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1A Taking the deliberative dialogue model on the road: Supporting and evaluating a system-led improvement approach in the North East of England

Peter van der Graaf, Teesside University

Background

Policy makers often use different sources of evidence to inform their decision making. This raises questions about how to combine different types of knowledge effectively, including research evidence, to inform commissioning of health services. In 2015, the Directors of Public Health in the North East of England started developing a new way of working with academics. In this new approach, commissioners from different local authorities apply a peer challenge model with academics to assess the extent to which their policies and commissioning plans are evidence based.

Methods

In my NIHR Knowledge Mobilisation Research Fellowship, I evaluate this new collaborative approach and actively support policy makers in blending research evidence with other sources of knowledge (such as technical expertise and practical wisdom). To inform the development of this collaborative approach, a literature review was conducted to identify what works and doesn’t work in peer challenges between public health teams in local authorities. In addition, 10 open interviews were conducted with public health practitioners to reflect on their experiences of piloting the approach in two local authorities around perinatal mental health.

Findings

The review identified 278 papers of which 13 papers were selected as most relevant. Reviewing the selected papers highlighted four themes for peer challenges: early preparation and resourcing; external facilitation and ongoing relationship building; matching of peers;
and support in follow-up and implementation. The interviews identified two different models for organizing peer challenge in each local authority that facilitate dialogue between individuals and groups.

Conclusion

The review demonstrated considerable benefits from different peer challenge models for improving services. Peer review visits offer a fresh, external perspective from highly skilled professionals with a clear understanding of context and local knowledge. Peer reviewers can mobilize new knowledge and action on sensitive organizational issues and enable engagement across and between organizations. The importance of facilitation and ongoing relationship building were confirmed and expanded upon in the pilot sites.

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1B The evolution of the articulation of organizational and collective interests in a deliberative process

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Research shows that actors in an intersectoral governance structure share a dual identity. One related to their organization and one related to their new role in the Intersectoral Governance Group (IGG). This double identity requires them to defend both the interests of their organization and those of the IGG group of which they are members. The deliberative process is presented in the literature as the means by which actors manage to reconcile the two interests and to satisfy them simultaneously. It has also been shown that some actors find it difficult to align their organizational interests with those of the governance group in which they participate. This could explain the failure of some intersectoral programs to act effectively on social inequalities in health. Based on a case of intersectoral governance, our research aims to understand how, in a deliberative process, intersectoral actors reconcile their organizational and collective interests. The case under study is the Montreal Initiative; an innovative cross-sectoral intervention to support social development in Montreal coordinated at the regional level by a committee of four partners from different sectors. Created in 2006 by public and philanthropic financial partners along with an associative partner representing front-line organizations, its objective was to address poverty and social inequalities in neighborhoods by supporting local consultative structures. In 2011, these partners began deliberating on revised management and evaluation plans. The review process lasted four years (2011-2015).

This presentation aims to document the evolution of the articulation of organizational and collective interests through an intra-sectoral and intersectoral negotiation process in a
deliberative process by referring to critical incidents that occurred during the process of revising the Initiative. The critical incidents were identified through in-depth study of the Montreal Initiative documents (minutes, evaluation reports, activity reports, working papers), exploratory focus groups and eighteen semi-structured interviews conducted between December 2016 and May 2017 with stakeholders representing the four sectors that were involved in the review process. The results of this study have shown that a combination of organizational interest and personal leadership which is linked to a relationship of shared trust between actors leads to the articulation of interests in a decision-making process.

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1C **Are partnerships between researchers and policy-makers among low- and middle-income countries sustainable when initial funding stops?**

David Walugembe, Western University

**Background**

Partnerships between researchers and policy makers among most low and middle-income countries are initiated as result of availability of funds by collaborators from high income countries. A few studies have examined the factors that hinder or facilitate the continuity of partnerships between researchers and policy makers. However, little evidence exists about the sustainability/continuity of these partnerships when the initial funding stops.

In tackling this less discussed subject, this presentation will share a summary of existing literature on barriers and facilitators of partnerships between researchers and policy makers as well as strategies to sustain partnerships between researchers and policy makers when the initial funding stops. It also aims to ignite deliberations among researchers, policy makers and collaborators regarding the need for further collaborative research projects on the sustainability of these partnerships.

**Expected outcomes**

The expected outcomes include harnessing existing knowledge and resources around the sustainability of partnerships between researchers and policy makers; and garnering support and commitment of resources and time to conduct further research on this subject.

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Sustainable partnerships between researchers and policymakers in public health: What makes them work?

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Background

In 2006 the Dutch government took the initiative to improve the knowledge-exchange infrastructure in public health (PH). A grant program for development of ‘Academic Collaborative Centers’ (ACC-s) stimulated structural partnerships between knowledge institutes and partners from PH practice. The grant program aimed at building structural knowledge production networks in line with Nowotny’s Mode-2 knowledge production concept. Research carried out in the context of application delivers more socially robust knowledge and therefore contributes more substantially to evidence use in PH practice and policy (Jansen et al 2015).

Objective

In total, the eight-year grant program resulted in 11 ACC’s, together covering almost the entire country. In Noord Brabant, a province with 2.4 million inhabitants, we built the ACC Public Health Brabant, a collaborative network consisting of three regional public health services (RHS-s), a university and the national public health institute. This network initiates and executes practice-oriented scientific research in direct interaction with professionals. Main principles: all partners invest and benefit, equality, face-to-face contacts and science practitioners (Garretsen et al 2007). Central in this paper: what factors influence the success of such structural knowledge production networks?

Results

After the initial eight years in which national funds pushed the development, coordination and research in all ACC-s, the past three years have proven the ACC PH Brabant sustainable and independent. Differences in level of knowledge production as well as in intensity of collaboration between partners have surfaced though. Factors of influence are diverse, both internal and external. For instance, municipalities’ priorities shifted from PH to care and welfare, forcing RHS-s to adapt and reorganize due to budget cuts. This induced shifts in personnel, destroying relationships and expertise. RHS-s managing to invest in research expertise flourished in practice-based knowledge production. RHS-s lacking vision, funds or commitment in evidence building however, appear to experience serious constraints to active participation in knowledge production. In addition the university’s pressure for scientific publication hinders the production of socially robust evidence.

Lessons learned

Lessons learned focus on barriers and facilitators supporting sustainable networks between
science, policy and practice in PH. Examples of collaborative projects: the development of comparable monitoring information on vulnerable groups in all (70) municipalities, developing a self-help intervention with and for homeless youths, and exploring factors facilitating implementation of smoke-free school zones.

Main messages

Perceived mutual benefits, equality in partnership and investments, a shared vision on knowledge production and basic funding are facilitators for sustainable collaborative relationships between research, policy and practice in PH.

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Dissemination of evidence-based policy research through national partners

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Health issue

Communication between researchers and policy makers can sometimes be lacking, resulting in uninformed and ineffective health policies. Through this study, we evaluated the capacity for implementation of Oregon’s House Bill (HB) 3141 in Oregon public schools which stipulates the number of minutes of physical activity elementary and middle school students must receive on a weekly basis. The study aimed to determine what resources are necessary for teachers to effectively implement and comply with the policy as implementation guidance was not included in the bill.

Objective

The objective of the research project was to determine the feasibility of the implementation of Oregon HB 3141 and the resources necessary for implementation. The framework for this evaluation used the Centers for Disease Control’s Policy Analytical Framework.

Results

Researchers conducted a pilot to assess the implementation of a curriculum including actual minutes and intensity of physical activity in addition to teacher’s perceptions of the curricula and what additional resources are desired. The pilot studied the usage of a prescribed, paid curriculum versus teachers utilizing the free resources already available. The results from the pilot found that having any sort of curriculum whether it be paid for or free is beneficial to increasing physical activity in schools. It is possible that simply an increased focus on physical
activity through contact with the American Heart Association liaisons and the researchers was enough to give the perception of increased support for physical activity in the classroom.

Lessons learned

Through this evaluation, the importance of partnerships between researchers and policy makers and well as implementing organizations became clear. All play a role in successful policy implementation.

Main messages

The results of this evaluation were synthesized into a report and given to the American Heart Association. The American Heart Association can use the information when working with school districts as well as policy makers in order to inform implementation and policy improvement in Oregon, as well as inform similar policies in other locations.

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2B The CollaboraKTion framework for community-based knowledge translation: A data-driven and theoretically-informed approach to population-focused knowledge translation

Emily Jenkins, University of British Columbia
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Issue

Knowledge translation (KT) has received much attention in the health context as a mechanism for enhancing evidence-based practice in acute and primary care settings. More recently, the narrow scope of the “traditional” orientation and related approaches to KT have been critiqued and accompanied by recognition of the need for KT approaches to support the use of diverse forms of knowledge in community settings to inform population health interventions.

Objectives

The objectives of this study were to develop a framework, which we refer to as the CollaboraKTion framework for community-based KT, to guide future research and practice of population-focused KT. A multi-method qualitative approach that included individual interviews with key stakeholders (n=37) and field observations collected over a one-year period was utilized. This approach captured the processes involved in conducting community-
based KT in a rural British Columbia community with the aim of promoting youth mental health. In addition, qualitative synthesis of systematic review data on the outcomes of participatory, population health interventions was conducted.

Results

These data sources were analyzed concurrently using thematic analysis techniques and the findings used to inform a five-phase framework for community-based KT that builds on previous work. This methodological approach contributed to the development of an empirically-driven and theoretically-informed framework that is grounded in real-world application, yet inclusive of the broader population health intervention evidence-base.

Lessons learned

Through this study process and framework development, our team recognized that to support sustainable, population-level changes to health outcomes, strategies and mechanisms are needed to ensure action at a policy level. These learnings have been used to inform current work that our team is undertaking.

Main messages

The CollaboraKTion framework for community-based KT offers a data-driven approach to KT targeting population-level health outcomes. This framework supports researchers and practitioners in incorporating broad sources of knowledge, including practice-based evidence, to introduce interventions that resonate and are responsive to the needs of target communities.

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**2C Frayme: Addressing youth mental health system fragmentation through an international knowledge mobilization network**

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Issue

Adolescence and young adulthood is a critical period for the development of mental disorders, with approximately 90% of all ill-health in this age group being attributable to mental disorders, and 75% of adult mental disorders having onset before age 25. Despite these trends, only 25-30% of youth in-need access specialized treatments. Integrated Stepped Care Models (ISCM) address youth needs across multiple domains, and are emerging as the preferred evidence-informed and cost-effective model for addressing youth mental health and substance use (YMHSU) concerns. Despite potential benefits of this approach, implementation is limited due to gaps in knowledge sharing across research, policy, and practice. Independent efforts have invested constrained resources to gather and assess knowledge that has already been reviewed, and address challenges that have already been overcome. This leads to duplication rather than the leveraging of existing work. Networks can fill this gap by acting as vehicles for integrated knowledge mobilization, leading to coordinated evidence-informed policy development.

Objective

Frayme, an international knowledge exchange network, facilitates local action, national collaboration, and international knowledge mobilization surrounding the implementation of ISCM within YMHSU services. This case study will illustrate how Frayme leads knowledge exchange to inform policy priorities.

Results

Frayme has engaged 100+ national and international partners. The network is a central hub for evidence collection, appraisal, and sharing across partnerships with policy-makers, researchers, service providers, families, and youth. Partnerships guide policy through the coordinated undertaking of stakeholder-relevant priority projects. Projects include identification of current best practices in YMHSU, creation of an online resource hub, and facilitation of research/policy/practice forums. An inaugural convening gathered and connected over 60 partners, including policy-makers representing 12 provinces and territories who were engaged in identifying knowledge needs and preferred formats of evidence sharing.

Lessons learned

Frayme has identified lessons that can be applied to the development of similar knowledge exchange networks. The importance of maintaining relationships across sectors, acknowledging previous and ongoing efforts, and working to connect and build on them to address system fragmentation are all key. Additionally, effective communication of the network’s added value has been integral in actively engaging partners.
Main messages

Knowledge exchange networks leverage the greater power of ‘the whole’ relative to the sum of its parts. Using Frayme as a case study, this presentation will showcase the processes of establishing an initiative mechanism that connects disparate local action and develops regional collaboration, as part of an evolving international network of influence for public health system transformation.

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2D Integrated knowledge translation and disseminating action-oriented and equity-focused research findings

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Heather Strosher, University of Victoria
Thea van Roode, University of Victoria

Issue

The Equity Lens in Public Health (ELPH) research project was a five-year integrated knowledge translation project studying the implementation of an equity lens in the public health system. Research partners included representatives from six British Columbia (BC) health authorities and the BC Ministry of Health. The partners informed the development of the research questions and the data collection methods, in addition to the interpretation of findings, to ensure they were relevant to informing health equity-related action and policies.

Objectives

1. To highlight the importance of iKT research team models to supporting policy-oriented research.
2. To discuss the hallmarks of a successful iKT research team and research processes.
3. To showcase the KT products developed as part of this project to inform health equity-related policy and action in the BC Health System.

Results

The iKT project supported the development of six action-oriented and equity-focused KT products:

- Selecting and Assessing Health Equity Tools
- Making Health Equity a Priority
• Applying a Health Equity Lens
• Communicating about Health Equity
• Navigating Different Agendas: Public Health Ethics
• Executive Summary: Lessons Learned from ELPH

The relevance, impact and dissemination of each product will be discussed in terms of informing policy change, as well as the importance of including health authority partners throughout the research process.

**Lessons learned**

1. One size does not fit all.
2. Don’t wing it; your partners are there for a reason!
3. Track the process and the progress.
4. Action-oriented findings are empowering.

**Main messages**

Impactful dissemination products that can inform effective policy change and action must be informed by the expertise of the people that develop, implement and are impacted by the desired policy changes. One approach for this is an integrated knowledge translation project design.

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Public health professionals are expected to consider the best available evidence when making practice decisions. There is an abundance of research evidence to guide practice in public health. Despite availability of research evidence, there remain instances in which the public health sector does not implement interventions shown to work, or implements interventions for which there is good evidence that they do not work.

Knowledge brokering has emerged in Canada as a promising knowledge translation and exchange (KTE) strategy. Knowledge brokers (KBs) work to promote, facilitate and support evidence-informed decision making (EIDM). KBs are instrumental in facilitating communication and knowledge sharing among key stakeholders.

The National Collaborating Centre for Methods and Tools (NCCMT) has developed and successfully piloted a comprehensive strategy that simultaneously develops capacity amongst the workforce, while also supporting organizational change in the culture to support staff as they develop their new skills.

First, an organizational assessment was completed with each of five participating health units. Senior management at each unit participated in a 2.5-hour focus group that assessed the organizational culture in their health unit for evidence-informed decision making (EIDM) and identified targets for change to support EIDM. Second, five to six front-line staff from each health unit participated in a 16-month curriculum. The program included in-person workshops at McMaster University; an initial five-day session, a three-day session at six months and finally two-day session at twelve months. Staff also participated in monthly webinars and monthly phone and email support with a senior knowledge translation expert. Finally, a practice based issue was identified by each health unit and a rapid review conducted by the participants. Changes in performance on an EIDM Assessment were analyzed using a paired t-test.
identified and implemented. A statistically significant increase in EIDM knowledge and skill was observed following the program (p<0.017)

Successful implementation of EIDM at public health organizations requires a comprehensive strategy that involves staff at all levels of the organization. Mentoring of knowledge brokers provides a statistically significant increase in skills for evidence-informed decision making in public health. The knowledge broker mentoring program shows promise as an effective strategy to support and develop EIDM at public health organizations.

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### 3B Tools to translate: Supporting evidence-informed policymaking in a partnership model of research

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**Marge Overs**, Medicine Today

**Issue**

The value of research evidence for prevention policy is internationally recognized, but there remain barriers to the uptake of this evidence in policy and practice. A significant barrier is that evidence may not be communicated to those who need it in a way that is timely, clearly understood and relevant.

The Australian Prevention Partnership Centre is an Australian National Health and Medical Research Council initiative established in 2013, comprising more than 150 individuals from 28 agencies including universities, governments and private organizations. Research across 39 distinct projects is co-produced by teams of researchers and decision-makers to improve the uptake of evidence in policy and practice.

This presentation will provide an insight into what we have learned about research translation in a partnership model of research: what policy partners need to know, how to negotiate the differing time frames of academia and government, how to summarize complex research into forms that are useful, and more broadly how to communicate the value of prevention of chronic disease in Australia.

**Objectives**

A core objective of the Prevention Centre is to produce policy-relevant evidence and tools
that can be implemented in practice. Working collaboratively to produce this evidence requires a new form of communications that considers the competing cultures, contexts and requirements of researchers, policy makers and practitioners.

Results

We have learned that a journalism approach is effective, where key messages are conveyed in such a way that engages policy partners without ‘dumbing down’ the science. Our communications are user-focused, where at every step of the process we check that the format and style of content is aligned with the purpose and audience. We have explored the use of storytelling, infographics, podcasts and webinars to translate knowledge and have produced a range of concise, accessible resources that provide succinct summaries for busy policy makers and practitioners.

Main messages

Successful co-production of research relies on building and nurturing networks and trust between researchers, policy makers and practitioners. A communications capacity is central to the success of such an approach, and thus a well-resourced communications function should be embedded from the outset in future research partnerships.

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3C **Social media as a knowledge translation tool to disseminate high-quality public health evidence**

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**Zhi Chen**, National Collaborating Centre for Methods and Tools / McMaster University
**Emily Sully**, Health Evidence / McMaster University
**Maureen Dobbins**, National Collaborating Centre for Methods and Tools / McMaster University

**Issue**

Health Evidence™ is an organization involved in knowledge translation for public health professionals. Our main product is a comprehensive registry of quality-assessed reviews evaluating the effectiveness of public health and health promotion interventions. Social media shows promise as an effective knowledge translation strategy for public health professionals and policy-makers to increase awareness, access and use of review-level evidence to help support evidence-informed decision making in public health.
Relevance

To share techniques, strategies, and resources used by Health Evidence™ for creating interactive content, engaging on social media platforms, tracking analytics and measuring impact.

Results

Currently there are over 4,800 reviews included in the Health Evidence™ registry. We regularly disseminate high-quality research findings from methodologically-strong systematic reviews and meta-analyses on multiple platforms including Twitter and Facebook; short actionable messages are formulaically created and posted on each of these accounts. Recordings and presentations from our monthly author-led webinar series are posted to YouTube and SlideShare and promoted through our social media channels. Additionally we promote upcoming events (e.g., webinars) through each of our social media platforms for at least two months prior to the event to increase registration and encourage attendance. Posts are regularly scheduled through Hootsuite® and analytics are collected monthly. The Health Evidence™ Twitter account disseminates findings from an average of 20 strong-rated reviews each month to over 7,000 followers. Analytics reveal that social media posts attract users from 190+ countries and significantly increase page views for the reviews included in the posts by 678% compared to the average daily views of the review page in the month prior.

Lessons learned

The ability to formulate concise actionable messages from the results of methodologically-strong systematic reviews and meta-analyses allows practitioners and policy-makers to efficiently identify pertinent information from systematic reviews. Promoting review findings and upcoming events such as our monthly author-led webinar series across multiple social media platforms helps us reach a wider audience.

Main messages

Social media as a communication mechanism can be a useful part of a comprehensive KT strategy to support local, national and global public health decision-making.

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Research impact is understood as the positive or negative changes or effects, intentional or unintentional, of research on health, society and the economy. A key pathway to moving research to wider impact is through policy decisions. However, getting the right information to the right policy maker at the right time is challenging and consequently can limit research uptake and use.

The Canadian Health Services and Policy Research Alliance (CHSPRA), a pan-Canadian alliance of 41 organizations whose members include research funders, health charities, health system organizations and university training programs and whose collective aim is to advance health services and policy research in Canada, has taken on this challenge. By creating a research impact framework that enables stakeholders to effectively demonstrate, measure, and communicate impact, CHSPRA is working to bridge the gap between research and health policy decision making.

This shared framework was co-developed by CHSPRA members through a process that included: a literature review, expert working groups and external review, a modified Delphi approach for key performance indicator selection, and consultation with health system decision makers. The framework provides a blueprint for strategically engaging with the processes and pathways involved in translating research evidence into policy impact and includes: (1) identifying key enablers for translating evidence (e.g. engaging decision makers in problem and priority identification to cultivate a “pull” for research evidence); (2) administering an “Informing Decisions Impact Survey” that captures evidence of research impact on policy in a manner that is scientifically rigorous and enables reporting in the policy environment; and (3) identifying communication channels that leverage real-time quantitative data relevant to decision makers (e.g. an impact scorecard populated with monitoring data of key performance indicators), as well as a qualitative impact narrative tool that captures the diverse pathways to achieving impact.

We will review the framework’s components, including the pathways to policy impact, a menu of key performance indicators that elucidates research influence on policy decision-making,
and user-friendly tools for communicating impact in ways that are accessible, understandable and meaningful to policy makers. We will also suggest next steps for pan-Canadian implementation of the framework.

This framework is a mechanism for advancing research use in policy by highlighting translational gaps and opportunities that are relevant to both policy makers and researchers, as well as providing solutions that can be applied in real world contexts to address public health priorities.

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The link between housing and health, in which poor-quality housing is a social determinant of health, is well established in the literature, yet an ongoing concern. This is particularly significant for older populations which may be facing changing health needs within personal, policy and practice drivers to keep them aging in place at home. The link between housing and healthy aging is complex and draws upon different collections of knowledge from academics, local government, health and housing professionals and third sector organizations. We wanted to bring perspectives together in a meaningful way by co-producing a research agenda with multiple stakeholders. We applied a range of approaches to facilitate engagement and dialogue between multiple stakeholders, which allowed for a range of views on issues in research, policy and practice to be incorporated. This project worked with a range of stakeholders to co-produce a research agenda on the theme of home and healthy aging, whilst simultaneously creating sustainable networks to deliver knowledge and evidence in the future. Funded by Fuse and hosted by Northumbria University, the project team provided a series of research seminars on key issues identified via a realist scoping of the literature. However, rather than using open attendance, group members were invited according to their area of expertise and asked to attend all sessions to ensure that members of the project underwent a shared learning journey together.

Other approaches used included creating a shared evidence library, circulating a directory of ongoing work, panels in which potential research themes and projects were pitched to the group, and mock funding decisions. Data produced were rich and offered a significant
range of potential opportunities for future learning. However, other key outcomes included the sustained involvement of group members, established links for future research and pathways of evidence dissemination and a shared group understanding which allowed complex issues to be understood in concrete and applicable ways. Reflections also include the need to provide facilitative leadership and have professional confidence to “think out loud” in front of partners. As such, this project used a range approaches for facilitating engagement and dialogue between various stakeholders to not only develop a research agenda, but also put practical networks and relationships in place to deliver future evidence. It was important throughout the process to acknowledge the complexity of the contexts of the issues and consider the range of partners required to address them.

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**4B Partnerships – How is health research used in Indigenous communities?**

Patrick Odnokon, Saskatchewan Health Research Foundation  
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Indigenous peoples in Saskatchewan developed the Indigenous Cultural Responsiveness Theory (ICRT) as a decolonizing model aimed to improve Indigenous wellbeing. This model validates and supports Indigenous histories and inherent rights. Indigenous communities in Saskatchewan are asking our team to use this model to reframe, rename, reclaim, and restore their own approaches to health and wellbeing. The three main ICRT concepts include: (1) Restoration of Indigenous community-based health and wellness systems; (2) Establishment of a ‘middle-ground’ for engagement between mainstream and Indigenous systems and world views to support a mutually-beneficial co-existence and foundation for reconciliation and respectful engagement; and (3) Transformation of mainstream service delivery to become culturally-responsive by guiding research that continuously improves the health, education, governance, and policies of Indigenous peoples. Effective health intervention strategies following the ICRT model draw on the strength and resilience of Indigenous people and are inclusive of Indigenous ways of promoting spiritual wellness and healing.

Meaningful engagement of Indigenous community members informs the development of culturally-relevant health systems that are responsive to community needs. Creating opportunities for training, empowerment, and capacity rebuilding within communities can help shift perceived deficits away from the individual and place them within the appropriate context (i.e., residential schools, colonization). The health of Indigenous people can be improved by providing opportunities for Indigenous people to take control of their health and by supporting Indigenous communities in taking the lead in healthcare delivery in their communities.
The Saskatchewan Health Research Foundation (SHRF) has engaged the Indigenous research community to gain a better understanding of how to support community-based health research and communicate the impact of research. SHRF has used the Canadian Academy of Health Sciences’ (CAHS) ROI Framework to collect data along the continuum of research, from capacity building activities to health impacts. To better understand how research is used by Indigenous communities, the presenters will examine three pathways:

**Pathway 1:** Collective action to co-identify and support research focus areas. Looking at a problem and priority co-identification and targeted capacity building.

**Pathway 2:** Conditions and evidence for translation. Looking at translatable research findings and the community’s capacity to use and implement the research;

**Pathway 3:** Impact. A reflection on community: decision making process, learning from community engagement, how has the community and its health changed.

These Pathways are consistent with a new approach looking at informing decision making, developed by the Canadian Health Services and Policy Research Alliance (CHSPRA).

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**4C Let’s INTERACT – Mobilizing data, cities and citizens for evidence and action on healthy, equitable cities**

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Scott Bell, University of Saskatchewan
Geetanjali (Toby) Datta, University of Montreal
Paul Lewis, University of Montreal
Sebastien Lord, University of Montreal
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Issue

The design of cities can either help or hinder our health and wellbeing, and plays an important role in shaping socio-geographic inequalities. As countries around the world continue to urbanize, planners and public health officials are calling for more rigorous evidence on the health impacts of urban form, including who stands to benefit and in what context.

Objectives

Using cutting-edge technology and tools, INTERACT is conducting natural experiment studies on major changes in urban form in four Canadian cities (a multi-use greenway in Vancouver, a sustainable development plan in Montreal, a bicycle network in Victoria, and Bus Rapid Transit in Saskatoon). Applying an integrated knowledge translation approach in each city, INTERACT aims to: (1) understand context of urban interventions; (2) measure change in urban form; (3) analyze impact of interventions on health, wellbeing, and social inequalities; (4) mobilize knowledge to guide future decision making on urban change.

Results

In addition to extending the evidence base on healthy urban development, a major result of INTERACT will be the refinement of tools and indicators (co-developed with cities and citizens) to enable the monitoring and evaluation of the health impacts of urban development over time. INTERACT’s toolkit includes an online concept mapping process for capturing stakeholders’ perceptions of local context; a geographic information system (GIS) platform for documenting changes to urban form; and tools for measuring impacts on population health and wellbeing, specifically, online health and spatial surveys, wearable sensors, and a smartphone app to track physical activity and mobility.

Lessons learned

Using INTERACT’s scalable toolkit and integrated approach to knowledge translation, scientists and society can join forces to co-produce evidence on the effectiveness of urban form interventions implemented across geographic settings and populations.

Main messages

Governments at all levels make massive investments to urban infrastructure, and yet have little access to localized data, research capabilities, and tools to design healthy and equitable cities. INTERACT will provide much needed evidence to justify and inform future investments in healthy urban development, and offers an innovative framework for conducting applied urban form research in collaboration with knowledge users.

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‘Embedded’ scholarship as a strategy for health equity policy change

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Issue

Research and policy change often happen in separate spaces and contexts (academia and health settings), leading to delays in moving evidence into practice. This disconnect also limits the meaningfulness and applicability of research findings in practice settings, reducing the overall effectiveness of policies. In terms of reorienting health authority activities and policies toward health equity, integrating health equity scholars into the organizations is a promising strategy.

Objectives

The objectives of this research project were to:

1. Explore two different models of embedded scholarship within BC health authorities,
2. Reflect on the challenges and opportunities for supporting a successful embedded scholarship model, and,
3. Identify the policy impact embedded scholarship can have on policy development to support health equity.

Results

Two different models of embedded scholarship will be explored: “A Health Policy Fellowship” model and a “Scholar in Residence” model. Pros and cons of each approach will be highlighted with a focus on impact on the development of health equity-oriented policy within the organizations. Policy impacts are noted, both in respect to structuring the embedded scholarship positions, as well as in terms equity-informed organizational changes.

Lessons learned

1. Mutually beneficial partnerships help us all: Learning should go both ways.
2. It’s all about location (of the scholar): Integration vs. consultation models.
3. The whole is more than a sum of its parts: multidisciplinary teams needed.
4. Having your cake & eating it too: rigour, meet practicality.
Main messages

Providing opportunities for an interface between research, scholarship, policy-development and practice in real-time is important for health equity strategies and policies within the health system, as well as for health systems research and scholarship.

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Creating a compelling case for prevention by combining health economics, systems thinking and dynamic simulation modelling

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Issue

In addition to the significant health burden caused by preventable chronic disease, there is also a considerable economic cost caused by associated demands on the health care system, decreased participation and productivity across the full range of domestic and workplace activities, all impacting on economic growth. Despite a third of major chronic diseases being preventable through changes to key behavioural risk factors, including poor diet, physical inactivity, tobacco use, harmful alcohol consumption and overweight and obesity, only 1.3% of health spending in Australia is currently directed towards prevention programs.

Objectives

An interdisciplinary team collaborating across three work streams of health economics, dynamic simulation modelling and communications aims to demonstrate: (1) the health and economic burden of preventable chronic disease in Australia; (2) the potential benefits, including productivity impacts, of reducing the prevalence of modifiable risk factors based on WHO targets; and (3) the benefits of using dynamic simulation modelling techniques. An innovative ‘zoomable model’ will allow decision-makers to assess the effectiveness and cost-effectiveness of chronic disease prevention interventions for Australia and local areas.
Results

A systematic assessment of the literature revealed that tobacco, high body mass and unhealthy diets consistently contribute to the highest proportion of preventable chronic disease. Individual dietary risk factors account for small levels of preventable disease burden, however when considered as a group of risk factors related to poor diets, the burden is amplified. This highlights the importance of intervening to improve the quality of the whole diet rather than focusing on individual nutrients. A system dynamics model has been built incorporating five risk factors, their interactions and 10 linked chronic diseases. A number of scenarios/“what if” analyses will be conducted to demonstrate the health, financial and economic benefits over time of interventions addressing key modifiable risk factors.

Lessons learned

A collaborative and participatory model building process is critical to ensuring quantitative analyses provide outcomes that are meaningful to decision-makers and accurately represent the disease process and prevention system they intend to represent.

Main messages

Dynamic simulation modelling provides a promising approach to quantifying the long term benefits of reducing the prevalence of lifestyle risk factors. It provides an innovative way of incorporating the insights from economic analysis.

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5B  Informal knowledge management systems: A unique ethnography to help policy-makers ‘listen close’ to public health practitioners monitoring their practice

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Issue

A frequently overlooked dimension of practice-based evidence is the knowledge that comes from policy and program implementation. Electronic program monitoring systems help practitioners record activity and measure progress. But they can be adapted to give meaning to other types of knowledge as well - such as aspects of context that might be important enablers of program effects. There has been limited research to date to help synthesize and surface this knowledge to inform continuous practice and policy improvements. We describe an ethnography of the use of PHIMS (the Population Health Information Management System), an online system designed to support and track the largest ever roll-out in Australia of childhood obesity prevention programs to encourage healthy eating and physical activity in school aged children.

Objectives

As part of our study, we set out to describe the range of technologies and tools that are used alongside PHIMS (digital and paper-based). We aim to understand what additional practice-based evidence may be important to capture within formal electronic systems like PHIMS.

Results

All Local Health Districts, to some degree, were using a range of methods to support PHIMS and enable good practice - from sticky notes, to spreadsheets, to personal files. These recorded, for example, continuity of staff in schools and relationships with key agencies. Informal systems also assisted staff in helping each other in achieving program adoption indicators. Results are being used to inform the ongoing co-design of preventive policies, as well as PHIMS co-design.

Lessons learned

Practitioners’ improvisations around the formal knowledge gathering and exchange system illustrate what evidence on the ground matters most. This suggests ways in which PHIMS can continue to evolve and adapt to meet the changing needs of users. The research creates a genuine and rich feedback loop between policymakers; system architects and local health promotion staff. This recognizes and seeks to better understand the multi-level contexts in which policy change is negotiated.
Main messages

Practice-based evidence derived from the implementation of large-scale interventions can provide unique insights on how to make evidence-based programs work in local contexts. Sharing practice-based data using an electronic system provides a communication channel between policymakers and on-the-ground obesity prevention practitioners. Partnership research provides a strong platform for quality improvement.

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### 5C Engaging patients as partners in health research and policy-making

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**Objectives**

Canada’s Strategy for Patient-Oriented Research (SPOR) is about ensuring that the right patient receives the right intervention at the right time. Funded by the Canadian Institutes of Health Research (CIHR) in conjunction with matched provincial partners, SPOR engages patients (including family members, caregivers and people with lived experience of a health condition) as partners in health research alongside multidisciplinary teams of researchers, clinicians, decision-makers and policy experts. The objective of SPOR is to ensure that the voices of patients are reflected in improved health outcomes, better healthcare processes and good public policy.

The Vancouver Island Centre is one of five regional centres across BC that are designated as SPOR SUPPORT Units (SUpport for People and Patient-Oriented Research and Trials). A collaboration between the University of Victoria and Island Health, the Centre provides in-kind assistance to research teams who wish to carry out patient-oriented research across Vancouver Island through the provision of training modules, research navigation services, patient liaison support, and knowledge brokering.
Results/Lessons learned

This oral presentation will highlight some of the challenges and successes of engaging patients in healthcare research as they relate to the creation of healthcare policy. Challenges around making patient-oriented research the “new norm” include: how to present personal experiences in the policy arena; changing traditional attitudes around whether the lay voice is valid in a complex healthcare environment; giving marginalized groups (e.g. illicit substance users) and groups with unpopular or conflicting views an equal place at the policy table alongside healthcare decision-makers; and ensuring that patients feel comfortable in what can be an intimidating environment.

The benefits of involving patients alongside healthcare decision-makers in the policy process can be vast and include: creation of policies which are more relevant to healthcare users; quicker acceptance of policy and movement into practice; decreased stigma around patient involvement in healthcare; breaking down of stereotypes; inclusion of alternative viewpoints which can avoid ‘tunnel vision’; fostering of collaborative relationships; and increased knowledge of the policy-making process on the part of healthcare users.

Main messages

Including people with lived experience of health conditions in health policy research leads to greater quality, accountability and accessibility of care, and ultimately to better health outcomes.

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5D The magic of listening to stakeholders for achieving impact: Using stakeholder engagement and KT planning

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The Co-Produced Pathway to Impact is a framework for planning, conducting, and evaluating research projects toward achieving impacts for individuals and society. Key for achieving impact(s) is the engagement of stakeholders throughout the process; the earlier the better. Kids Brain Health Network, a federally funded Network of Centres of Excellence (NCE), conducted a stakeholder engagement project (an environmental scan) to establish a foundation for improving quality of life for individuals and families affected by neurodevelopmental conditions (such as Cerebral Palsy, Fetal Alcohol Spectrum Disorders, Autism Spectrum Disorders).
This presentation will illustrate the environmental scan, using grounded theory methodology, that resulted in 44 needs in nine themes, presented in an evidence-based report. Through interviews, this evidence informs decision-making from the perspectives of practitioners, policymakers, and parents of children with neurodevelopmental condition(s) who receive services within different policy contexts. The findings are useful for resource allocation decisions and have already generated interest among policymakers in Canada.

The objectives of this stakeholder engagement activity were to: (1) explore individual and family experiences of life with a neurodevelopmental condition, 2) investigate the manner in which needs and challenges are addressed (or not) within the broader system, and potential solution(s), 3) explore the relationships between professionals, parents and children affected by CP, FASD, ASD, 4) to generate a list of themes and focus areas, and prioritize them to help inform decision-making (operationalizing the Network’s CPPI framework for KT).

An in-person meeting with 25 stakeholders provided further detail about how to create solutions and with which partners, addressing their top 10 voted needs. We expanded the prioritization using a pan-Canadian online survey to help understand which of the 44 needs to address first (n=688). An example (Social ABCs) of a KBHN-funded project will be used to illustrate the process of operationalizing the CPPI toward achieving impact(s).

To do stakeholder engagement effectively requires intensive resources. Done properly, stakeholder engagement can create and nourish partnerships with organizations to achieve desired societal impact(s). To facilitate the creation of evidence-based solutions for the needs identified, researchers need tools and services for KT planning for implementing the CPPI framework.

1. Engage with stakeholders to understand their needs.
2. Facilitated KT planning toward the creation of evidence-based solutions to these needs (with ongoing stakeholder engagement), are necessary precursors to achieving impact(s).
3. Identify and engage partner(s) based on the needs identified, solution(s) proposed, and the impact(s) desired.

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