

PRIMAFAMED e-workshop

Knowledge translation –
engaging stakeholders,
beyond the publication of
your research

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For this e - workshop

1. Introduction to knowledge translation (30 minutes)

2. Identifying stakeholders (30 mins)

3. Targeted KT strategies (30 mins)

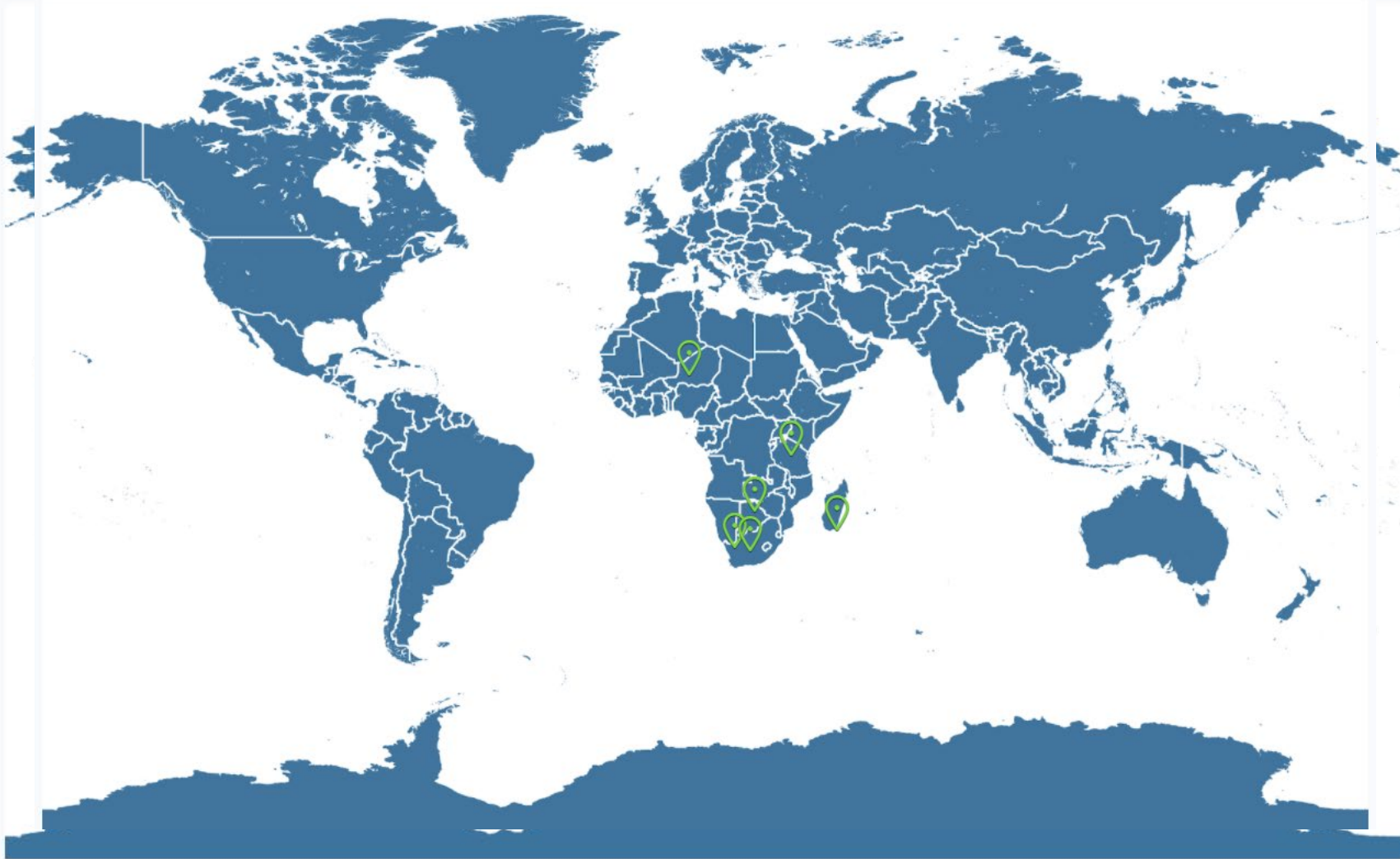
4. Challenges and opportunities for KT (30 min)

1. Introduction to knowledge translation



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Where are you joining us from today?



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What is knowledge translation in one word?

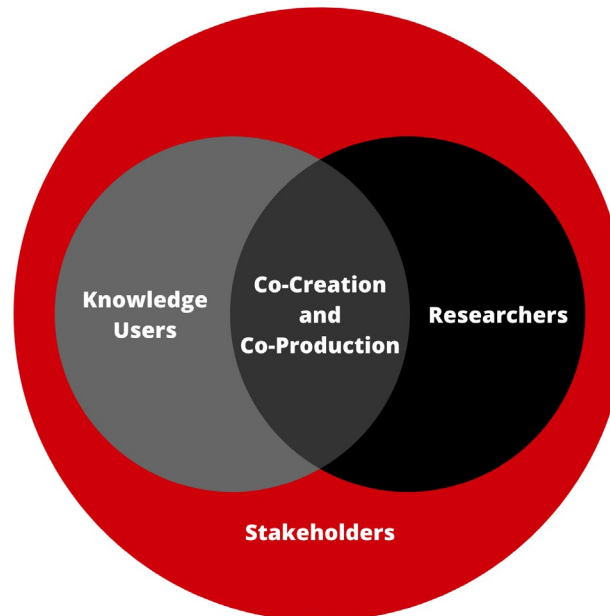


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What is knowledge translation?

- Knowledge translation, also known as knowledge transfer or knowledge mobilization, refers to the **process of taking knowledge from research, evidence, or other sources and making it accessible, understandable, and applicable to diverse stakeholders**, such as policymakers, practitioners, patients, and the general public.



Knowledge Users, Researchers, and Stakeholders. Source: Caitlin Muhl

Facet of knowledge translation



Applying Knowledge

You want to use evidence to inform the decisions you make in your work. You could be providing care, educating others, making decisions about policy or practice. You could also be a journalist or working in other media settings.



Producing Knowledge

You want to gather, evaluate, synthesize, analyze and/or disseminate knowledge. You are likely engaged in some sort of research, evaluation, or quality improvement project.



Brokering Knowledge

You want to make gathered knowledge more accessible to those who can use it in their work. You are bridging the gaps between diverse groups of people who gather and apply knowledge. You might be called a knowledge broker, a clinical educator, or something else entirely.

Why is knowledge translation important or why is it used?

“ To help others make sense of research ”

“ To inform policy ”

“ to make use of the knowledge to improve life ”

“ To make a difference in the real world ”

“ so that our practice is based on up to date evidence, relevant and cost effective ”

“ important so that others can use the knowledge, result in changes in behaviour, to inform policy ”

“ Making-sense-of-findings ”

“ To not waste time on research that no one ever uses ”

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Goal of knowledge translation

The goal of knowledge translation is to **bridge the gap between research and practice**, and to ensure that valuable knowledge is **used to inform decision-making, policy development, and implementation in real-world settings.**

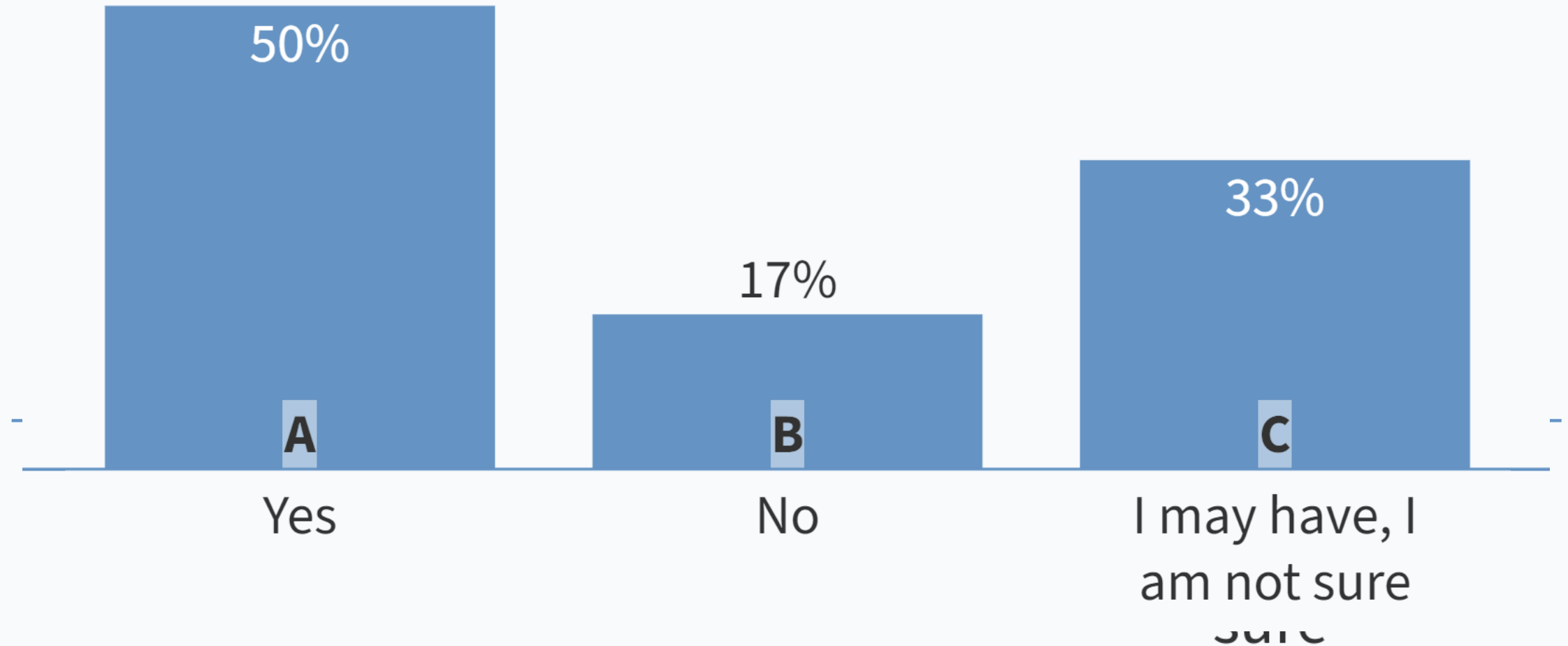


Why is KT important?

- Knowledge translation is important because it bridges the gap between research and practice, improves decision-making, enhances the uptake and use of research evidence, promotes innovation and practice improvement, fosters collaboration and stakeholder engagement, and maximizes the impact and value of research.
- Requirement of funders
- Planning = more likely to happen
- Show impact
- Advance science and practice.

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What knowledge translation activities have you done?



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Key components of a KT plan

1) What are your **KT goals**?

2) Who are your **target audiences** / knowledge users?

3) How will you **engage** them?

4) When will you engage them?

5) What are your **main messages**?

6) What **KT strategies** will you use?

7) How will you **implement** your strategies?

8) With what **impact** (evaluation strategy to determine success of KT plan and impact on health)?

9) What **resources** are required (budget, staffing, etc)

2. Identifying stakeholders



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Who are your main stakeholders?

hospital depts
doctors management director
trainers-of-undergraduate-medical-students
schools provincial-hoh makers
ndoh local educators policy
communities
hrh government
municipality

Research

Dietary sugar consumption and health: umbrella review

BMJ 2023 ; 381 doi: <https://doi.org/10.1136/bmj-2022-071609> (Published 05 April 2023)

Cite this as: BMJ 2023;381:e071609

Article

Related content

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Peer review

Yin Huang, doctoral student¹, Zeyu Chen, resident physician¹, Bo Chen, doctoral student¹, Jinze Li, doctoral student¹, Xiang Yuan, masters student², Jin Li, doctoral student¹, Wen Wang, associate professor³, Tingting Dai, attending physician⁴, Hongying Chen, consultant physician⁵, Yan Wang, consultant physician⁵, Ruyi Wang, attending physician¹, Puze Wang, masters student¹, Jianbing Guo, attending physician¹, Qiang Dong, professor¹, Chengfei Liu, professor⁶, Qiang Wei, professor¹, Dehong Cao, associate professor¹, Liangren Liu, associate professor¹

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Objective To evaluate the quality of evidence, potential biases, and validity of all available studies on dietary sugar consumption and health outcomes.

Design Umbrella review of existing meta-analyses.

Data sources PubMed, Embase, Web of Science, Cochrane Database of Systematic Reviews, and hand searching of reference lists.

Inclusion criteria Systematic reviews and meta-analyses of randomised controlled trials, cohort studies, case-control studies, or cross sectional studies that evaluated the effect of dietary sugar consumption on any health outcomes in humans free from acute or chronic diseases.

Results The search identified 73 meta-analyses and 83 health outcomes from 8601 unique articles, including 74 unique outcomes in meta-analyses of observational studies and nine unique outcomes in meta-analyses of randomised controlled trials. Significant harmful associations between dietary sugar consumption and 18 endocrine/metabolic outcomes, 10 cardiovascular outcomes, seven cancer outcomes, and 10 other outcomes (neuropsychiatric, dental, hepatic, osteal, and allergic) were detected. Moderate quality evidence suggested that the highest versus lowest dietary sugar consumption was associated with increased body weight (sugar sweetened beverages) (class IV evidence) and ectopic fatty accumulation (added sugars) (class IV evidence). Low quality evidence indicated that each serving/week increment of sugar sweetened beverage consumption was associated with a 4% higher risk of gout (class III evidence) and each 250 mL/day increment of sugar sweetened beverage consumption was associated with a 17% and 4% higher risk of coronary heart disease (class II evidence) and all cause mortality (class III evidence), respectively. In addition, low quality evidence suggested that every 25 g/day increment of fructose consumption was associated with a 22% higher risk of pancreatic cancer (class III evidence).

Conclusions High dietary sugar consumption is generally more harmful than beneficial for health, especially in cardiometabolic disease. Reducing the consumption of free sugars or added sugars to below 25 g/day (approximately 6 teaspoons/day) and limiting the consumption of sugar sweetened beverages to less than one serving/week (approximately 200-355 mL/week) are recommended to reduce the adverse effect of sugars on health.

Role play:

<https://www.bmj.com/content/381/bmj-2022-071609>

1. Researchers: Your objective is to look at your research findings and highlight the key findings, methods, and limitations of the study. Emphasize the association between sugar consumption and childhood obesity and the potential mechanisms identified in the study.
2. Policymakers: Your objective is to listen to the research findings presented by the researchers and ask questions to clarify the evidence and its implications. Understand the research findings and use them to develop evidence-informed policies or interventions that can be implemented at a population level to address childhood obesity related to sugar consumption.
3. Practitioners: Your objective is to listen to the research findings presented by the researchers and provide feedback based on your practical experience and expertise as healthcare practitioners. Raise questions or concerns related to the feasibility and effectiveness of implementing the research findings in your clinical practice. Provide input on the potential application of research findings in your daily practice.
4. Patients and Families: Your objective is to listen to the research findings presented by the researchers and share your perspectives, concerns, and needs related to childhood obesity and sugar consumption. Ask questions or provide feedback based on your own experiences and expectations from the healthcare system. Contribute to the development of policies or interventions that are patient-centered and consider the unique needs and circumstances of patients and families.
5. Advocacy groups: Your objective is to listen to the research findings presented by the researchers and share your perspectives, concerns, and needs related to childhood obesity and sugar consumption. How could you use this research to raise awareness, advocate for policy changes, and promote healthy behaviors in the community. Do you need anything further from the researchers?

Key components of a KT plan

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8) With what **impact** (evaluation strategy to determine success of KT plan and impact on health)?

9) What **resources** are required (budget, staffing, etc)

3. Targeted KT strategies



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- **Sugar consumption research:**
- **How would your group have liked to have received this information?**
- **What KT activities or products would have made the message easier?**
- **Whose responsibility is knowledge translation?**

DIFFERENT KT STRATEGIES

can be used to target different audiences


→


(from MOST Effective to Least Effective
(Variable/Lack of Evidence))

(patients, family members)

FOR DECISION MAKERS

- Tailored summaries (of the problem and related research evidence e.g. policy brief)
- Info package (1-page take home, 3-page executive summary, 25-page report)
- One-on-one meetings (face-to-face with leadership)
- Distribution/dissemination (passive, "push")
- Mass media (TV, radio, newspaper, posters)



(policy maker, health care leadership and managers)



(doctors, nurses, pharmacists, allied health care professionals)


FOR HEALTHCARE PRACTITIONERS

- Education (interactive, online, outreach)
- Toolkits (multiple KT tools/strategies)
- Education (traditional e.g. conferences)
- Reminder system
- Education materials (guidelines)
- Local opinion leaders
- Multifaceted
- Distribution/dissemination (passive, push)
- Mass media/social media


(patients, family members)

FOR PATIENTS & FAMILY MEMBERS

- Interactive education (workshops)
- Online education (e-learning)
- Education materials (pamphlets)
- Toolkits
- Self-management
- Mass media



(patients, their family members, patient advocates)



(members of the public and media)

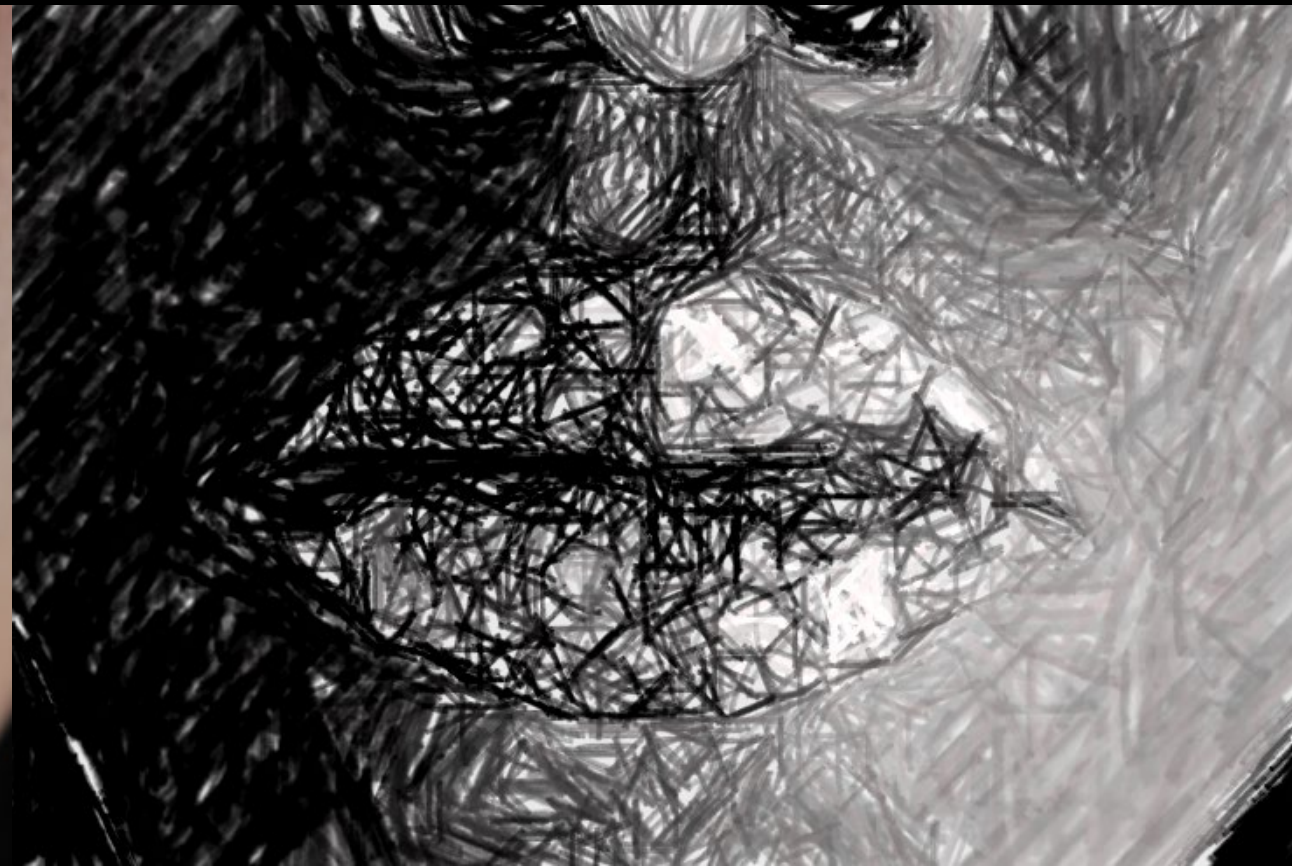
FOR THE PUBLIC

- Online education
- Incentivization (bonuses, taxes, to change health-related behavior)
- Guidelines for mass media professionals
- Mass media

Source: Knowledge Translation Strategies for Different Audiences (prepared by Knowledge Exchange Provincial Addiction and Mental Health, AHS 2018)

Source: "Knowledge Translation Strategies for Different Target Audiences": by Knowledge Exchange, Provincial Addiction and Mental Health (Alberta Health Services, Canada)

4. Challenges and opportunities



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- What are the challenges and opportunities of knowledge translation?

Thank you
Enkosi
Dankie



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