Peer-reviewed</th>
<th>Presentations / workshops</th>
<th>Newsletters</th>
<th>Social media</th>
<th>Creative media</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians?</td>
<td>Message</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Policymakers?</td>
<td>Message</td>
<td></td>
<td>Message</td>
<td>Message</td>
<td></td>
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<tr>
<td>Consumers / media?</td>
<td></td>
<td></td>
<td>Message</td>
<td>Message</td>
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</table>
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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?
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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.
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

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MEDIUM:
Whose voice is most likely to be heard?

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

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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
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
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

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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

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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!

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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
“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
- Used literature to identify best practices in other jurisdictions
- Consulted broadly with disability experts
- Offered it to pilot test and assist in refinement
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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
• **AUDIENCE**: Commit to your partners

• **MEDIUM**: Figure out the best medium & spokesperson

• **MESSAGE**: Say something!!
Thank you for your interest and attention.

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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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