

A randomized controlled trial evaluating 3 dissemination and implementation interventions among public health decision makers

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Study rationale

- Knowledge/practice gap in public health
- The feasibility and impact of a knowledge broker (KB) unknown
- The promotion of healthy body weight is a priority in Canada

Study design

- RCT
- Canadian health units (n=108)
- Unit of analysis – organization
- Study participants - person most responsible & actively involved in program planning for healthy body weight

Intervention

3 intervention groups

- Control
 - Access to an online registry of effectiveness evidence at health-evidence.ca
- Tailored Messaging
 - Registry access + targeted messages containing summaries & full text to 8 systematic reviews
- Knowledge Brokering
 - Registry access + targeted messages + 1:1 interaction with KB

Hypotheses

- \uparrow KTE strategy intensity \Rightarrow \uparrow incorporation of evidence
- Specific organizational characteristics will explain variation between health units
- \uparrow level of interaction in the KTE strategy \Rightarrow \uparrow DM satisfaction with the intervention and impact on decisions

Health-evidence.ca

- Accessible online registry
- Registered users (~4000)
 - Canadian (~80%)
 - user groups: public health nurses, program managers, health promotion workers, program coordinators, librarians, dietitians, medical officers of health, & nutritionists.

Tailored, targeted messages

- Short summaries of high quality reviews sent electronically to those directly responsible for decision making
- Electronic messages were sent weekly over a 7 week period

Scope of brokering activities

- Mentoring & support
- Knowledge & skill development
- Resource development
- Dissemination
- Facilitating KTE activities within organizations

Timeline

- Fall 2004 – baseline survey & re-survey
- Fall/Winter 2004 – document collection
- October 2004 – KB hiring & orientation
- Jan-Dec 2005 – KTE intervention implemented
- February 2006 – post-intervention survey
- January 2007 – one-year follow-up

Outcomes

Specific outcome measures include

- General use of evidence
- Number of policies/programs supported by best evidence

Quantitative results

- 76% participation rate
- 81.5% follow-up rate (one year post-intervention)

Results

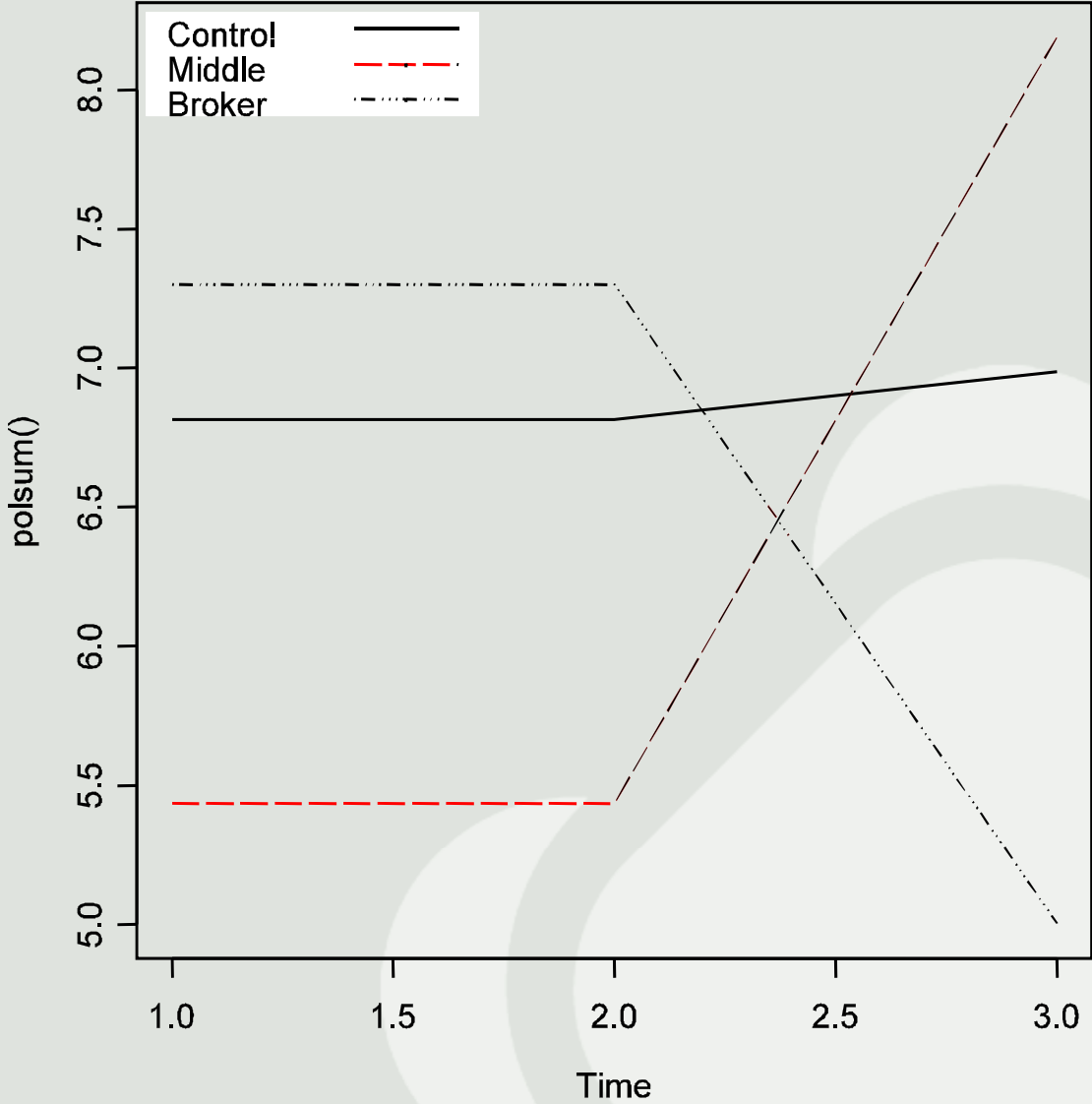
- No effect on general use measure
- No intervention effect remained one year post-intervention on # of policies/programs

Quantitative results

Results (cont'd)

- Significant effect for tailored messages group diminished without intervention
- Knowledge broker and health-evidence.ca groups improved but not significantly from baseline
- Knowledge brokering had statistically significant effect one-year post for some health departments

Q16=7



Lessons learned

- Positive effect is lost within one year if KTE strategies not maintained
- Impact of knowledge brokering takes >1 year to observe
- Value organization places on research evidence continues to have significant effect on KTE impact one year post-intervention

Implications

policy and practice

- Different strategies for different organizations
 - Tailor to organization needs
- EIDM process slow
- KB impact
 - more complex than previously considered
 - Impact takes time to become observable
- Need PH capacity development

Future Plans

- ongoing brokering work in public health units
- Case studies

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