Evaluating Knowledge Translation Strategies for a Low Awareness Health Care Issue

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Purpose of Presentation

• Describe multi-component collaborative evaluation of knowledge translation (KT) initiative
  – Intended to promote change in addressing language barriers within the Winnipeg Regional Health Authority (WRHA)
• Discuss how findings can be applied to other “low awareness” issues
Outline

• The Issue: Impact of language barriers
• The Challenge: Organizational change
• The Initiative: 3-phase KT strategy
• The Evaluation:
  – Focus, Questions & Methods for 3 Phases
The Issue

• Compelling international evidence on risks of language barriers, untrained interpreters
• Little exploration of effective strategies for promoting use of this evidence (“Knowledge Translation”) within healthcare system
  – Getting “soft” science, issues affecting marginalized populations on agenda
Population Served

• Diverse Population
  – 14% Manitoba Aboriginal, + 3,300 Inuit patients
    (> 9,500 outpatient, & 7,800 hospital days).
  • Low health status
  – Dramatic increase in # immigrants (10,000 yr)
    – > 1,000 culturally Deaf
    – 4% Francophone
Situation in 2004

- Language services, like other services, organized separately for four constituencies
- Aboriginal Health Services Program, French Languages policy within WRHA
- No organizational “responsibility centre” for immigrants, refugees, ASL
- Ongoing concerns
  - Acute care focus, existing language services
  - Gaps in service, standards, practitioner knowledge
- No plans to address broader language access needs (“low awareness”)
Knowledge Translation (KT) Strategies to Promote Action & Change

• Many definitions of KT
• *Exchange, synthesis and ethically-sound application of knowledge… within a complex system of interactions* among researchers and users
  – *Canadian Institutes for Health Research (CIHR)*
Shifting paradigms?

**Old Paradigm**
- Researchers do research
- They communicate it effectively
- Recipients use the results

*One way knowledge transfer*

**New Paradigm**
- Researchers **and** users select topic, questions
- Researchers **and** users bring different expertise
- Joint interpretation, *application* in specific context

*Knowledge translation Multi-directional*
KT Theories

- Push (researcher action, e.g. dissemination)
- Pull (user demand, capacity building)
- Knowledge broker
  - 2 cultures hypothesis
- Partnership development

Emerging theory

Individual  organization
User capacity  academic capacity
Consulting  partnership
The Initiative

- Formation of “Language Barriers Committee” (Spring, 2004) – now Language Access Committee
- Focus of Knowledge Translation activities: Senior decision-makers
  - Phase 1: “Getting the issue on the agenda”*
  - Phase 2: “Informing planning”
    - Report: “Developing a Coordinated Response to Addressing Language Barriers within the WRHA”.

*(Lavis et al., 2002)
The Initiative (cont’d)

- Focus of KT activities: Direct health care service providers
  - Phase 3: “Interpreting Knowledge” to increase health care staff awareness & change behaviour/practice to work with interpreters
    - Local stakeholder consultations (i.e. decision-makers and planners) to inform development of effective KT strategies
    - Implementation & evaluation of KT strategies
Collaborative Partnerships

• WRHA Regional Language Access Committee (Phase 1-3)
  – Diverse stakeholders represented
    • Decision-makers
    • Community- community agencies, all sectors of WRHA, representatives of all 4 language constituencies
    • Researchers (content and evaluation research expertise)

• Language Access Site Implementation Teams (Phase 3)
The Evaluation

• Collaborative approach
  – Developed by a pre-existing coalition of community representatives, decision-makers, direct care staff, representatives from affected language communities and evaluation researchers

• For each phase
  – Goals-based evaluation
  – Goals-free evaluation (actual impacts)
  – Theory-based (KT strategies)
Why collaborative evaluation?

• “Better” evaluation
• Facilitates KT/utilization, “buy in”
• Consistent with being inclusive and culturally ‘competent’ when working with underserved, marginalized populations
• Collaboration is:
  – A principle of the evaluation approach and
  – A key factor/precondition in KT theory
Phase 1 Goal

• To get issue of language barriers on the planning agenda of senior decision-makers

• Outcome measure:
  – Senior management takes action to address barriers, based on evidence
    • Establish trained health interpreter service
Phase 2 Goals

• Stakeholder agreement on evidence-informed health interpreter service
• Senior decision-makers’ acceptance of the proposed model
• Outcome measure
  – senior decision-makers’ commitment to development of the proposed model.
Phase 3 Goals

- Managers and staff will change practice in response to knowledge of risks of language barriers and availability of new service.
- Outcome measure: Consistent and appropriate utilization of new health interpreter service by staff across the WRHA.
More than achieving goals: measuring other impacts

• Goals – free evaluation
• What other impacts did this initiative have?
Overlay of the research question

• What strategies are effective in promoting and facilitating change on low awareness issues
  – Getting issue on the agenda? (Phase 1)
  – Informing the planning decision? (Phase 2)
  – Changing practice? (Phase 3)
  – Promoting “spread” to other issues? (Phase 4)
Use of theory in evaluation

• Applying principles from current KT theories in developing KT strategies
• Want to know what is effective KT within a specific context AND how & why it is effective
• Contribute to development of KT theory for application beyond specific context and topic
Evaluation Questions

- Were goals of each phase achieved?
- What KT strategies are effective in increasing awareness and action on:
  - language barriers within a regional health care system? Other “low awareness” issues?
- What were other impacts of this evaluation research activity?
Evaluation Methods (Phase 1 & 2)

• Financial limitations – working within existing resources
• Stakeholder Committee (i.e. Regional Language Access Committee)
  – Forum for continuous evaluative reflection in the context of a long-term organizational initiative
  – Regular reporting and reflection on goal achievement, outcomes and other impacts
Evaluation Methods (Phase 1 & 2) (cont’d)

• Outcome evaluation
  – Were objectives achieved for each phase?

• Qualitative methods
  – Process documentation
  – Participant observation of relevant organizational activities
What strategies were effective in promoting action?

BACKGROUND
There has been little exploration of effective strategies for promoting evidence-informed decision-making on issues of low health system awareness—specifically issues of concern to underserved and marginalized populations.

The impact of language barriers within health care is one such issue. Although there is compelling international evidence on the negative impacts of language barriers, awareness of these risks remains low amongst both clinicians and decision makers.

This poster summarizes key Knowledge Translation strategies used to promote organizational action in providing trained interpretation services within a large Canadian Regional Health Authority.

ALIGN WITH ORGANIZATIONAL STRATEGIC PRIORITIES: THE IMPACT ON PATIENT SAFETY

INTEGRATE ACADEMIC RESEARCH WITH LOCAL EVIDENCE
Excerpt from report Language Barriers within the WRHA (2004)

Language barriers affect the health and well-being of other family members. Relatives or friends may be forced to miss work (and often lose pay) to provide interpreter services. They often report stress related to the responsibilities of interpretation when they know their English language ability is limited.

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USE EFFECTIVE COMMUNICATION STRATEGIES: Modified 1.3.25 FORMAT (CHSRF)

Weeping: A woman and her family moved to Winnipeg to attend university, where she met her husband. She soon became pregnant and was referred to the hospital for delivery. Language barriers made it difficult to communicate her concerns to the care team.

LEADERSHIP FROM CREDIBLE CHAMPIONS

RESULTS
Within 18 months the organization made a decision to fund a comprehensive health interpreter service.

- All language constituencies (Aboriginal, immigrant, official language minorities)
- 24/7 availability of trained interpreters
- Acute care and community services
Outcomes (Phase 1 & 2)

• Phase 1 & Phase 2 goals achieved:
  – Phase 1 report accepted: Request to develop evidence-informed model for regional response
  – Phase 2 report – proposed model accepted
    • Phased implementation of services begins June 2007

• Other impacts
  – Positive feedback from senior decision-makers on evidence synthesis
    • Incorporated many KT strategies
    • Additional support for these functions
Outcomes (cont’d)

• Evidence of increased awareness and participation
  • E.g. Risk management

• Spread of KT strategies & action to other related organizational initiatives
  – Immigrant & Refugee Health Working Group
  – Regional Language & Ethnicity Indicators
  – Request for concept paper – regional diversity approach
Findings (Phase 1 & 2)

• Accepted Knowledge Translation principles effective in addressing “low awareness” issues

• Critical elements:
  – Knowledge of context (organization): culture, language, activities, priorities
  – Genuine partnership
  – KT focus from beginning of activity
Phase 3 Components

• Stakeholder consultation to inform understanding of challenges, KT strategy development

• Message testing to determine most effective messages for key audiences

• Evaluation of KT strategies implemented
Phase 3 – Informing KT Strategies

• Stakeholder Consultation Findings
  – Significant gaps in knowledge about risks of language barriers & use of untrained interpreters
    • Overall low awareness but variation between individuals, service areas and type of risk.
  – Consensus on key elements necessary to effectively communicate service
Stakeholder Consultation Findings (cont’d)

• Conflicting perspectives on the types of messages effective in motivating behaviour change
  – Formal evidence vs. ‘human’ stories
  – Risks vs. benefits
  – Personal benefits vs. Professional/ethic standards
Evaluation Questions (Phase 3)

• What methods are most effective for increasing staff awareness?
  – Risks of language barriers, importance of trained health interpreters
  – New organizational expectations and requirements
  – How to access and use new service

• What messages are most effective in changing provider practice?
  – Motivating health care staff?

• What factors (individual/organizational) influence effectiveness of various KT messages and methods?
Evaluation Methods (Phase 3)

• Currently being developed in collaboration with two stakeholder committees
  – Regional Language Access Committee
  – Site Implementation Teams
    • management, direct service providers, unit clerks, education and communications staff, representatives of existing language services
Evaluation Methods (Phase 3) (cont’d)

• Analysis of quantitative data from dispatch & scheduling database to monitor uptake of interpreter services as KT strategies are implemented

• Qualitative methods to understand how and why KT strategies are effective/ineffective
  – address conceptual questions about the nature & effectiveness of strategies
Conclusion: The Importance of Collaborative Approaches

• Essential to innovative evaluation.
• Resulted in engagement and consensus across all 4 language constituencies— a Canadian 1st
• Facilitated evaluation with no additional resources in Phase 1 & 2.
• Provided concrete examples of impacts across system
**Researcher/Organization/Community Collaboration**

- **Insights & experiences of communities, preferences for service**
- **Understanding of organizational culture & priorities; staff experiences; links to decision makers**
- **Research methods, KT theory, content expertise (underserved communities)**
Research Funding

- **Winnipeg Regional Health Authority** (Phase 1, 2)
- **Canadian Institutes of Health Research** (Phase 3, 4)
    - Communicating evidence on issues of low health system awareness in way that changes provider practice.
  - Knowledge to Action 2: From Interpreting to Integrating Marginalized Evidence (2007-2009)
    - Integrating learning into organizational initiatives (e.g. research, data collection, Q & S activities).
Contact Information

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