

# Disseminating research for public health policy and practice improvement

Prof Luke Wolfenden



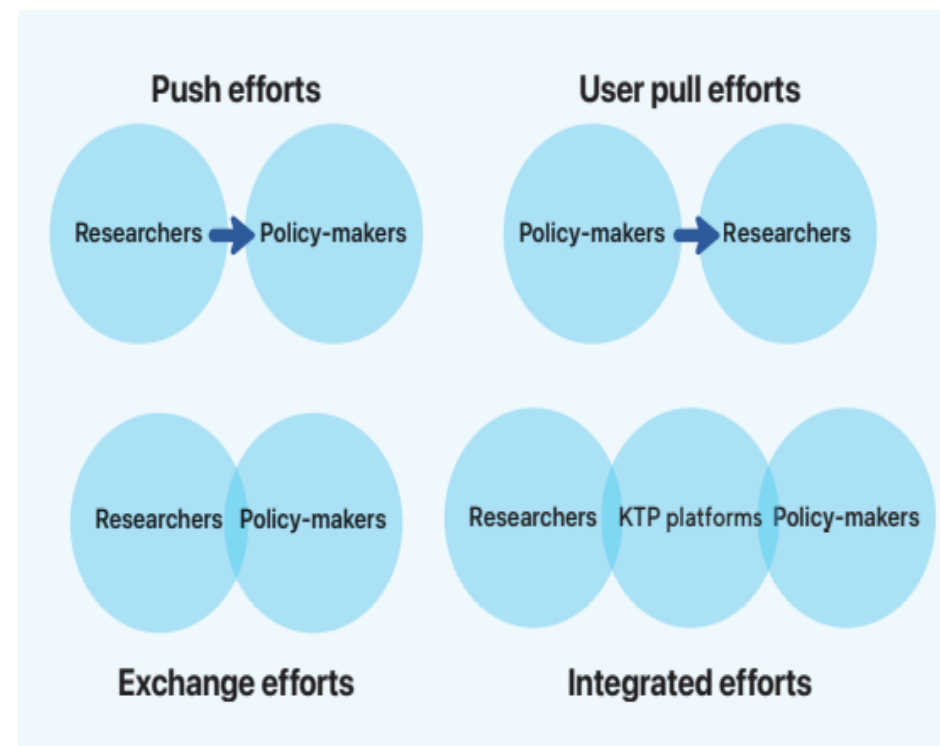
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# Evidence, policy and practice

- Evidence is a powerful tool for health improvement
  - Evidence-based medicine
- 50-65% of public health policies and programs evidence based<sup>1,2</sup>
  - Evidence-based implementation likely far lower
- Policy making is a complex process
- Approaches to KT have evolved
- Focus of the presentation on 'Push' strategies
  - Survey of Australian policy makers/ practitioners
  - Qualitative research (published by others)



# 'Push' knowledge translation strategies

Push efforts – knowledge producers, i.e. researchers, actively aim to tailor and disseminate key messages from research findings to intended policy making audiences

## Knowledge Translation



### Dissemination

### Implementation



Practice



Science

#### Dissemination Practice

Purposive distribution of information and intervention materials to a specific audience. The intent is to spread information. (NIH)

#### Implementation Practice

The use of strategies to adopt and integrate evidence-based interventions and change practice within specific settings. (NIH)

#### Dissemination Science

The scientific study of processes and variables that determine and/or influence the spread/sharing of knowledge to various stakeholders.

#### Implementation Science

The scientific study of the methods to promote the uptake of research findings in clinical, organizational, or policy contexts. (Implementation Science journal)



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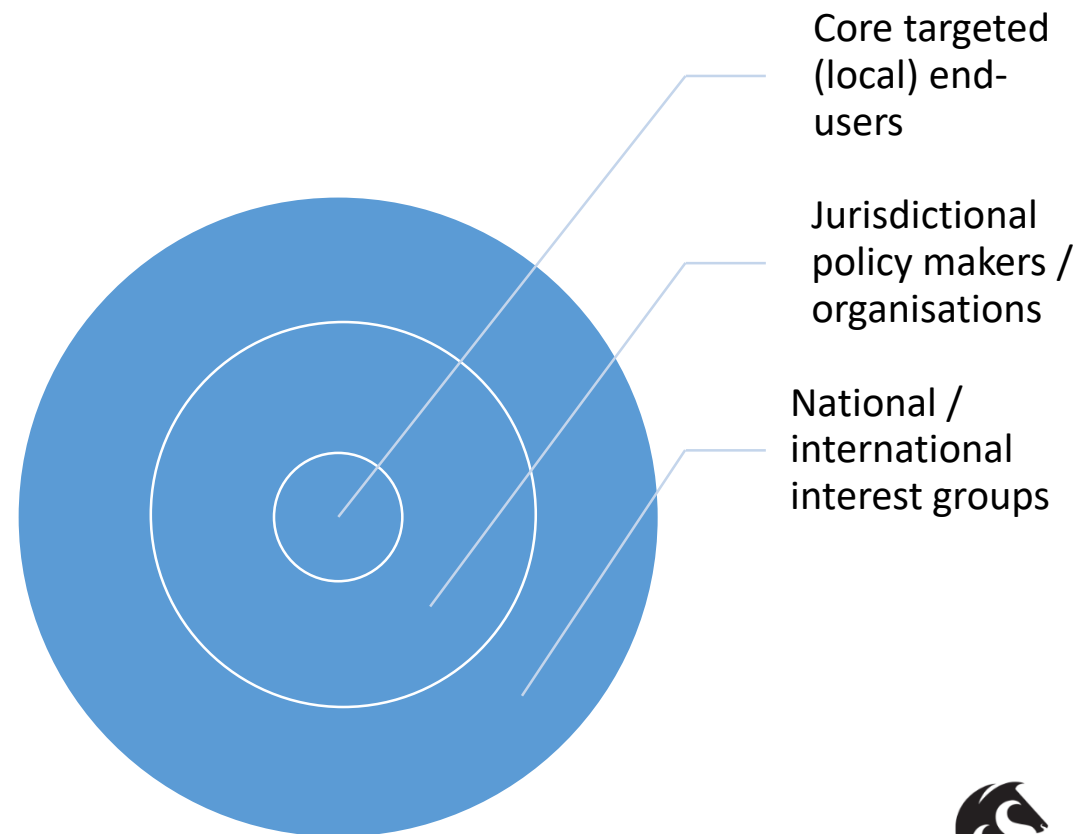
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# Dissemination at different levels

- Knowledge exchange and integrated approaches can not be feasibly undertaken with all potential end-users
- There are a range of public health end-users at different levels
- Dissemination or ‘push’ strategies could be used for all end-user/ stakeholder groups



# Should I ‘push’ this research to public health policy makers or practitioners?

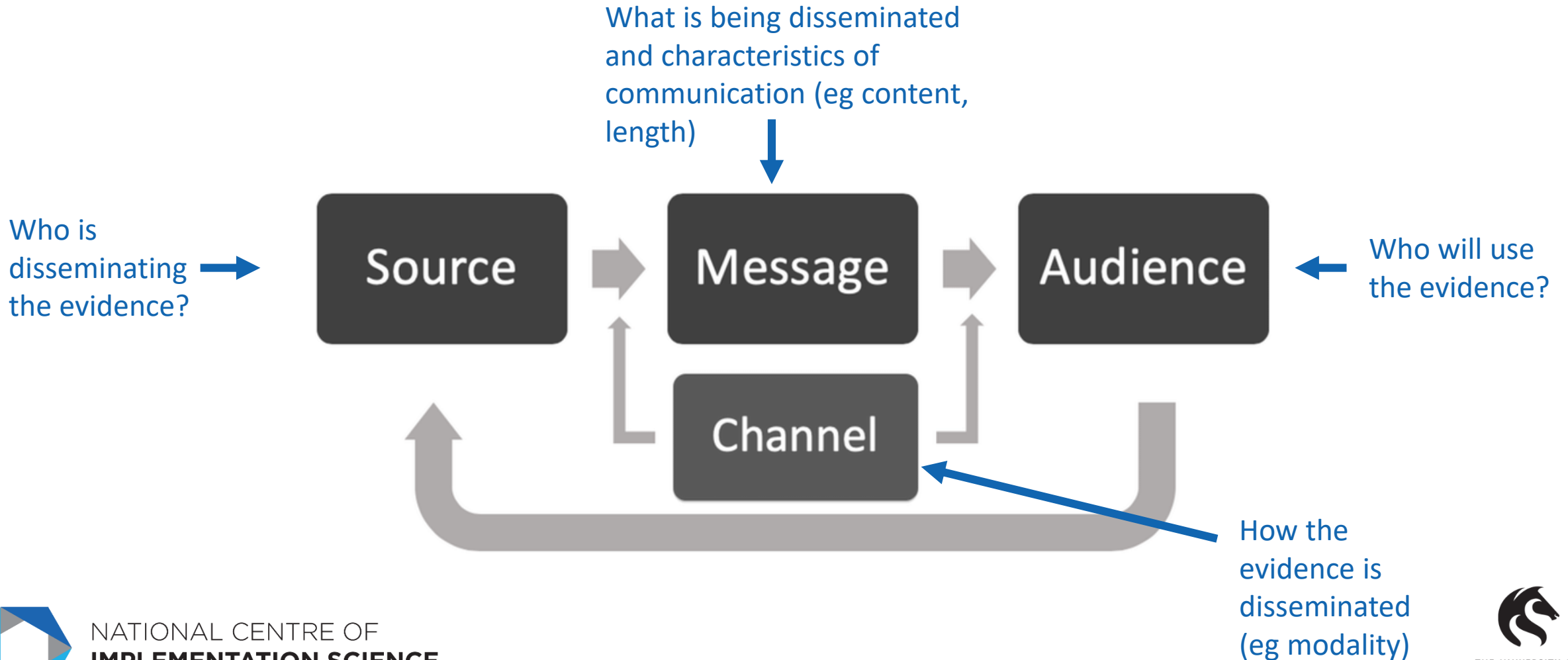
- Things to consider:
  - Policy makers / practitioners are busy people
  - End-user confusion /disruption/ burden
  - Are the research findings relevant, timely, important, useful
  - Preserving academic trust

*“If I get an article and it doesn’t sell me that there is something of value, I file it. Sell me on the value of what the research article is and secondly, the research has to be practically oriented”<sup>1</sup>*

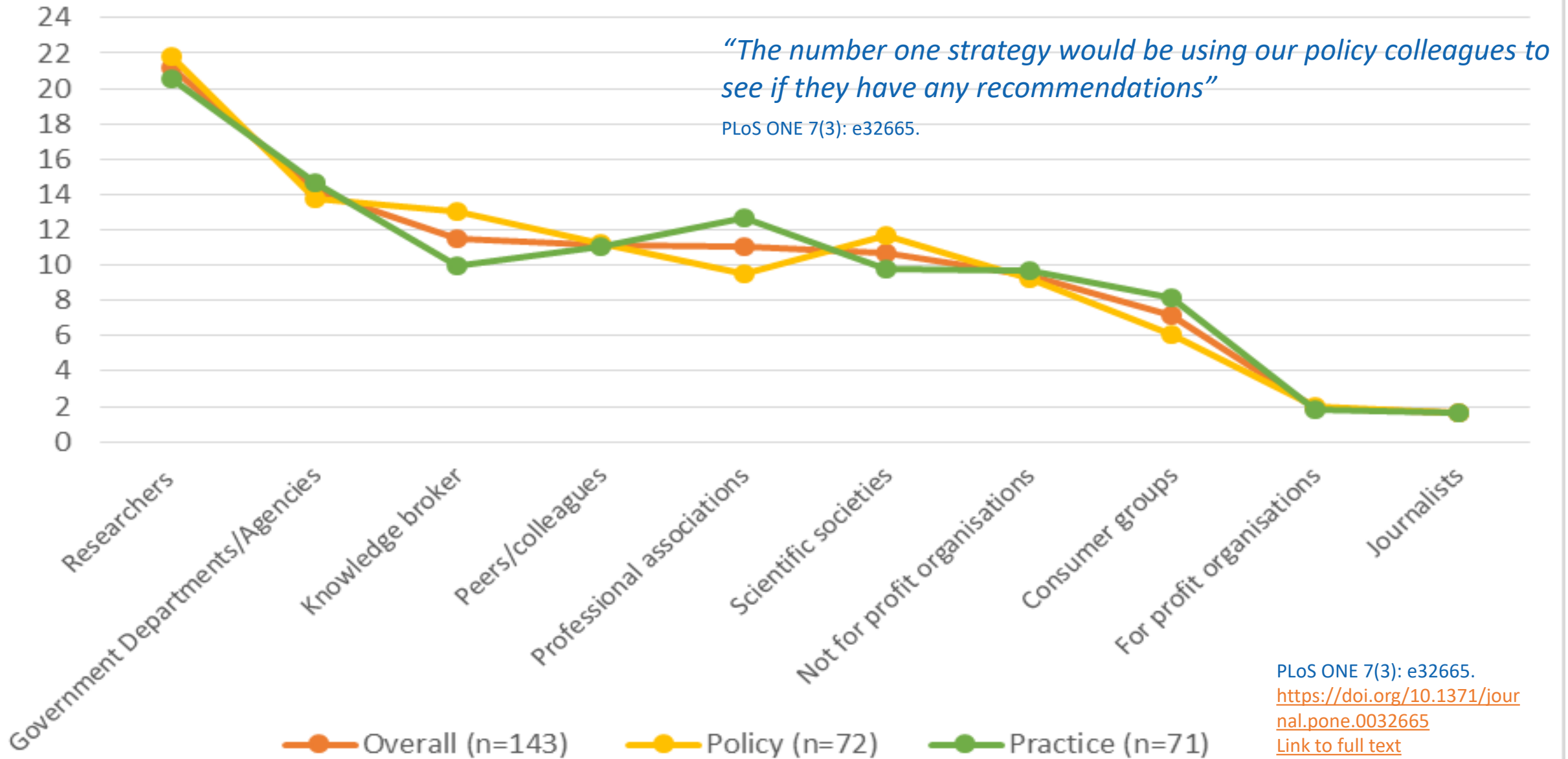
*“Sometimes people overstep their bounds and try to overemphasise the importance of their issue when the evidence may not necessarily support it. They've got a research agenda to support, research centres to get funding for.”<sup>2</sup>*



# How should evidence be disseminated: Brownson's Model for Dissemination

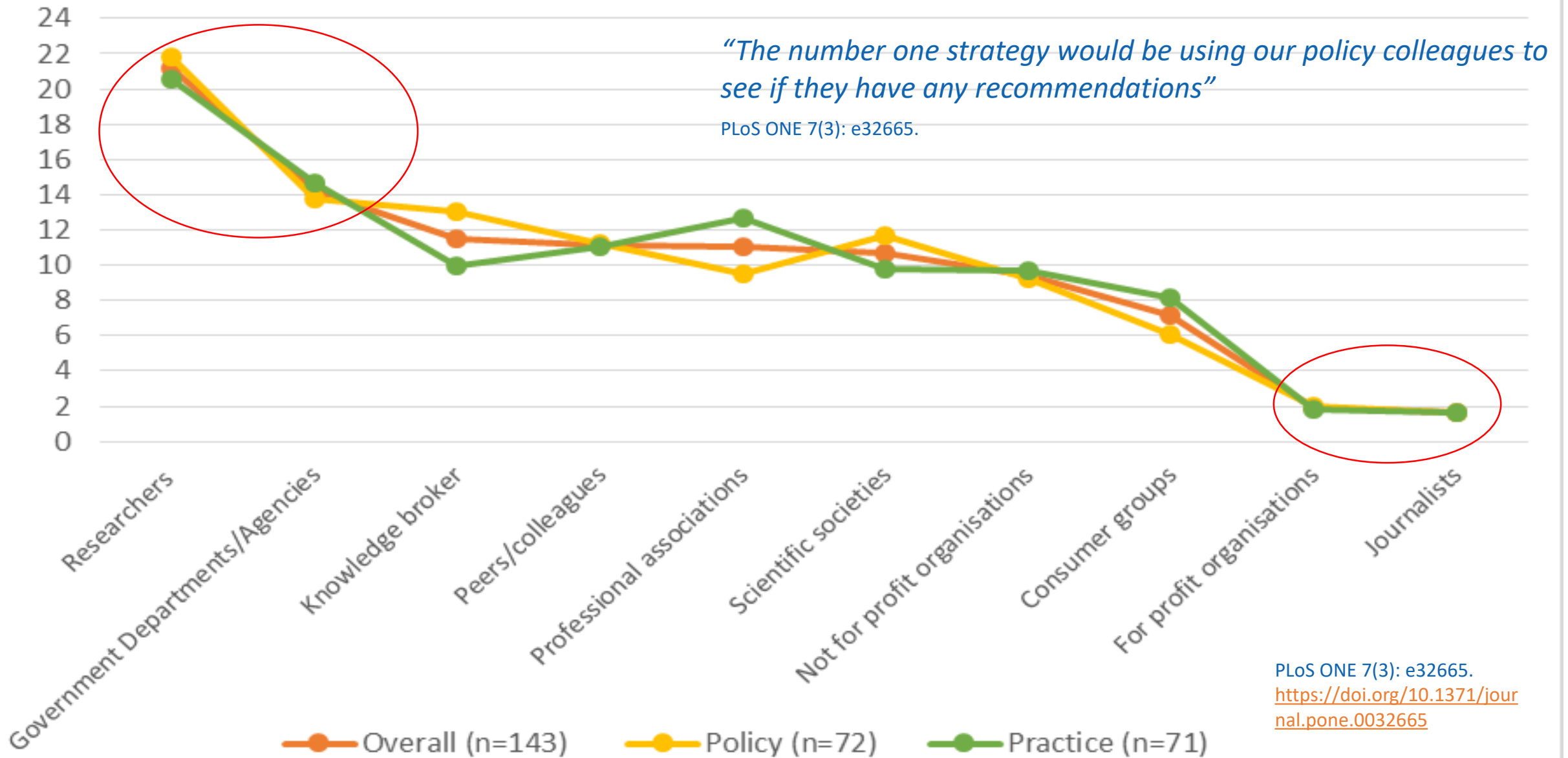


# Source preferences of policy makers and practitioners for research evidence

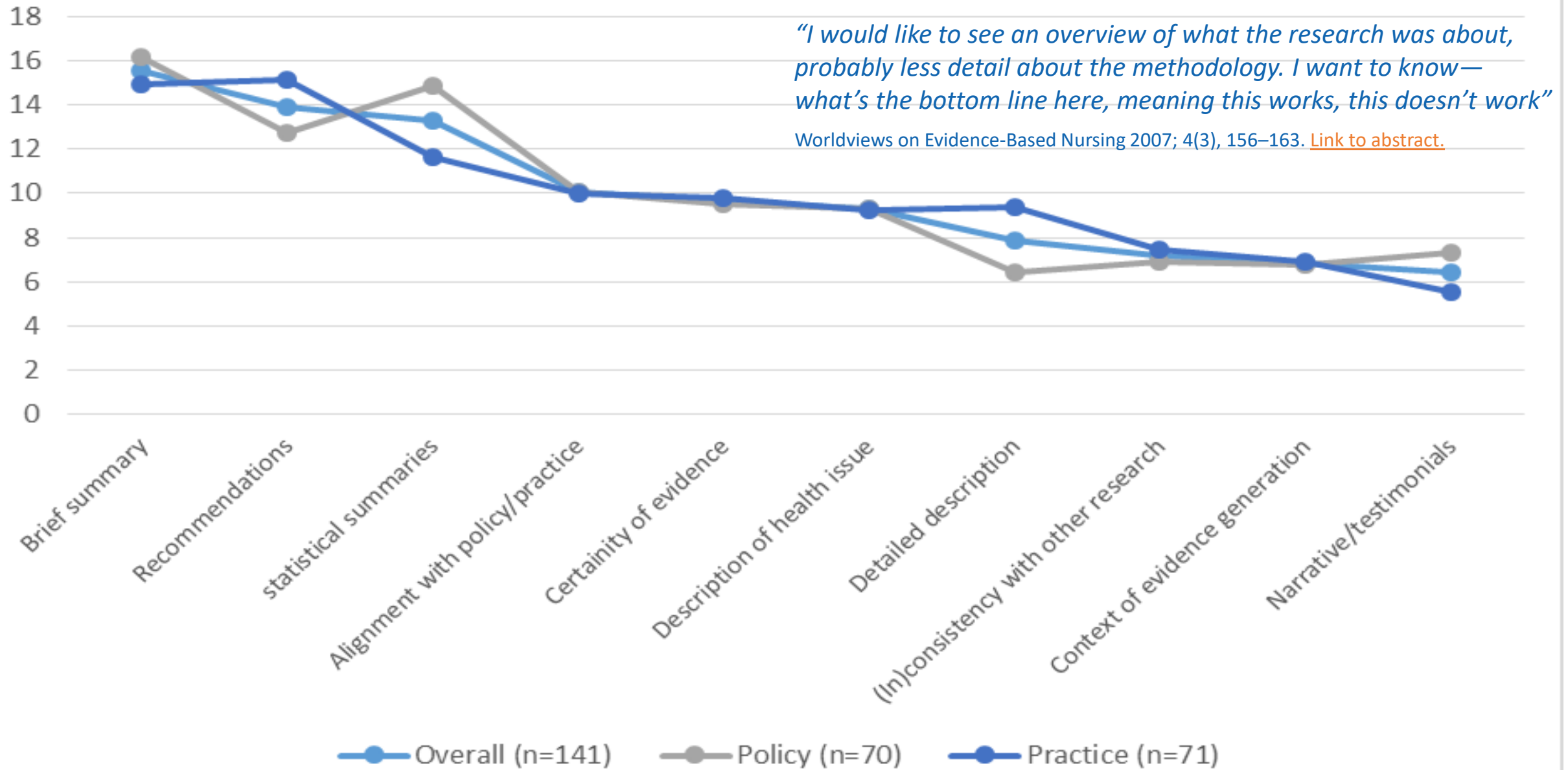




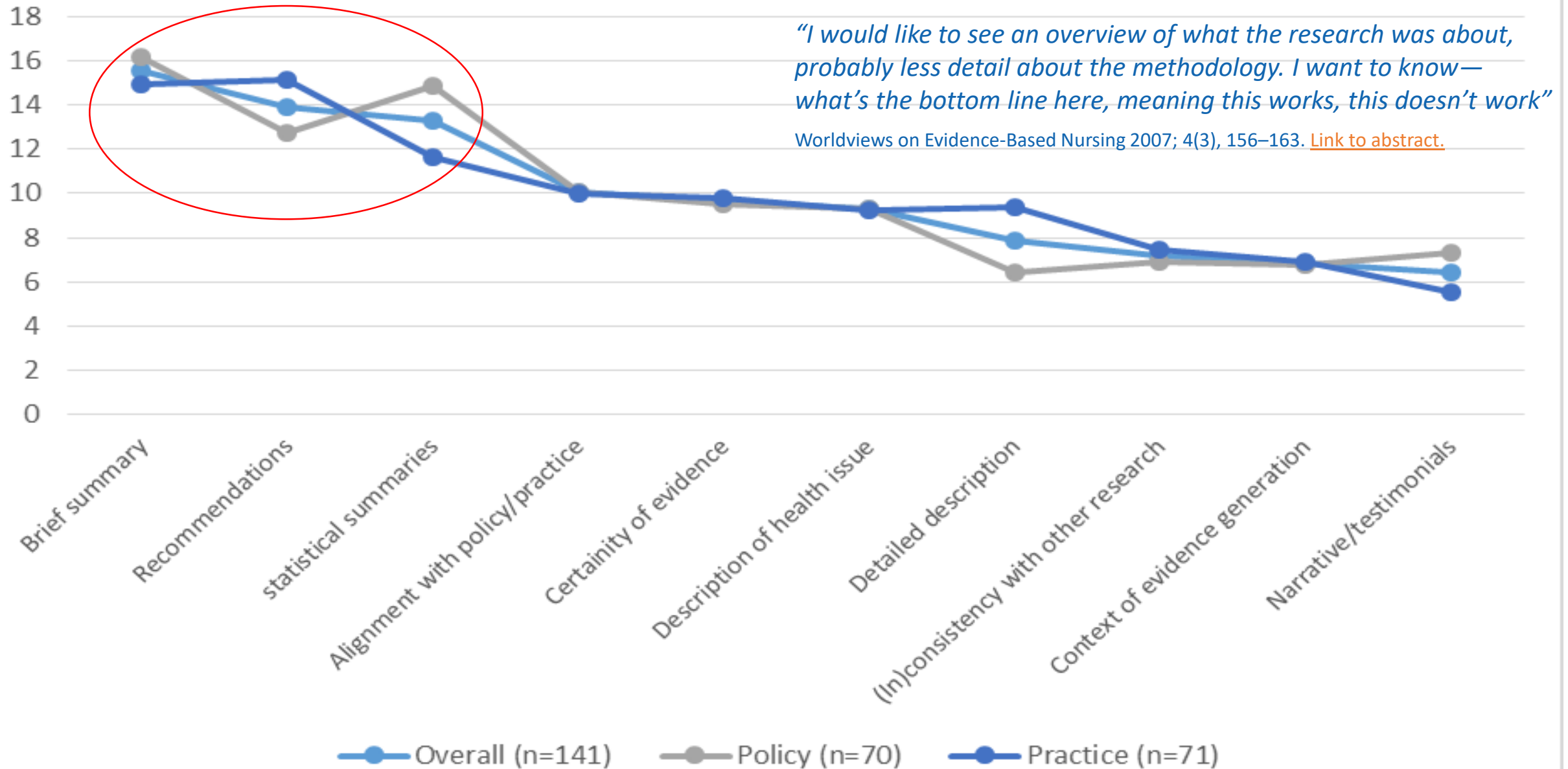
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# Message preferences of policy makers and practitioners for research evidence



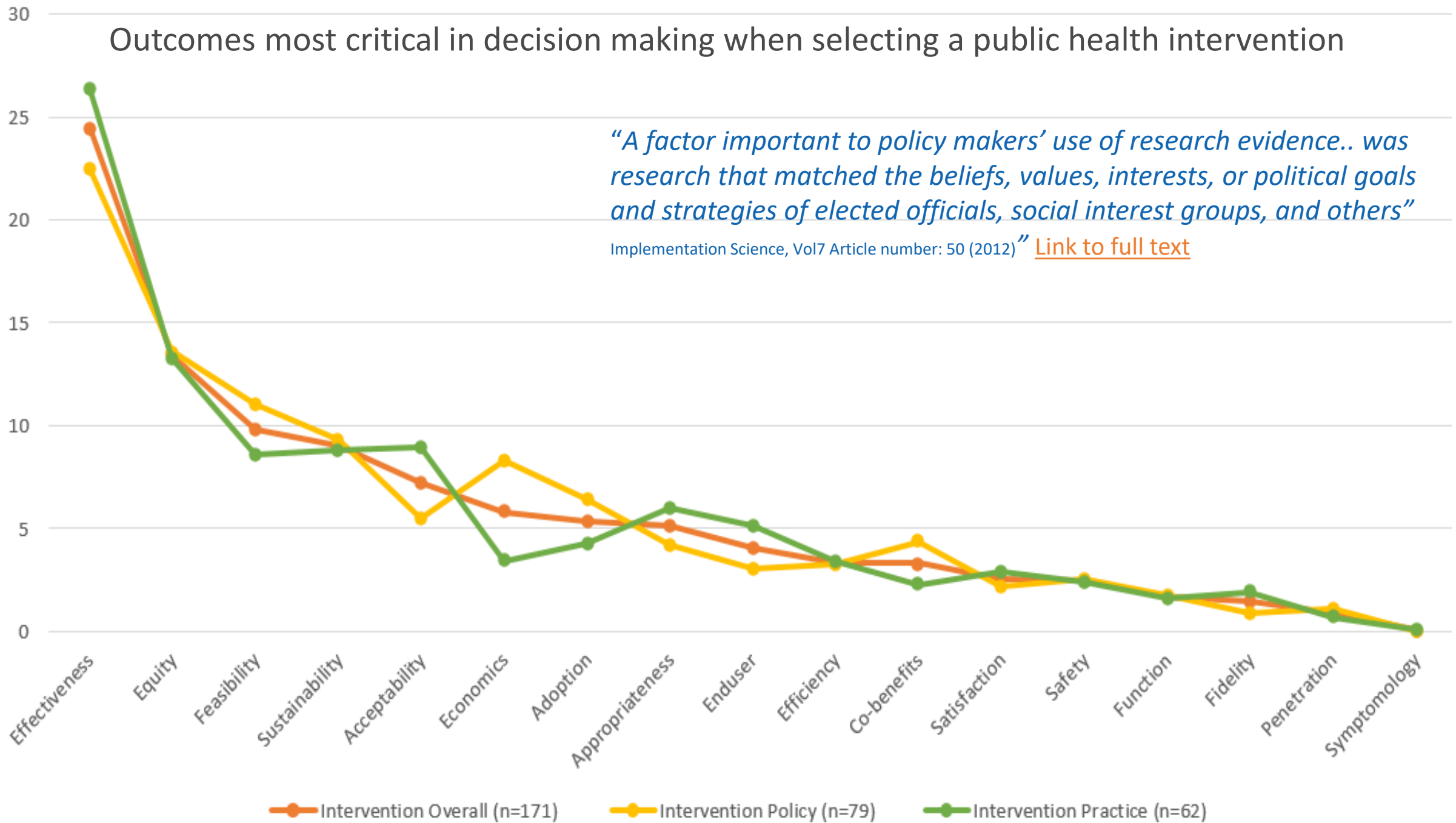
# Message preferences of policy makers and practitioners for research evidence



# Outcomes most critical in decision making when selecting a public health intervention

*“A factor important to policy makers’ use of research evidence.. was research that matched the beliefs, values, interests, or political goals and strategies of elected officials, social interest groups, and others”*

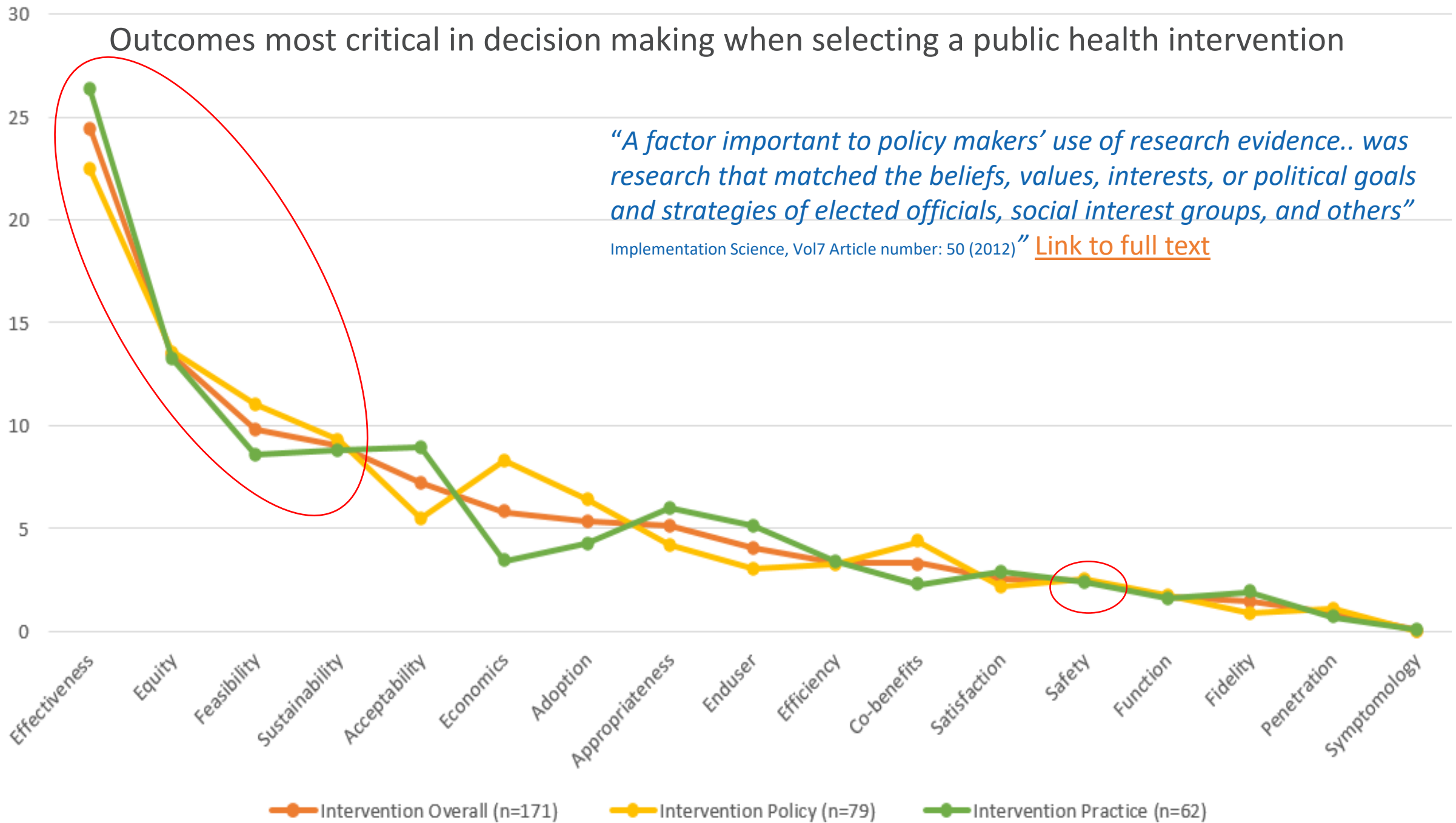
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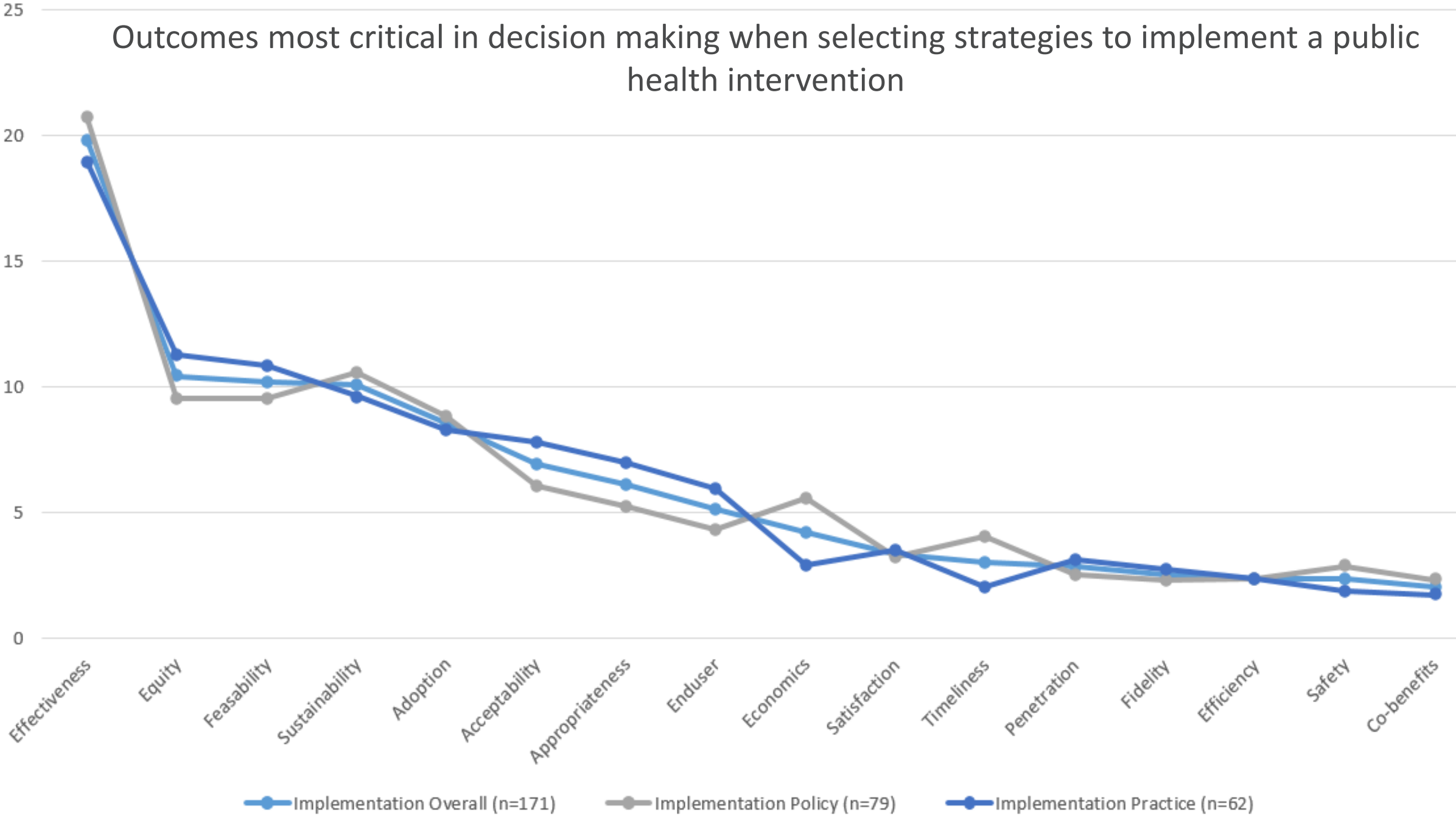
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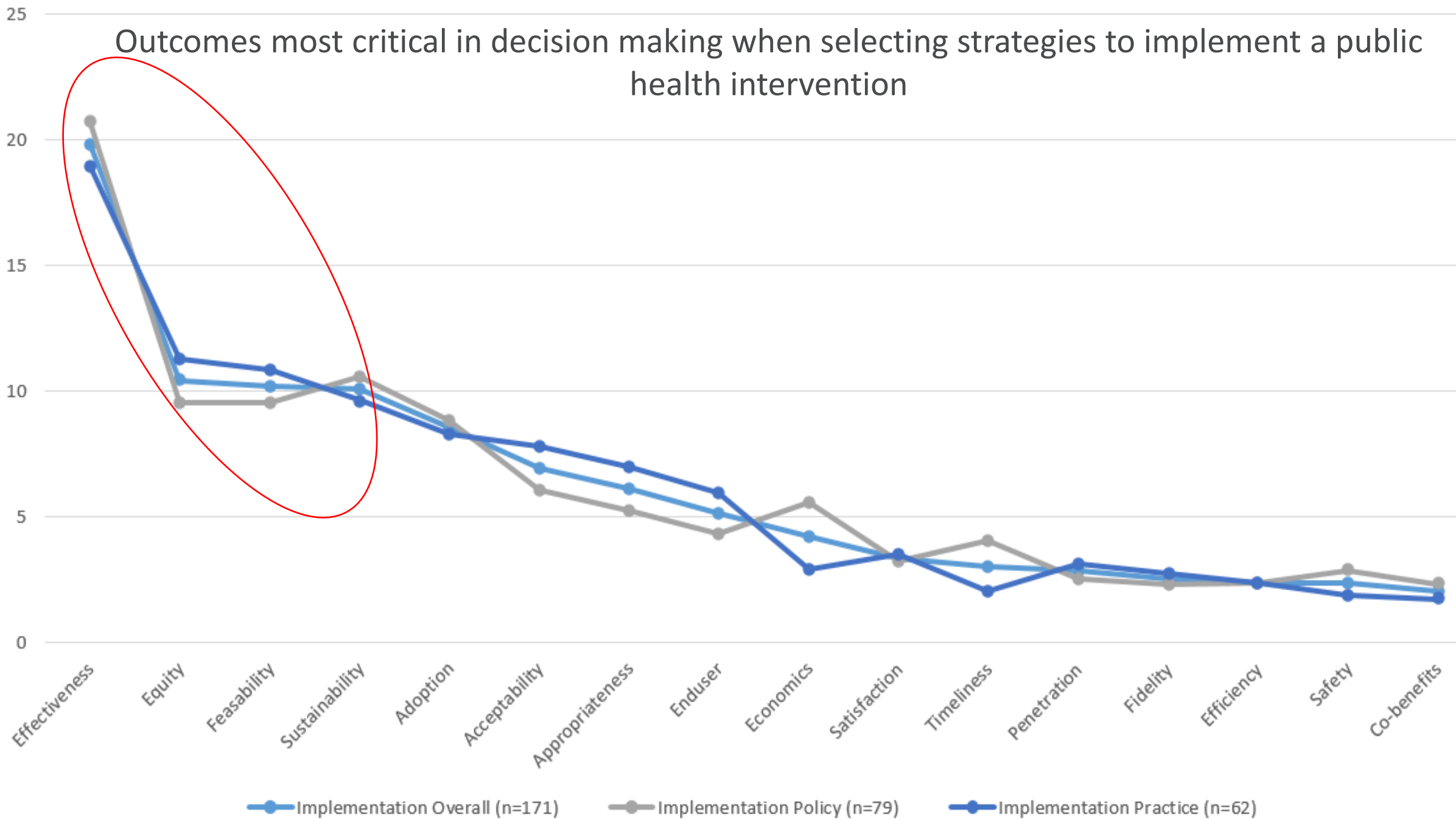
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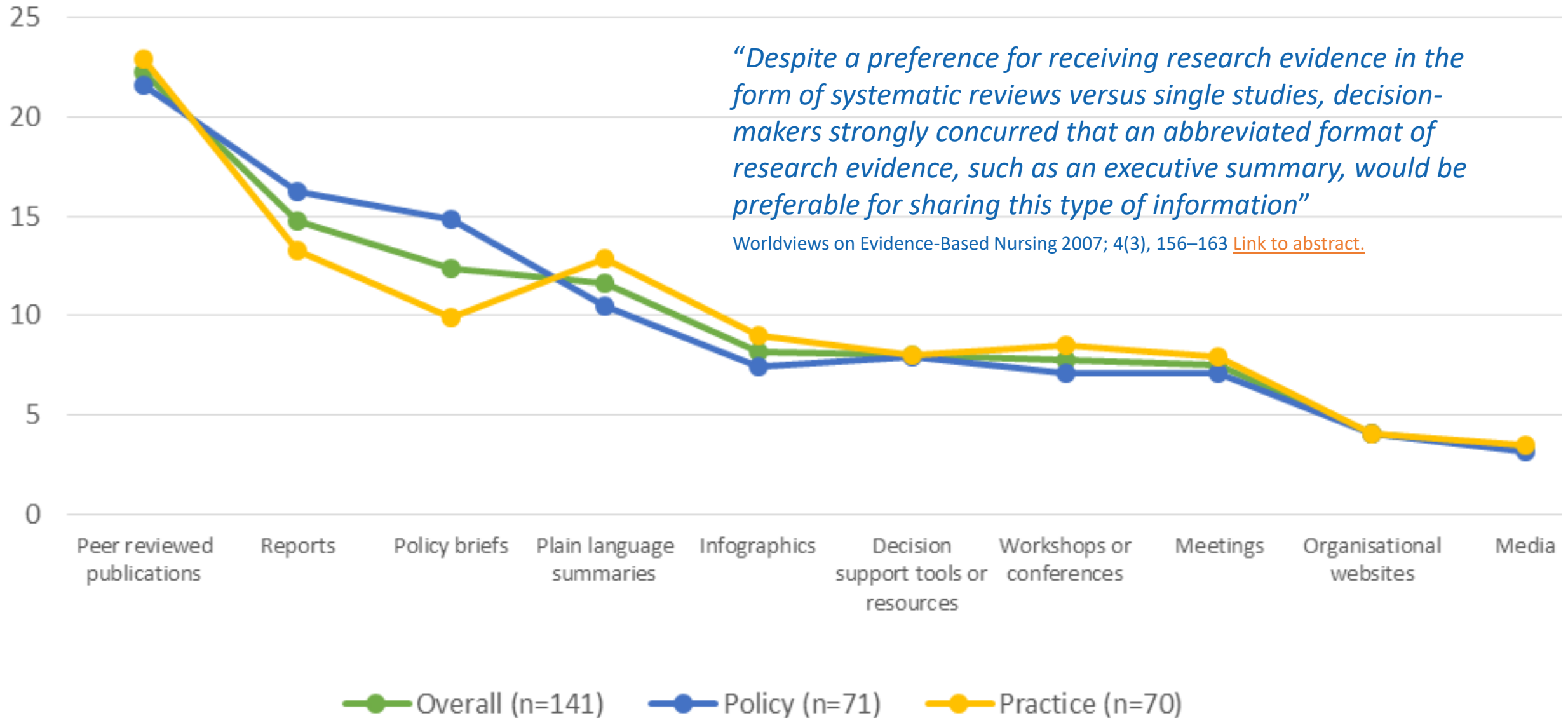
# Outcomes most critical in decision making when selecting strategies to implement a public health intervention



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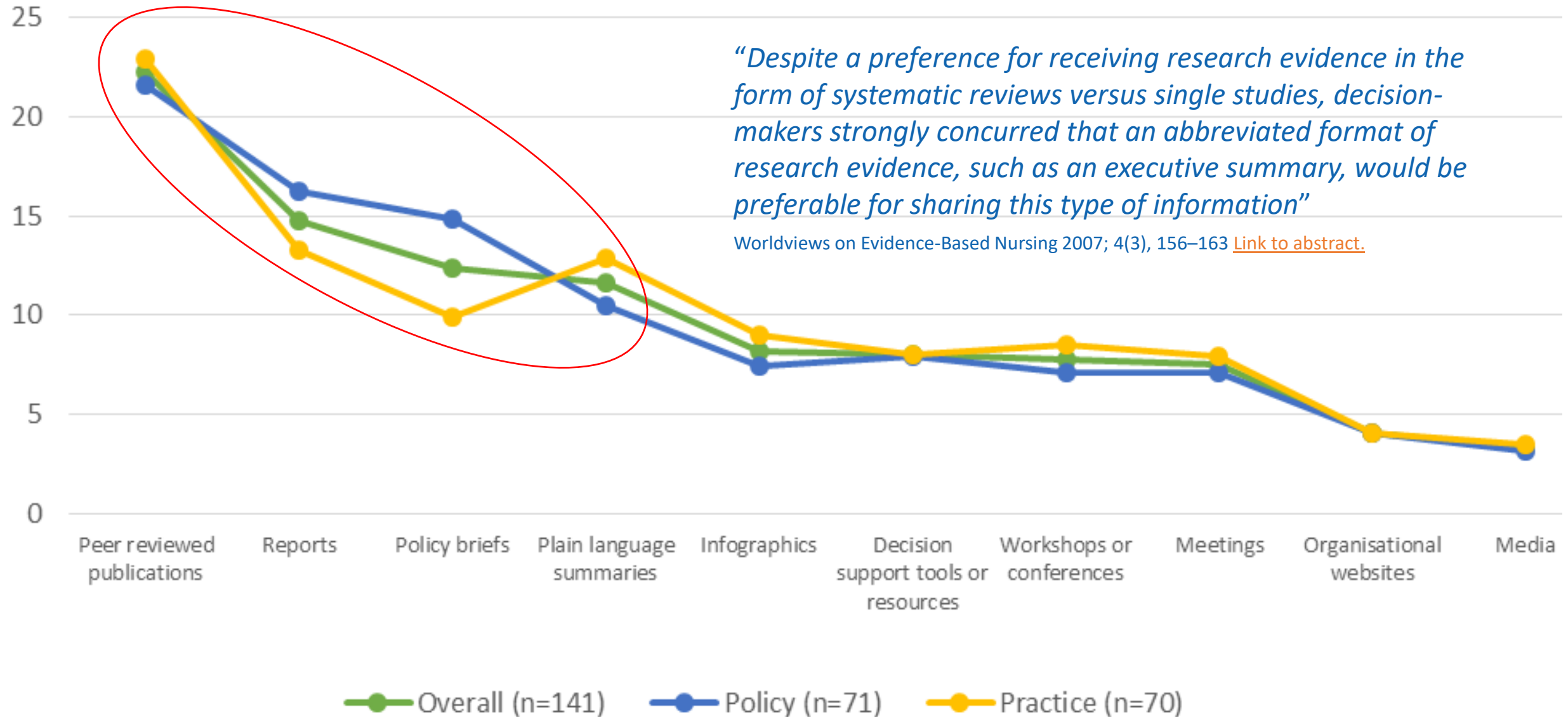


## Channel preferences of policy makers and practitioners for research evidence





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# Association between dissemination strategy and public health impact

- Survey of international authors who had published the results of a settings-based preventive health intervention (e.g. nutrition, PA) between 2007-2017
- Reported research impact on public health policy and practice e.g.
  - cited in policy docs, govt reports, guidelines or education materials
  - endorsement of intervention by govt/NGOs
  - use of program by policymaker/practitioner

Dissemination strategy	Policy or practice impacts n= 66 (%)	Unadjusted OR (95%CI)	Adjusted OR (95%CI)	p-value of adjusted
Results posted on social media platforms (e.g. Facebook, Twitter, blogs)				
No	59 (62%)	ref	ref	0.98
Yes	7 (100%)	5.69 (1.07,∞)*	^	
Knowledge broker used to communicate findings to end-users				
No	52 (61%)	Ref	ref	0.59
Yes	14 (82%)	2.96 (0.79, 11.10)	1.51 (0.33, 6.86)	
Education workshops conducted with end-users				
No	33 (54%)	Ref	ref	0.15
Yes	33 (80%)	3.5 (1.39, 8.80)*	2.21 (0.75, 6.51)	
Results posted on institutional or study website				
No	26 (52%)	Ref	ref	0.4
Yes	40 (77%)	3.08 (1.31, 7.21)*	1.55 (0.56, 4.26)	
Media releases				
No	19 (46%)	Ref	ref	0.07
Yes	47 (77%)	3.89 (1.65, 9.15)*	2.48 (0.93, 6.65)	
Plain language or lay summary				
No	19 (54%)	Ref	ref	0.88
Yes	47 (70%)	1.98 (0.85, 4.61)	1.09 (0.35, 3.36)	
Targeted presentations to end-users				
No	17 (55%)	Ref	ref	0.52
Yes	49 (69%)	1.83 (0.77, 4.37)	0.69 (0.22, 2.15)	
Presented at academic conferences, workshops or forums				
No	1 (14%)	Ref	ref	0.08
Yes	65 (68%)	13.00 (1.50, 112.8)*	7.58 (0.76, 75.22)	
Count of dissemination strategies used				
0-4 strategies	35 (85%)	Ref	N/A	<0.001 <sup>†</sup>
5-8 strategies	31 (51%)	5.64 (2.07, 15.36)*	N/A	

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# Conclusion

- Knowledge translation is critical to improving public health
- Thoughtful dissemination ‘push’ strategies are an important part of a comprehensive KT strategy
- Australian public health policy makers and practitioners:
  - View researchers as preferred source of research evidence
  - That provide a message that is policy oriented, pragmatic with clear recommendations
  - With outcomes that speak to effectiveness, equity, feasibility and sustainability
  - And in formats including peer reviewed publications/reports, briefs and plain language summaries
- Comprehensive dissemination strategies are associated with greater impact of public health research



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