



# KNOWLEDGE TRANSLATION STRATEGY



---

The Movember Foundation Knowledge Translation Strategy was commissioned by the Movember Foundation in September 2014. This is an abbreviated version of that document.

**The Movember Foundation Knowledge Translation Strategy was prepared by the Sax Institute:**

Gabriel Moore, Sian Rudge, Teresa Wozniak, Simone de Morgan and Abby Haynes

© Movember Foundation 2015

This work is copyright. It may be reproduced in whole or in part for study training purposes subject to the inclusions of an acknowledgement of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above requires written permission from the copyright owners.

**Enquiries regarding this report may be directed to the:**

The Movember Foundation  
[www.movember.com](http://www.movember.com)  
Email: [info@movember.com](mailto:info@movember.com)





---

# CONTENTS

01 Background to the Strategy	4
02 What is knowledge translation?	5
03 Movember Foundation knowledge translation	6
04 The knowledge translation framework and implementation plan	8
05 Appendices	
Appendix 01 Case studies	13
Appendix 02 Examples of knowledge translation activities	18
Appendix 03 References	22

---

# 01 BACKGROUND TO THE STRATEGY

---

## 01 BACKGROUND TO THE STRATEGY

The Movember Foundation would like to develop a shared understanding of knowledge translation and embed knowledge translation activities across the organisation to ensure that its funded programs and projects are informed by the best available evidence, and that its funded research is used to improve health care and health outcomes for men.

The Movember Foundation is an independent, global men's charity with a vision to have an everlasting impact on the face of men's health. Operating in 21 countries around the world, the Foundation is committed to driving significant improvements for its prioritised men's health issues – prostate cancer, testicular cancer, poor mental health and physical inactivity.

The Movember Foundation achieves its organisational goals through strategic funding of research and health programs. Currently the Movember Foundation funds over 1,000 programs and projects around the world, directly through the Foundation and via Men's Health Partners in some countries.

Movember's major funded programs address critical challenges in men's treatment and care, and in their mental health and wellbeing.

The Knowledge Translation Strategy will optimise the Foundation's knowledge translation practice and ensure a consistent approach across all its programs. It will provide an evidence based action plan for implementation by the Movember Foundation and its Men's Health Partners.

The Movember Foundation commissioned the Sax Institute to work with them to develop its Knowledge Translation Strategy. The Strategy was developed over a period of months in 2014, and was informed through consultation with senior representatives from the Movember Foundation, meetings with program teams, and a workshop with teams. It has been built on the evidence on what is known about supporting knowledge translation to improve health care and health outcomes.

---

## 02 WHAT IS KNOWLEDGE TRANSLATION?

### 02 WHAT IS KNOWLEDGE TRANSLATION?

'Knowledge translation' is a term used to describe activities that move knowledge into action. Knowledge translation aims to get the right information, to the right people, at the right time, and in the most effective way to ensure that policies, programs and practice are informed by the best available evidence.

Around the world, much high quality research has little impact on treatment and care and on improving health outcomes. Researchers, clinicians, research funders and policy and program managers point to the challenges of finding good quality research that is relevant to decision making, and of designing and translating new research that is used to drive improvements in health and healthcare (Campbell et al 2009; Oliver et al 2014).

Knowledge translation enables knowledge to be used by those who need it, to assist them to make decisions that are based on the best available evidence. This includes those who generate knowledge (such as researchers and practitioners), those who use it to develop and implement projects and programs (policy and program agencies), and those who will apply it to their practice (clinicians, health professionals, and the broader community). 'Knowledge' in this context refers to evidence derived through high quality research and evaluation.

This knowledge translation strategy will describe knowledge translation activities under four main areas.

#### 01 FUNDED RESEARCH

Goal: Research is undertaken which will impact on health services, health care and health outcomes.

#### 02 KNOWLEDGE MOBILISATION

Goal: Policy makers, program managers and practitioners will use evidence from high quality research to inform decision making processes.

#### 03 NETWORKING AND COLLABORATION

Goal: Stakeholders, including researchers, policy makers, practitioners, consumers, will provide input into setting research priorities, and share findings from research.

#### 04 INFRASTRUCTURE

Goal: Organisations will have in place: staff with expertise in knowledge translation; tools and resources; and technological support to enable successful knowledge translation activities.

---

## 03 MOVEMBER FOUNDATION KNOWLEDGE TRANSLATION

---

### 03 MOVEMBER FOUNDATION KNOWLEDGE TRANSLATION

*Knowledge translation is about taking action to ensure that knowledge generated from Movember Foundation's funding is changing policy, practice and behaviour.*

The Movember Foundation vision is to have an everlasting impact on men's health.

With its Men's Health Partners, Movember Foundation seeks to achieve system-wide change. Knowledge translation will ensure that new knowledge from research and innovation:

- Advances treatment, care and survival for men diagnosed and living with cancer
- Improves the physical and mental health and wellbeing of men and boys at a population level
- Leads to more men and boys taking action early when they experience a health problem.

As a global leader in men's health, Movember Foundation is well positioned to take action to accelerate and advance new knowledge to drive change in contexts as diverse as research and industry, government and non-government organisations, hospital and community services, and population health settings.

Movember Foundation is seeking to implement a whole-of-organisation approach to knowledge translation to bring about real practice change, as measured by Movember Foundation's Results Accountability Framework.

Movember Foundation will foster knowledge translation within its own organisation, so that what is learned in each program area can influence the work of others.

Movember Foundation will achieve this by ensuring that its knowledge translation strategy is supported by the following actions:

- All funded projects and programs implement the overarching strategy, and develop specific activities appropriate to the program and its partners and stakeholders
- Processes for knowledge translation are built into all funding applications and approval processes

- Resourcing for knowledge translation is supported across the Foundation and within each program
- Key personnel are accountable for knowledge translation and are trained to support partners and stakeholders
- There are mechanisms to coordinate knowledge translation activities across all funded projects and programs
- Results Accountability team drive and support knowledge translation across funded projects and programs.

### KEY STAKEHOLDERS

Movember Foundation's knowledge translation stakeholders include those who design and implement knowledge translation strategies, and their target audiences – those whose research, policies, and practices Movember Foundation wishes to influence. Movember Foundation's program teams and Men's Health Partners will play a critical role in implementing Movember Foundation's knowledge translation strategy. The knowledge translation stakeholders Movember Foundation seeks to influence are shown in Figure 1. Each knowledge translation activity will be tailored to the needs of one or more of these stakeholders, and understanding of their needs and preferences will be an essential component of planning for knowledge translation.



---

## 03 MOVEMBER FOUNDATION KNOWLEDGE TRANSLATION

---

### FIGURE 01 KEY MOVEMBER FOUNDATION STAKEHOLDERS

*Men, their partners, carers and families*

*Mo Bros, Mo Sistas*

*Researchers*

*Healthcare practitioners*

*Professional organisations*

*Pharmaceutical and device companies*

*Health technology providers*

*Local and regional administrators*

*Regional and national policy makers*

*Industry and research funders*

*Regulatory bodies*

*Health insurers/plans/payers*

*Community organisations*

### CHALLENGES AND OPPORTUNITIES

Movember Foundation has a diverse range of funded projects and programs which are at different stages of implementation. Knowledge translation activities need to be tailored to each funded project and program.

Knowledge translation activities need to be coordinated at international and country levels, to ensure streamlined communication across projects and programs.

There will be a staged approach to implementation. Systems and processes needed to be in place to support knowledge translation in Movember Foundation's programs and in the work of its Men's Health Partners.

New funding and research processes to facilitate knowledge translation mean changes to the way Men's Health Partners and other stakeholders engage with Movember Foundation. These changes need to be accompanied by clear, standardised information and guidance about Movember Foundation's knowledge translation requirements.

Monitoring and evaluation will require resourcing if they are to provide the evidence of effectiveness of Movember Foundation's funded research and programs and about which knowledge translation strategies are proving effective. Movember Foundation's Results Accountability Framework will guide evaluation.





# 04 MOVEMBER FOUNDATION'S KNOWLEDGE TRANSLATION FRAMEWORK AND IMPLEMENTATION PLAN

## 04 MOVEMBER FOUNDATION'S KNOWLEDGE TRANSLATION FRAMEWORK AND IMPLEMENTATION PLAN

The knowledge translation framework provides an overview of the four overarching knowledge translation areas to be implemented by Movember Foundation, the Men's Health Partners and other stakeholders, and their outcomes.

The four overarching knowledge translation areas are:

### 01 MOVEMBER FOUNDATION FUNDED RESEARCH

Outcome: Movember Foundation funded research which will impact on health services, health care and health outcomes for men.

### 02 KNOWLEDGE MOBILISATION

Outcome: Movember Foundation and its funded programs use high quality research evidence to inform decision making processes and practice.

### 03 NETWORKING AND COLLABORATION

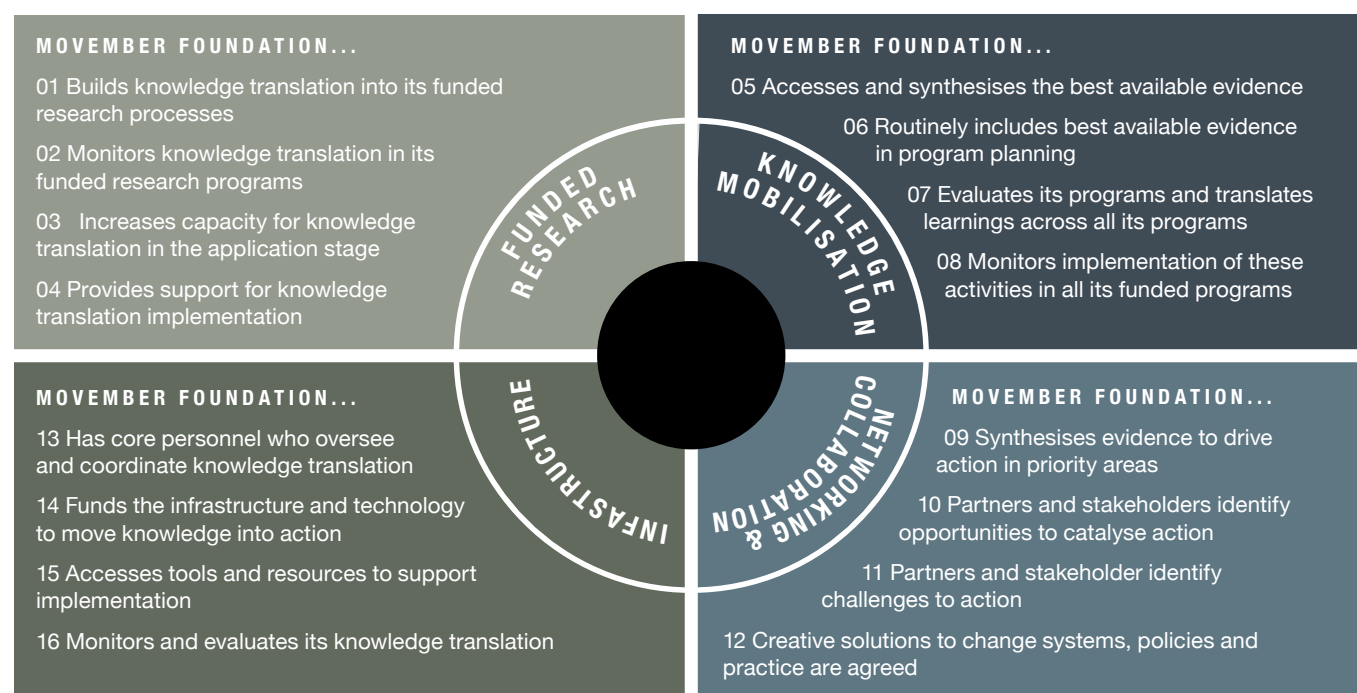
Outcome: Movember Foundation's stakeholders, including researchers, policy makers, program managers, practitioners, consumers, (Figure 2, p4) will provide input into setting research priorities, and share findings from research.

### 04 INFRASTRUCTURE

Outcome: Movember Foundation will have in place: staff with expertise in knowledge translation; tools and resources to support knowledge translation; and technological support to enable successful knowledge translation activities.

These four knowledge translation areas are shown in Figure 02, each with four key knowledge translation activities required to support them. The 3 year implementation plan for the knowledge translation framework is shown in Table 01.

FIGURE 02 KNOWLEDGE TRANSLATION FRAMEWORK



# 04 MOVEMBER FOUNDATION'S KNOWLEDGE TRANSLATION FRAMEWORK AND IMPLEMENTATION PLAN

**TABLE 01 IMPLEMENTING MOVEMBER FOUNDATION'S KNOWLEDGE TRANSLATION FRAMEWORK**

YEAR 1 ESTABLISHMENT	YEAR 2 IMPLEMENTATION	YEAR 3 EVALUATION
<b>01 MOVEMBER FOUNDATION FUNDED RESEARCH</b>		
<p>Grant application formats include knowledge translation requirements</p> <p>Assessment criteria for grant applications include knowledge translation</p> <p>Standardised information on knowledge translation for applicants is readily accessible</p> <p>Assessment panels include knowledge translation expertise</p>	<p>All new grant rounds include knowledge translation requirements, assessment criteria, standard information and expertise on assessment panels</p> <p>Standard information is available for stakeholders</p>	<p>Implementation continues for existing and new funded researchers</p> <p>Program teams and knowledge translation experts meet to review the usefulness and feasibility of the knowledge translation funded research grant application requirements</p> <p>Changes made to existing processes as required in the light of the review</p>
<p>Movember Foundation personnel are available and trained to advise applicants on knowledge translation requirements</p> <p>Information is available on the Movember Foundation website / applicant portal</p>	<p>Applicants can access advice on meeting the knowledge translation requirements in grant applications</p>	<p>Movember Foundation personnel meet to review impact and feasibility of providing advice</p> <p>Changes made to existing processes as required</p>
<p>Systems for monitoring, coordinating and reporting knowledge translation activities are in place</p> <p>Systems for supporting funded researchers to implement knowledge translation from the commencement of funding are in place</p>	<p>Activities across funded research programs are coordinated and streamlined</p> <p>Funded researchers' knowledge translation implementation is monitored and reported</p>	<p>Monitoring and reporting continue</p> <p>Systems are reviewed for usability and effectiveness in monitoring and reporting</p> <p>Changes made to existing processes as required</p>
<p>Movember Foundation resources funded research programs with personnel who can support researchers in implementing knowledge translation</p>	<p>All new funded researchers can access overall advice and be supported in implementing knowledge translation strategies on an ongoing basis</p>	<p>Knowledge translation implementation support continues</p> <p>Movember Foundation personnel meet to review impact and feasibility of providing advice</p> <p>Changes made to existing processes as required</p>

# 04 MOVEMBER FOUNDATION'S KNOWLEDGE TRANSLATION FRAMEWORK AND IMPLEMENTATION PLAN

YEAR 1 ESTABLISHMENT	YEAR 2 IMPLEMENTATION	YEAR 3 EVALUATION
<b>02 KNOWLEDGE MOBILISATION</b>		
Movember Foundation has access to databases, web platforms and evidence repositories in topics relevant to their needs	Movember Foundation accesses evidence sources and commissions reviews of research to inform its program planning  Evidence is synthesised and summarised for use in priority setting, program planning and implementation	Movember Foundation continues to review the available evidence for its program planning and priority setting  Movember Foundation evaluates its processes for accessing and synthesising the best available evidence
Planning and priority setting processes have a systematic way of including evidence from research in program planning and development  Movember Foundation supports its funded partners to access and synthesise evidence	Evidence is applied in planning and priority setting processes  Movember Foundation supports its partners and stakeholders to use evidence in their planning and program development	Movember Foundation reviews its processes for including evidence from research in its program planning and priority setting  Changes are made to processes as required
Movember Foundation has systems in place that facilitate the ongoing evaluation of its programs  Movember Foundation's funded partners have systems in place to evaluate their programs and synthesise key learnings	Movember evaluates its programs and synthesises key learnings  Funded partners evaluate their programs and synthesise key learnings	Annual evidence summaries from Movember Foundation's programs provide an overview of key learnings  Syntheses are disseminated across Movember Foundation's programs for use in planning and priority setting
Systems are in place to ensure key learnings from Movember Foundation's programs and initiatives are translated across its program areas  Movember Foundation supports partners to advocate for change to policies, programs and practice	Hold an annual forum for Movember Foundation's program teams where key learnings are shared and implications for practice are identified  An annual summary of key learnings from funded partners are available for use by stakeholders in planning and priority setting	Movember Foundation synthesises key learning and provides reports to support changes to policies, programs and practice  Movember Foundation reviews its translation processes and makes changes as required

# 04 MOVEMBER FOUNDATION'S KNOWLEDGE TRANSLATION FRAMEWORK AND IMPLEMENTATION PLAN

YEAR 1 ESTABLISHMENT	YEAR 2 IMPLEMENTATION	YEAR 3 EVALUATION
<b>03 NETWORKING AND COLLABORATION</b>		
A synthesis and analysis of Movember Foundation's funded research is completed and 'landscape' report is disseminated to stakeholders	There are processes to support networking and collaboration with stakeholders in major funded programs  There is interaction with potential stakeholders in areas of joint interest	There is an annual forum or meeting where the findings from Movember Foundation's funded research are presented and priorities for investment are identified.
There is a planned approach to engaging with stakeholders in each program area, to identify key challenges and opportunities for action	There are opportunities for partners and stakeholders to identify opportunities and challenges to action and potential stakeholder roles are identified	Planned approaches to stakeholder engagement are reviewed and refined as required
Regular forums and exchanges are held and the potential roles of stakeholders in implementing and advocating for change are identified	Creative solutions to challenges and opportunities to catalyse change in policies, programs and practice are identified	Formats and methods of stakeholder engagement are reviewed and changes made as required
There are designated positions within Movember Foundation to support networking and collaboration with stakeholders and to advocate for change to policies, programs and practice	There is a process for documenting stakeholder roles and solutions to promote change to policies, programs and practice	Movember Foundation's methods for catalysing and supporting change in funding, policies, programs and practice are reviewed and refined as required



# 04 MOVEMBER FOUNDATION'S KNOWLEDGE TRANSLATION FRAMEWORK AND IMPLEMENTATION PLAN

YEAR 1 ESTABLISHMENT	YEAR 2 IMPLEMENTATION	YEAR 3 EVALUATION
<b>04 INFRASTRUCTURE</b>		
<p>There are designated positions with responsibility for and expertise in knowledge translation</p> <p>The knowledge translation needs of staff are assessed</p> <p>Staff are given knowledge translation training and development in knowledge translation</p>	<p>Staff have ongoing access to knowledge translation resources</p> <p>There is a mechanism to coordinate the implementation of knowledge translation across Movember Foundation and its funded programs</p>	<p>Knowledge translation activities are coordinated across projects and programs to ensure streamlined communication with stakeholders</p> <p>Staff training and mechanisms to coordinate the implementation of knowledge translation strategies is reviewed</p> <p>Changes to training and mechanisms of coordination are made as required</p>
<p>Existing technology and web based platforms to support synthesis, dissemination, networking and collaboration is reviewed and additional resources allocated if required</p>	<p>There is a planned approach to establishing additional technology and platforms if required</p>	<p>New technology is under development and progress against the plan is reviewed</p> <p>Changes to the plan are made as required</p>
<p>Movember Foundation identifies and provides access to tools and resources for knowledge translation</p> <p>Movember Foundation accesses knowledge brokers and other knowledge translation experts to facilitate high level planning and priority setting and assist with knowledge translation grant assessment</p>	<p>Potential other roles for knowledge brokers and experts are explored and include capacity building, supporting communities of practice, coaching and supporting Men's Health Partners</p> <p>Movember Foundation accesses tools and resources from national and international teams and web based platforms</p>	<p>Tools and resources are reviewed against Movember Foundation's needs and those of its stakeholders</p> <p>Changes to tools and resources are made as required</p>
<p>There is a planned approach to evaluating Movember Foundation's Knowledge Translation Strategy</p> <p>There is a system that captures knowledge translation implementation and its outcomes across Movember Foundation's programs and projects</p>	<p>Movember Foundation monitors and evaluates its knowledge translation strategy in an ongoing way and provides an annual report</p> <p>Knowledge translation learnings are assessed on an annual basis and knowledge translation strategies are refined</p>	<p>Key learnings from the evaluation of the Knowledge Translation Strategy are synthesised and reported to Movember Foundation's Board</p>



---

## APPENDIX 01 CASE STUDIES

---

### CASE STUDY 01 HEALTH SERVICE IMPLEMENTATION

**Multilevel factors influence the implementation and use of complex innovations in cancer care: a multiple case study of synoptic reporting**

This study examined the key interpersonal, organisational and system level factors that influenced the implementation and use of synoptic reporting tools in three areas of cancer care (breast cancer screening, colon cancer prevention and surgical synoptic reporting). Synoptic reporting tools (SRTs) are a complex innovation which standardise reporting. SRTs capture and present information about a medical or surgical procedure in a structured, checklist-like format as opposed to the traditional narrative report.

Five factors were identified as particularly influential to the implementation and use of a synoptic reporting tool: stakeholder involvement (early, collaborative and broad), managing the change process (building a case for change, communicating about the process, equipping people to use the tools and managing barriers and providing incentives), champions and respected colleagues (to lead and champion the initiatives and to facilitate the acquisition and leverage of organisational resources and development of policy), administrative and managerial support (senior support at the organisational and health system level, alignment with strategic priorities), and innovation attributes (complexity/simplicity, relative advantage over existing practices, alignment with individual, departmental and organisational values, interests and prior experiences). These factors transcended the different contexts. Therefore, the authors concluded that this demonstrates their importance in the implementation and use of complex innovations.

Urquhart R, Porter GA, Sargeant J, Jackson L, Grunfeld E. Multilevel factors influence the implementation and use of complex innovations in cancer care: a multiple case study of synoptic reporting *Implementation Science* 2014; 9:121

<http://www.implementationscience.com/content/9/1/121>

### CASE STUDY 02 COLLABORATIVE RESEARCH PROCESSES

**The Canadian Foundation for Health Improvement**

The Foundation uses the projects it funds as the core vehicle for linking and encouraging exchange between researchers and decision makers. A requirement of funding is that the investigate team include at least one decision maker actively engaged in program management or policy in the area under study. These decision maker partners either can play major advisory roles or can be incorporated as co-investigators. Both decision makers and researchers can take the lead on projects done jointly. The expectation is that the project, including the design of the original question and approach, becomes a collaboration between the researchers and decision makers.

The Foundation brought together a group of researchers and decision makers to learn from their experience. Most were very supportive of the endeavour; how they identified a number of challenges. A particular concern was the amount of time and effort required for ongoing linkage and exchange. Partly in response to this, the Foundation developed programs of research with core funding for up to five years. The programs were designed to provide enough security and stability to make it worth the effort to establish and maintain the partnership.

The Foundation also developed an approach to assessing funding applications that supported this collaborative approach. The merit review panels have equal representation from researchers and program or policy decision makers. Panel members are selected from a pool identified by cosponsors, the Foundation, and others. The panel uses explicit criteria to concurrently assess both the scientific merit and the potential impact of the proposed research; the proposal must pass threshold values for both dimensions before the panel will recommend it for funding.

Lomas J., Using 'linkage and exchange' to move research into policy at a Canadian Foundation. *Health Affairs*, 2000; 19:3.

[http://www.sandy-campbell.com/sc/Knowledge\\_Translation\\_files/using%20linkage%20and%20exchange.pdf](http://www.sandy-campbell.com/sc/Knowledge_Translation_files/using%20linkage%20and%20exchange.pdf)

---

## APPENDIX 01 CASE STUDIES

---

### CASE STUDY 03 DELIBERATIVE DIALOGUE

Stakeholder dialogues consist of a multi-stage process that aims to ensure relevant evidence on pressing health concerns is used to drive action for improving health outcomes through collective problem solving. The program focuses attention on a health challenge by examining research evidence and convening stakeholders for an off-the-record discussion that will inform action. The dialogues involve representatives from those who would be involved in or affected by decisions on the issue, including policymakers, health providers, researchers and other stakeholders. The entire group learns from the different views and experience at the table. This mixing can uncover unique understandings of the underlying problem, and catalyse insights for viable solutions and key implementation considerations that can only come about when all of those involved in or affected by future decisions can work through it together.

Steps in a dialogue include:

- Preparatory consultations help to identify the key challenge and possible ways to address it.
- An evidence brief that summarises relevant research is circulated to participants.
- Stakeholders are convened for an off-the-record dialogue that prepares each one to champion efforts to address the challenge.
- A summary of the dialogue is circulated to participants and later made available on the web.
- A year-long evidence service is provided that highlights newly published or identified research evidence that can add momentum to drive change
- The process is evaluated to ensure that it has contributed to the collective understanding about how best to act.

McMaster Health Forum: WHO Collaborating Centre for Evidence Informed Policy.

<http://www.mcmasterhealthforum.org/stakeholders/evidence-briefs-and-stakeholder-dialogues>

### CASE STUDY 04 DEVELOPING BRIEF COMMUNIQUE

The Canadian Injured workers Alliance (CIWA) developed brief communiques, with input from adults with chronic pain, health care providers and consumer groups. The principles they used for developing the communiques included the following:

- Engage the involvement of end-users
- Tailor the messages to match the needs or capacity of the end user
- Consider equitable access, fairness and transparency
- Support the end user understanding of the content through simplification and participation
- Interactive components to support implementation and use the information in daily live, social contexts or current situations



---

# APPENDIX 01 CASE STUDIES

---

## CASE STUDY 05 APPLYING FOR INTEGRATED KNOWLEDGE TRANSLATION FUNDING OPPORTUNITIES

The Canadian Institute of Health Research Foundation funded research proposals identify four factors to be considered with developing a research proposal with an integrated KT (iKT) approach.

- Research Question
- Research Approach
- Feasibility
- Outcomes

### 01 RESEARCH QUESTION

It is essential to clearly describe the intent of the research project, including the objectives and an explanation of the knowledge to be translated. An important objective specific to an iKT project is responding to a problem or knowledge gap identified by knowledge users. This must be clearly articulated.

The research question is meant to be targeted to the knowledge users' context and environment, but the research should be transferable enough that similar audiences will benefit. Other audiences become particularly pertinent when there is the intention to disseminate the research results more broadly.

*Working with knowledge users is beneficial for meeting all of these goals.*

### 02 RESEARCH APPROACH

The methodology selected for the project should clearly address the proposed research question, while the overall study design should be appropriate and sufficiently rigorous. However, the iKT methodology may evolve as the project proceeds and may not be entirely determined at the outset. The primary audience for an iKT project is the knowledge users participating as part of the project team.

There should be strategies for sustaining the meaningful engagement of participating knowledge users throughout the research process. A project has many stages, and each is an opportunity for knowledge exchange between the researchers and

the knowledge users. Proposals should specify when, how and for what purpose the researchers and knowledge users will meet.

All feasible opportunities for knowledge exchange should be explored. The proposal should also demonstrate that the researchers and the knowledge users have collaboratively developed the proposal.

A principal goal of all iKT projects is to incorporate the expertise of knowledge users, who will obviously be experts on their own knowledge needs. They can provide insight into the knowledge needs of other knowledge users in their sector. Knowledge users also have expertise on the context of implementation – the realities of the environment in which the research results will be implemented – which researchers may not necessarily be aware of.

Very strong iKT projects will demonstrate an established relationship with the participating knowledge users, one that hopefully precedes and will outlast the project. How the knowledge users will be involved in developing the research question, collecting and analyzing data, interpreting results, crafting the overall message, developing recommendations and identifying audiences for dissemination should be specified in the project proposal. However, it is important to recognize that iKT approaches will require varying levels of engagement with different knowledge users at various times throughout the process and to ensure that the engagement is appropriate for both the project objectives and the availability of the knowledge users.

*Proposals should distinguish between the knowledge users participating in the project and other target audiences that will be reached by the dissemination plan. Proposals should also present realistic strategies that integrate knowledge translation into the project. Finally, an end-of-grant KT plan must be included, detailing strategies that are appropriate to the project's goals and target audiences.*

### 03 FEASIBILITY

A number of potential risks can jeopardize the feasibility of an iKT project, and these must be considered. One of the biggest risks is that a knowledge user will change job positions and leave the environment that his/her expertise is linked to.



---

## APPENDIX 01 CASE STUDIES

---

Evidence of an ongoing commitment from the organizations and the knowledge users is ideal. Another risk is the possibility of a dispute between the knowledge users and the researchers. A collaborative agreement outlining such things as access to data, the timing of the release of findings and intellectual property – or some other mechanism for resolving disputes – will protect the project against such a contingency. Financial or in-kind support from the knowledge users' organizations is a good sign of engagement and commitment. With iKT projects, there is a greater expectation that the findings or recommendations will be acted on. The knowledge users should be in a position to influence decision-making authority to integrate knowledge into the environment where they practice. Finally, the scope of the research project should be appropriate to the established goals and the resources available. It is important to communicate how the project can be accomplished in the given time frame with the resources described.

For an iKT project, it is expected that a fair amount of detail will be provided about the knowledge users. It is usually a requirement that they submit letters of support as well as CVs. Their role in the project should be clearly stated, and there should be evidence that they have agreed to fulfil their role.

*iKT proposals should demonstrate that the knowledge users are the right participants to inform the project and act on the findings and that they understand the roles assigned to them in the project.*

### 04 OUTCOMES

In conducting research, iKT is likely to increase the uptake of findings and improve the likelihood that the research will have an impact.<sup>1-9</sup> In this regard, an iKT proposal should clearly illustrate how it will potentially have a demonstrable and sustainable impact on practice, programs and/or policy that could ultimately lead to a change in health outcomes.

While the research question may respond to the needs of the knowledge users, project findings can have an even greater impact depending on the extent to which the results are transferable to other contexts. Capturing the outcomes of research can help in validating the original goals of the study and can serve as a basis for further work stemming from the research findings.

*Proposals should include an evaluation plan to assess the process of an iKT approach and to learn about barriers and facilitators for collaboration.*

These four factors reflect CIHR's merit review criteria used to evaluate grant proposals requiring iKT and provide a useful framework with which to approach any project that involves iKT.

Merit review takes into account the scientific merit as well as the potential impact of the project. Scientific merit generally reflects the rigour and appropriateness of the proposed research methodology and the strength of the research team. Potential impact reflects the relevance or importance of the project to the knowledge users and the likelihood that the project will have a substantive and sustainable impact in the study context.

Canadian Institute of Health Research: Guide to Knowledge Translation Planning at CIHR: Integrated and End-of-Grant Approaches. <http://www.cihr-irsc.gc.ca/e/45321.html>

---

# APPENDIX 01 CASE STUDIES

---

## CASE STUDY 06 HEALTH SERVICE IMPLEMENTATION

### From best evidence to best practice: effective implementation of change in patients' care

This article aims to provide an overview of present knowledge about initiatives to changing medical practice. Substantial evidence suggests that to change behaviour is possible, but this change generally requires comprehensive approaches at different levels (doctor, team practice, hospital, wider environment), tailored to specific settings and target groups. Plans for change should be based on characteristics of the evidence or guideline itself and barriers and facilitators to change.

In general, evidence shows that none of the approaches for transferring evidence to practice is superior to all changes in all situations.

Example of barriers to implementation of evidence include:

#### *Practice environment (organisational context)*

- Financial disincentives e.g. lack of reimbursement
- Organisational constraints e.g. lack of time
- Perception of liability e.g. risk of formal complaint
- Patient's expectations e.g. expressed wishes related to prescription

#### *Prevailing opinion (social context)*

- Standards of practice e.g. usual routines
- Opinion leaders e.g. key persons not agreeing with evidence
- Medical training e.g. obsolete knowledge
- Advocacy e.g. by pharmaceutical companies

#### *Knowledge and attitudes (professional context)*

- Clinical uncertainty e.g. unnecessary test for vague symptoms
- Sense of competence e.g. self confidence in skills
- Compulsion to act e.g. need to do something
- Information overload e.g. inability to appraise evidence

Strategies to change clinical practice in this article include:

- Educational materials
- Conferences, courses
- Interactive small group meetings
- Educational outreach visits
- Use of opinion leaders
- Education with different educational strategies
- Feedback on performance
- Reminders Computerised decision support
- Introduction of computers in practice
- Substitution of tasks
- Multiprofessional collaboration
- Mass media campaigns
- Total quality management/continuous
- Financial interventions
- Patient-mediated interventions

Grol G, Grimshaw. From best evidence to best practice: effective implementation of change in patients' care.

[http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(03\)14546-1.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(03)14546-1.pdf)

---

# APPENDIX 02 EXAMPLES OF KNOWLEDGE TRANSLATION ACTIVITIES

---

## EVIDENCE SYNTHESIS

Findings from research and initiatives can be synthesised and summarised for use by key stakeholders. Syntheses or summaries are written from the stakeholders' perspective and link research and innovation clearly to the decision making context.

Synthesis can include:

- Putting together evidence from multiple, high quality studies to produce an overall assessment of the evidence base
- Situating a single research study in the broader literature and highlighting what it adds to current knowledge
- Developing recommendations for stakeholders on how to take action, based on the findings and stakeholder's context
- Summarising information from a range of evidence sources including practitioner experience.

### EXAMPLE 01 USING EVIDENCE BRIEFS

Evidence briefs are a relatively new form of research synthesis. Each starts with the identification of a priority policy issue within a particular health system. The best available global research evidence – such as systematic reviews – and relevant local data and studies are then synthesized to clarify the problem or problems associated with the issue, describe what is known about the options available for addressing the problem or problems, and identify the key considerations in the implementation of each of these options. Research evidence generally needs to be made available in a timely way if it is to stand a good chance of being used as an input in policy-making. Evidence briefs can generally be prepared in a few weeks or months and – unlike most summaries of single reviews or studies – can place the relevant data in the context of what they mean for a particular health system. (Moat et al., 2014).

Link: <http://www.mcmasterhealthforum.org/stakeholders/evidence-briefs-and-stakeholder-dialogues>

### EXAMPLE 02 COMMISSIONING RAPID REVIEWS

The Sax Institute's Evidence Check rapid review is a synthesis, summary and analysis of the best and most relevant research evidence to inform policy making and program development. The process involves using knowledge brokers to assist policy and program managers to clarify the policy issues and translate them into researchable questions. Once the knowledge broker and agency have agreed on the review proposal, the Institute draws on its extensive network of researchers to identify those with the right expertise to conduct the review. Evidence Check is used by a range of agencies, including government and statutory agencies, non government organisations and other policy and program agencies. Reviews have been commissioned in [themes].

Link: <https://www.saxinstitute.org.au/our-work/knowledge-exchange/evidence-check/>

### EXAMPLE 03 ONLINE REGISTRIES OF SYNTHESES

*Health Systems Evidence* is a repository of syntheses of research evidence about governance, financial, and delivery arrangements within health systems, and about implementation strategies that can support change in health systems. The database contains policy briefs, overviews of systematic reviews, systematic reviews, and soon will contain a range of other types of documents needed in the policymaking process, such as economic evaluations.

Link: <http://www.mcmasterhealthforum.org/hse/> and <http://www.healthevidence.org/>

---

# APPENDIX 02 EXAMPLES OF KNOWLEDGE TRANSLATION ACTIVITIES

---

## SHARING EVIDENCE FROM RESEARCH

Dissemination is about getting the right information to the right audience in a way that makes it easy for them to use it in the real world. Dissemination strategies range from targeted one off media releases, to regular updates and e-bulletins, and can include briefs, reports, journal articles, media campaigns, or social media. How you present and deliver information depends on the needs and preferences of the stakeholders who will use it.

Dissemination can involve:

- Presenting your work to a range of audiences using different formats and delivery methods
- Using automated email messages whose content is targeted and is easy to use
- Web based strategies that provide information in interactive ways
- Peer reviewed publications, reports, policy briefs, media releases and social media.

### EXAMPLE 04 MATCHING KEY MESSAGES TO STAKEHOLDERS

The Translating Initiatives for Depression into Effective solutions (TIDES) is an initiative to promote evidence-based collaborative care in the US Veterans Health Administration. Social marketing applies marketing techniques to promote positive behaviour change. The approach relied on explicit targeting of the different key stakeholder groups, including regional leaders, facility managers, frontline providers, and consumers. TIDES communication, materials and messages targeted each segment, guided by an overall marketing plan. The TIDES model is currently in use in 50 primary care practices across the US, suggesting success for its social marketing-based dissemination strategy.

Link: <http://www.biomedcentral.com/content/pdf/1748-5908-7-50.pdf>

### EXAMPLE 05 READER-FRIENDLY WRITING: THE 1: 3: 25

The Canadian Foundation for Healthcare

Improvement has a mandate to fund practically oriented research conducted in collaboration with the people who run the healthcare system, to answer their very concrete questions about how to make the system work better. Every report prepared for the Foundation has the same guidelines: start with one page of main messages; follow that with a three-page executive summary; present your findings in no more than 25 pages of writing, in language a bright, educated, but not research trained person would understand.

Link: <http://www.cfhi-fcass.ca/SearchResultsNews/10-06-01/d497a465-5398-4ec8-addf-d7cbf86b1e43.aspx>

### EXAMPLE 06 REGISTRIES OF RESEARCH AND TARGETED MESSAGES

A study of public health departments in Canada demonstrated that using tailored, targeted messages can increase the use of research in public health policies and programs. All participants were notified about a web repository with summaries of systematic reviews in their topic area, with links to the full review and abstract. Some participants were also sent a series of emails once per week for 7 weeks notifying them that a systematic review in their area of expertise was available at the link with a link to the short summaries and to the full text of each review. Just having access to online registry of research appeared to have no impact on evidence-informed decision making; but the combined strategy increase the use of research.

Link: <http://www.implementationscience.com/content/pdf/1748-5908-4-61.pdf>

### EXAMPLE 07 INTERACTIVE WEBSITES

The National Collaborating Centre for Methods and Tools (NCCMT)'s Registry of Methods and Tools helps public health professionals and organizations find and use up-to-date resources that can help them put evidence into practice. The Registry contains summary statements of knowledge translation methods and tools to help busy practitioners use evidence. The Registry identifies and describes effective resources for knowledge translation, making them easier to find and use. The website also

---

## APPENDIX 02 EXAMPLES OF KNOWLEDGE TRANSLATION ACTIVITIES

---

supports networking and outreach to bring together public health professionals to share their knowledge and experience with using evidence in practice. NCCMT's Learning Centre houses online learning modules and other interactive resources that help build skills and capacity for using research among Canada's public health community.

Link: <http://www.nccmt.ca/registry/index-eng.html>

### NETWORKING AND COLLABORATION

Exchange involves bringing people together who can take action on or make decisions about particular issues to identify opportunities for action and collaboration. Early engagement with stakeholders raises their interest and commitment to a project and helps ensure the project is relevant to the decision making or practice setting.

Exchange can include:

- One to one contact and small group meetings with researchers and a policy team
- Regular attendance at forums with stakeholders from research, policy and practice
- Seeking stakeholder input on the design, implementation and evaluation of research projects and programs
- Partnership research where researchers and stakeholders together design and implement research and interventions and interpret the findings.

### EXAMPLE 08 ENGAGING USERS IN CLINICAL PRACTICE CHANGE

The research team provided regular updates at meetings where presentations of local evidence were presented and stakeholders were given the opportunity to provide feedback. The team then used local evidence and stakeholder feedback to tailor the intervention to the local context; this included the development of a user's guide and webinar.

Link: <http://www.implementationscience.com/content/7/1/48>

### EXAMPLE 09 FORUMS AND WORKSHOPS

HARC, the Hospital Alliance for Research Collaboration, drives innovative thinking about emerging challenges in healthcare. It is a state-wide network of researchers, health managers, clinicians and policy makers, which aims to improve health and hospital services through research. HARC forums are held regularly, and link network members together to share ideas on major issues facing the hospital system. The Forum serves to build relationships among stakeholders, support an exchange of ideas and experience to catalyse new approaches to treatment and care, and to provide opportunities for collaboration and partnerships to improve health. The network is supported by the HARC e-bulletin, a monthly update of the latest influential national and international reviews, research and reports. It covers topics of direct relevance to current and emerging healthcare policy issues in Australia.

Link: <https://www.saxinstitute.org.au/category/events/harc-forums/>

### EXAMPLE 10 STAKEHOLDER DIALOGUES

The Health Services' Forum at McMaster University has developed a process based on deliberative dialogues, which bring stakeholders together who will be affected by or will implement a policy or program decision, so that all perspectives of an issue and action to address it or advocate for change are identified. Dialogues increase interaction among policymakers and researchers and build the informal relationships that have been shown to increase the use of research evidence. They can be organized on short notice to respond in a timely way to a 'window of opportunity.' They enable all participants to understand how the existing research evidence does or does not align with the existing beliefs, values, interests or political goals of key stakeholders (including within their own stakeholder group), and therefore where opportunities for synergy can be capitalized upon and tensions can be addressed more openly. Dialogues follow a specific process including prioritising issues, synthesising the evidence, high level forums, discussion summaries and ongoing access to relevant evidence.



---

## APPENDIX 02 EXAMPLES OF KNOWLEDGE TRANSLATION ACTIVITIES

---

Link: <http://www.mcmasterhealthforum.org/about-us/our-work/products/?Program=stakeholder dialogues>

### EXAMPLE 11 PARTNERSHIP RESEARCH TAPPC

The Australian Prevention Partnership Centre is a national initiative that is identifying new ways of understanding what works and what doesn't to prevent lifestyle-related chronic health problems in Australia and getting results into practice.

The TAPPC draws evidence equally from research and practice – learning from research and learning from doing and has established four capacity units to build a prevention system in Australia:

- Rapid response evaluation capacity, to help; embed research and evaluation in the rollout of policies and programs
- Synthesis Capacity, to develop and apply ways to summarise and communicate evidence to address key issues for policy makers and practitioners
- Systems science and implementation capacity, to help policy makers and practitioners strengthen policies and programs by applying a systems perspective at the design stage and during implementation
- A communication capacity, to develop methods to better communicate prevention to policy makers, funders, practitioners and the community, and will help develop more sophisticated public discussion on prevention science and public policy
- The Prevention Centre's innovation collaborative approach aims to bridge the divide between policy makers and practitioners and researchers. Researchers are working with policy makers and practitioners to develop research questions, conduct research, and analyse, interpret and disseminate the findings.

Link: <https://www.saxinstitute.org.au/our-work/preventing-chronic-disease/>

---

## APPENDIX 03 REFERENCES

---

- Boyko, J. A., Lavis, J. N., Abelson, J., Dobbins, M., and Carter, N. (2012). Deliberative dialogues as a mechanism for knowledge translation and exchange in health systems decision-making. *Social Science & Medicine*, 75(11), 1938-1945.
- Bradley, E. H., Holmboe, E. S., Mattera, J. A., Roumanis, S. A., Radford, M. J., and Krumholz, H. M. (2004). Data feedback efforts in quality improvement: lessons learned from US hospitals. *Quality and Safety in Health Care*, 13(1), 26-31.
- Callard, F., Rose, D., and Wykes, T. (2012). Close to the bench as well as at the bedside: involving service users in all phases of translational research. *Health Expectations*, 15(4), 389-400.
- Campbell, D. M., Redman, S., Jorm, L., Cooke, M., Zwi, A. B., and Rychetnik, L. (2009). Increasing the use of evidence in health policy: practice and views of policy makers and researchers. *Australia and New Zealand Health Policy*, 6(1), 21.
- Andrews, D., Fong, G., Hackam, D., Li, L., Lynam, M., Mathews, M., Russell, D., Angus, D., Piazza, L., and Strauss, S. (2012). Guide to knowledge translation planning at CIHR: integrated and end-of-grant approaches. *Canadian Institutes of Health Research*, 1-34.
- Chamberlain, P., Roberts, R., Jones, H., Marsenich, L., Sosna, T., and Price, J. M. (2012). Three collaborative models for scaling up evidence-based practices. *Administration and Policy in Mental Health and Mental Health Services Research*, 39(4), 278-290.
- Darzi, P.C., and Parston, G. (2013). Global Diffusion of Healthcare Innovation (GDHI): Report of the Global Diffusion of Healthcare Innovation (GDHI) Working Group. Australia: Department of Health and Ageing.
- Dobbins, M., Hanna, S. E., Ciliska, D., Manske, S., Cameron, R., Mercer, S. L., and Robeson, P. (2009). A randomized controlled trial evaluating the impact of knowledge translation and exchange strategies. *Implementation Science*, 4(1), 61.
- Dwan, K. M., and McInnes, P. C. (2013). Increasing the influence of one's research on policy. *Australian Health Review*, 37(2), 194-198.
- Eder, M. M., Carter-Edwards, L., Hurd, T. C., Rumala, B. B., and Wallerstein, N. (2013). A logic model for community engagement within the Clinical and Translational Science Awards consortium: can we measure what we model? *Academic Medicine*, 88, (10), 1430-1436.
- Ellen, M. E., Lavis, J. N., Ouimet, M., Grimshaw, J., and Bédard, P. O. (2011). Determining research knowledge infrastructure for healthcare systems: a qualitative study. *Implementation Science*, 6(1), 60.
- Ellen, M.E., Leon, G., Bouchard, G., Lavis, J.L., Ouimet, M., and Grimshaw, J.M. (2013). What supports do health system organizations have in place to facilitate evidence-informed decision-making: a qualitative study. *Implementation Science*, 8, 84.
- Feldman, H. H., Haas, M., Gandy, S., Schoepp, D. D., Cross, A. J., Mayeux, R., Sperling, R. A., Fillit, H., van de Hoef, D. L., Dougal, S., and Nye, J. S. (2014). Alzheimer's disease research and development: a call for a new research roadmap. *Annals of the New York Academy of Sciences*, 1313(1), 1-16.
- Fleming, E. S., Perkins, J., Easa, D., Conde, J. G., Baker, R. S., Southerland, W. M., Dottin, R., Benabe, J. E., Ofili, E. O., Bond, V. C., McClure, S. A., Sayre, M. H., Beanan, M. J., and Norris, K. C. (2008). The role of translational research in addressing health disparities: a conceptual framework. *Ethnicity & Disease*, 18 (2 Suppl 2), S2, 155-160.

---

## APPENDIX 03 REFERENCES

---

- Gagnon, M. L. (2011). Moving knowledge to action through dissemination and exchange. *Journal of Clinical Epidemiology*, 64 (1), 25-31.
- Goering, P., Ross, S., Jacobson, N., and Butterill, D. (2010). Developing a guide to support the knowledge translation component of the grant application process. *Evidence & Policy*, 6(1), 91-102.
- Graham, I. D., and Tetroe, J. M. (2009). Getting evidence into policy and practice: perspective of a health research funder. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 18 (1), 46-50.
- Grimshaw, J. M., Eccles, M. P., Lavis, J. N., Hill, S. J., and Squires, J. E. (2012). Knowledge translation of research findings. *Implementation Science*, 7,50.
- Grol, R., and Grimshaw, J. (2003). From best evidence to best practice: effective implementation of change in patients' care. *Lancet*, 362 (9391), 1225-1230.
- Hinchcliff, R., Greenfield, D., and Braithwaite, J. (2014). Is it worth engaging in multi-stakeholder health services research collaborations? Reflections on key benefits, challenges and enabling mechanisms. *International Journal for Quality in Health Care*, 26(2), 124-128.
- Holmes, B., Scarrow, G., and Schellenberg, M. (2012). Translating evidence into practice: the role of health research funders. *Implementation Science*, 7, 39.
- Innvær, S., Vist, G., Trommald, M., and Oxman, A. (2002). Health policy-makers' perceptions of their use of evidence: a systematic review. *Journal of Health Services Research & Policy*, 7(4), 239-244.
- Kerner, J., Tajima, K., Yip, C. H., Bhattacharyya, O., Trapido, E., Cazap, E., Ullrich, A., Fernandez, M., Qiao, Y. L., Kim, P., Cho, J., Sutcliffe, C., and Sutcliffe, S. (2011). Knowledge exchange: translating research into practice and policy. *Asian Pacific Journal of Cancer Prevention*, 13(4 Suppl), 37-48.
- Khoury, M. J., Coates, R. J., Fennell, M. L., Glasgow, R. E., Scheuner, M. T., Schully, S. D., Williams, M. S., and Clauser, S. B. (2012). Multilevel research and the challenges of implementing genomic medicine. *Journal of the National Cancer Institute Monographs*. 44, 112-120.
- Khoury, M. J., Gwinn, M., Dotson, W. D., and Schully, S. D. (2012). Knowledge integration at the center of genomic medicine. *Genetics in Medicine*, 14(7), 643-647.
- Khoury, M. J., Gwinn, M., and Ioannidis, J. P. (2010). The emergence of translational epidemiology: from scientific discovery to population health impact. *American Journal of Epidemiology*, 172(5), 517-524.
- Kidwell, D. K. (2013). Principal investigators as knowledge brokers: a multiple case study of the creative actions of PIs in entrepreneurial science. *Technological Forecasting and Social Change*, 80(2), 212-220.
- Kitson, A., Powell, K., Hoon, E., Newbury, J., Wilson, A., and Beilby, J. (2013). Knowledge translation within a population health study: how do you do it? *Implementation Science*, 8, 54.
- Lam, T. K., Spitz, M., Schully, S. D., and Khoury, M. J. (2013). "Drivers" of translational cancer epidemiology in the 21st century: needs and opportunities. *Cancer Epidemiology, Biomarkers & Prevention*, 22(2), 181-188.

---

## APPENDIX 03 REFERENCES

---

- Lavis, J. N., Permanand, G., Oxman, A. D., Lewin, S., and Fretheim, A. (2009). SUPPORT Tools for evidence- informed health Policymaking (STP) 13: Preparing and using policy briefs to support evidence-informed policymaking. *Health Research Policy and Systems*, 7(Suppl 1), S13.
- Lavis, J.N. How can we support the use of systematic reviews in policymaking? *PLoS Medicine*, 2009. 6:11e1000141.
- Lavis, J. N., Robertson, D., Woodside, J. M., McLeod, C. B., and Abelson, J. (2003). How can research organizations more effectively transfer research knowledge to decision makers? *Milbank Quarterly*, 81(2), 221-248.
- Lomas, J. (2000). Using linkage and exchange to move research into policy at a Canadian foundation. *Health Affairs*, 19(3), 236-240.
- McBride, C. M., Bowen, D., Brody, L. C., Condit, C. M., Croyle, R. T., Gwinn, M., Khoury, M. J., Koehly, L. M., Korf, B. R., Marteau, T. M., McLeroy, K., Patrick, K., and Valente, T. W. (2010). Future health applications of genomics: priorities for communication, behavioral, and social sciences research. *American Journal of Preventive Medicine*, 38(5), 556-565.
- Moat, K.A., and Lavis, J.N. (2014). Supporting the use of research evidence in the Americas through an online" one-stop shop": the EVIPNet VHL. *Cadernos de Saúde Pública*, 30(12), 2697-2701.
- Moodie, S. T., Kothari, A., Bagatto, M. P., Seewald, R., Miller, L. T., and Scollie, S. D. (2011). Knowledge translation in audiology: promoting the clinical application of best evidence. *Trends in Amplification*, 15(1), 5-22.
- Moore, G., Redman, S., Haines, M., and Todd A. (2011). What works to increase the use of research in population health policy and programs: a review. *Evidence and Policy*. 7(3), 277-305.
- Oliver, K., Innvar, S., Lorenc, T., Woodman, J., & Thomas, J. (2014). A systematic review of barriers to and facilitators of the use of evidence by policymakers. *BMC Health Services Research*, 14(1), 2.
- Pozen, R., and Kline, H. (2011). Defining success for translational research organizations. *Science Translational Medicine*, 3(94), 94cm20.
- Rosenkotter, N., Vondeling, H., Blancquaert, I., Mekel, O. C., Kristensen, F. B., and Brand, A. (2011). The contribution of health technology assessment, health needs assessment, and health impact assessment to the assessment and translation of technologies in the field of public health genomics. *Public Health Genomics*, 14 (1), 43-52.
- Sanchez-Serrano, I. (2006). Success in translational research: lessons from the development of bortezomib *Nature Reviews Drug Discovery*, 5 (2), 107-114.
- Sauers, E. L., Valovich McLeod, T. C., and Bay, R. C. (2012). Practice-based research networks, Part I: clinical laboratories to generate and translate research findings into effective patient care. *Journal of Athletic Training*, 47(5), 549-556.
- Schug, T. T., Heindel, J. J., Camacho, L., Delclos, K. B., Howard, P., Johnson, A. F., Aungst, J., Keefe, D., Newbold, R., Walker, N. J., Thomas Zoeller, R., and Bucher, J. R. (2013). A new approach to synergize academic and guideline-compliant research: the CLARITY-BPA research program. *Reproductive Toxicology*, 40, 35-40.

---

## APPENDIX 03 REFERENCES

---

Scott, S. D., Plotnikoff, R. C., Karunamuni, N., Bize, R., and Rodgers, W. (2008). Factors influencing the adoption of an innovation: an examination of the uptake of the Canadian Heart Health Kit (HHK). *Implementation Science*, 3(1), 41.

Shaw, L. (2012). Getting the message across: principles for developing brief-Knowledge Transfer (b-KT) communiques. *WORK: A Journal of Prevention, Assessment & Rehabilitation*, 41(4), 477-481.

Urquhart, R., Porter, G. A., and Grunfeld, E. (2011). Reflections on knowledge brokering within a multidisciplinary research team. *Journal of Continuing Education in the Health Professions*, 31(4), 283-290.

Urquhart, R., Porter, G. A., Sargeant, J., Jackson, L., Grunfeld, E. (2014). Multilevel factors influence the implementation and use of complex innovations in cancer care: a multiple case study of synoptic reporting. *Implementation Science*, 9, 121.

Westfall, J. M., Mold, J., and Fagnan, L. (2007). Practice-based research: "Blue Highways" on the NIH roadmap *Journal of the American Medical Association*, 297(4), 403-406.

Wilson, K. M., Brady, T. J., Lesesne, C., on behalf of the NCCDPHP Work Group on Translation. (2011). An organizing framework for translation in public health: the Knowledge to Action Framework. *Preventing Chronic Disease*, 8(2), A46.