

# DialoguePH: Results of a National Online Survey

Pamela Forsyth, MHSc RD

**September, 2009**



National Collaborating Centre  
for Methods and Tools

---

Centre de collaboration nationale  
des méthodes et outils



# DialoguePH: Results of a National Online Survey

Prepared for the National Collaborating Centre for Methods and Tools by

Pamela Forsyth, MHSc RD

September, 2009

## **National Collaborating Centre for Methods and Tools (NCCMT)**

School of Nursing, McMaster University

Suite 302, 1685 Main Street West

Hamilton, Ontario L8S 1G5

Telephone: (905) 525-9140, ext. 20455

Fax: (905) 529-4184

Web: [www.nccmt.ca](http://www.nccmt.ca)

Funded by the Public Health Agency of Canada

Affiliated with McMaster University

Production of this paper has been made possible through a financial contribution from the Public Health Agency of Canada. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

### **How to cite this resource:**

Forsyth, P. (2009). *DialoguePH: Results of a National Online Survey*. Hamilton, ON: National Collaborating Centre for Methods and Tools. [<http://www.nccmt.ca/pubs/NetworkSurveyEn.pdf>]



# Contents

Executive Summary . . . . .	6
Introduction and Background . . . . .	7
Survey target group and objectives. . . . .	7
Results . . . . .	9
Section 1: Demographics . . . . .	9
Section 2: Participation in Networks . . . . .	13
Section 3: Needs and Expectations of the Network DialoguePH . . . . .	16
Section 4: Technological Capacity. . . . .	18
Section 5: Topics for Discussion Forum . . . . .	19
Section 6: Participation . . . . .	20
Section 7: Providing Consent . . . . .	22
Discussion . . . . .	23
Recommendations . . . . .	24
References . . . . .	25
Appendix A: Definitions of terms. . . . .	26
Appendix B: DialoguePH Survey . . . . .	27
Background and Introduction . . . . .	27
Section 1: Demographics . . . . .	28
Section 2: Participation in networks . . . . .	29
Section 3: Needs and expectations of the network, DialoguePH. . . . .	30
Section 4: Technological capacity . . . . .	31
Section 5: Topics for discussion forum . . . . .	33
Section 6: Your participation . . . . .	34
Section 7: Providing consent. . . . .	34

## Executive Summary

The National Collaborating Centre for Methods and Tools (NCCMT) was established in 2006 to enhance evidence-informed public health (EIPH) practice and policy through the identification, development and sharing of methods and tools related to knowledge translation (KT).

The NCCMT network, now called DialoguePH, was created in 2007 to support the goals of the NCCMT. DialoguePH provides a forum for professionals working in public health (locally, provincially, nationally and internationally) to share their experiences and challenges, and to discuss the methods and tools they use to find, interpret and apply evidence in public health.

An online survey, available in both English and French, was conducted in February, 2009. The survey targeted network members, including decision-makers in public health (public health managers) and others with formal or informal roles and responsibilities related to knowledge translation. The response rate was 22% (n=97).

The results clearly indicate that DialoguePH, if designed appropriately, would fill a unique void in the landscape of public health networks. Respondents are interested in the opportunity to learn more about the methods and tools that support KT and to participate in a meaningful exchange with colleagues and experts from across the country.

Results from the survey lead to the following key recommendations:

- 1 Develop a network that has a clear structure and format that supports participation and action.
- 2 Create and promote discussion forums.
- 3 Develop and share existing and new professional development opportunities specific to knowledge translation in public health.
- 4 Follow up on public health content areas of interest as expressed by respondents.
- 5 Develop linkages to relevant sources of evidence and existing public health and knowledge translation networks.
- 6 Maximize the use of technology by providing timeless access and addressing a range of skills.
- 7 Conduct strategic and purposeful outreach to enrich network membership.
- 8 Conduct formative and summative evaluations on the above activities.

DialoguePH is unique compared to the many other networks available for those working in public health because it focuses on knowledge translation in public health and is national in scope. In essence, it will complement these other networks, which is critical in times of limited fiscal and human resources. Although NCCMT will provide the infrastructure to support DialoguePH, the network itself is really about the public health professionals who participate in the exchange. To that end, the success of DialoguePH will depend not only on NCCMT designing a network that responds to the needs of the people, but also on the people themselves to engage in the sharing process.

## Introduction and Background

The National Collaborating Centre for Methods and Tools (NCCMT) was established in 2006 to enhance evidence-informed public health (EIPH) practice and policy through the identification, development and sharing of methods and tools related to knowledge translation (KT). The NCCMT is interested in working with public health professionals to find, interpret and apply evidence to decision-making.

The NCCMT network, now called DialoguePH, was created in 2007 to support the goals of the NCCMT. DialoguePH provides a forum for professionals working in public health (locally, provincially, nationally and internationally) to share their experiences and challenges, and to discuss the methods and tools they use to find, interpret and apply evidence in public health.

The network is now entering a new phase in which NCCMT hopes to see a more interactive exchange among public health professionals. The network endeavours to reach out to those who:

- are committed to public health;
- work at various levels within the public health sector;
- represent a variety of regions across Canada;
- are interested in using research evidence in their practice, but face challenges when doing so.

To ensure that DialoguePH is meaningful and relevant to these groups, NCCMT administered a survey to the network membership to determine their needs and interests in terms of finding, interpreting and using evidence for program and policy decisions. NCCMT was also interested in identifying any barriers respondents may experience while participating in networks. The findings from this survey will be used to shape the design, format and content of the tools that will support the network, such as the NCCMT website, discussion forums and technological options for linking the membership.

Personal identifiers were removed from the data for the purposes of analysis and report writing. However, in the future, NCCMT believes there will be an opportunity to introduce network members to each other, in particular those who have common questions, share similar issues or who could benefit from the experiences of others. Therefore, at the end of the survey, respondents were invited to add their name to a database that will allow NCCMT to identify and subsequently connect network members to each other.

### Survey target group and objectives

#### *Target group:*

Network membership includes decision-makers in public health (public health managers) and others with formal or informal roles and responsibilities related to knowledge translation.

#### *Objectives of the survey:*

- to determine the needs, interests and expectations of network members to inform

future planning of DialoguePH

- to determine level of participation in other networks and associated benefits and barriers to membership in those networks
- to determine respondent likes and dislikes related to the structure and function of networks in which they are currently involved
- to determine the capacity of individuals to participate in the NCCMT network as it relates to organizational support, time and technology
- to increase understanding of effective recruitment and retention strategies for network members based on their needs, interests and expectations
- to identify networks that may be of interest to the NCCMT and/or DialoguePH
- to develop recommendations regarding network structure, function and initial focus to ensure success

### *Methods*

An online survey was sent to 435 DialoguePH members in February, 2009. Participants were asked to respond within two weeks. To encourage participation, members were given the chance to win registration, travel and accommodation for the 2009 National Collaborating Centers for Public Health, Summer Institute. Participants were sent two reminders prior to the survey closing date.

The survey, which was available in both English and French, included 43 open- and closed-ended questions. There were seven sections in the survey instrument:

1. demographics
2. participation in networks
3. needs and expectations of the network, DialoguePH
4. technological capacity
5. topics for discussion forums
6. participation
7. consent

Simple frequencies were calculated for the 25 closed-ended questions. Qualitative data from the open-ended questions were manually coded to identify themes. The development of themes was an iterative process, continuing until the themes accurately reflected the essence of the data. Researchers then constructed a descriptive statement for each theme. The themes and their descriptions are outlined in the results section of this report.

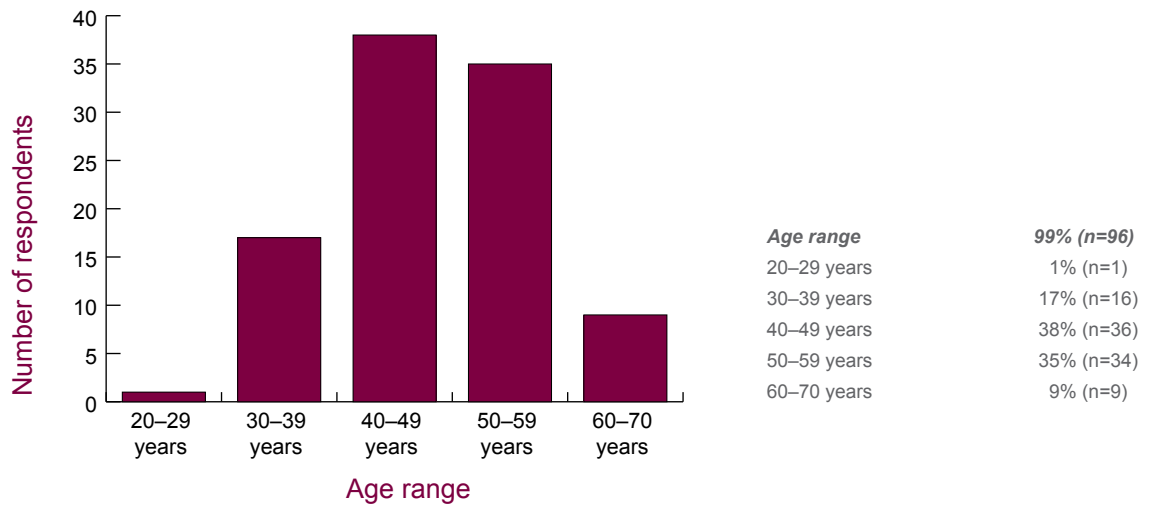


## Results

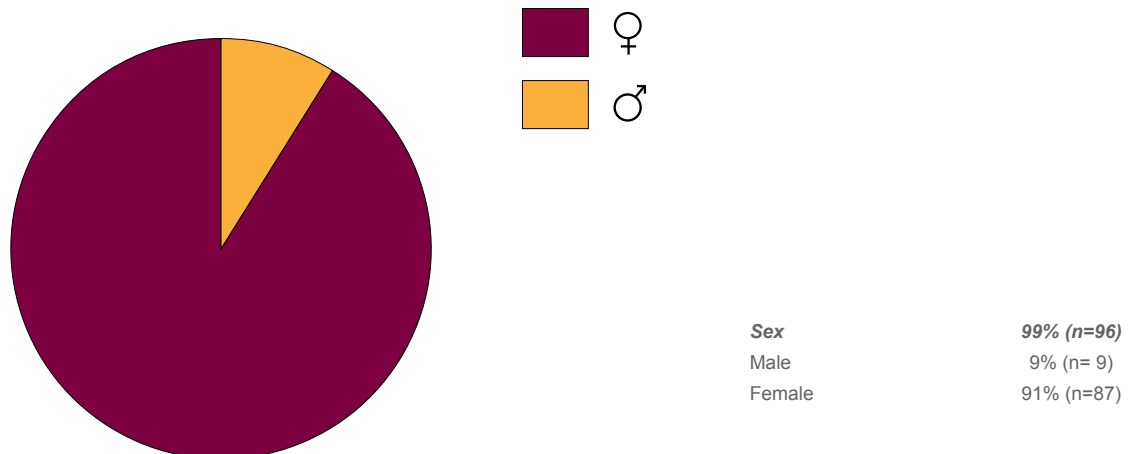
The survey was sent electronically to 435 network members. Ninety-seven people responded, resulting in a response rate of 22%.

### Section 1: Demographics

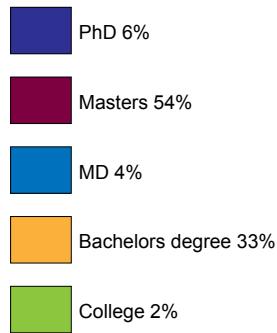
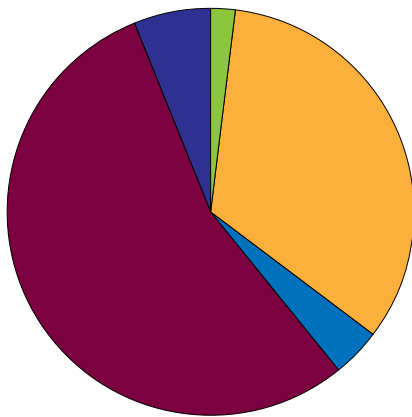
#### Age range



#### Sex

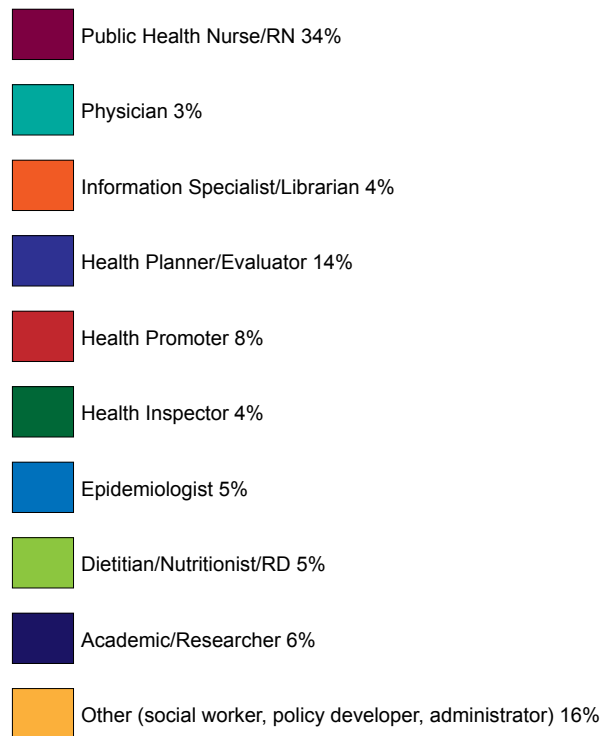
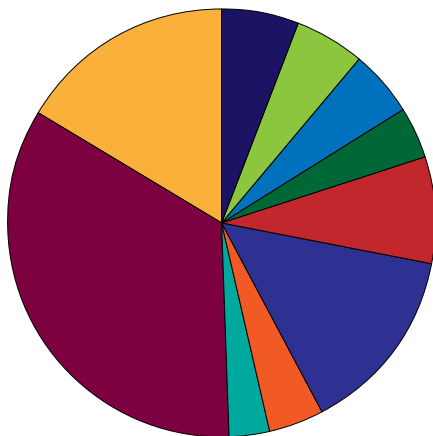


### Highest level of education completed



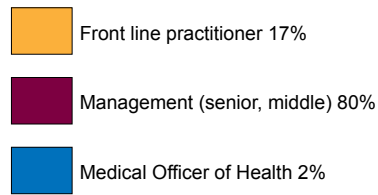
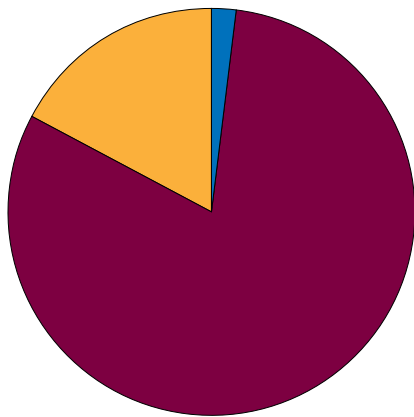
Highest level of education completed	99% (n=96)
College	2% (n=2)
Bachelors degree	33% (n=32)
MD	4% (n= 4)
Masters	54% (n=52)
PhD	6% (n= 6)

### Discipline



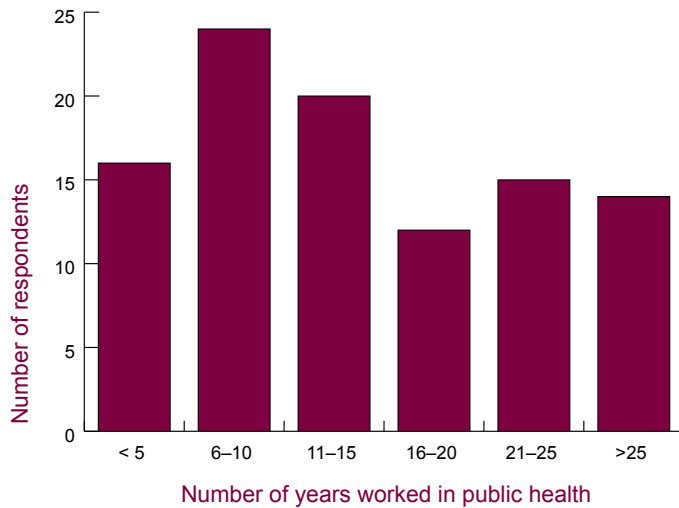
Discipline	96% (n=93)
Academic/Researcher	6% (n= 6)
Dietitian/Nutritionist/RD	5% (n= 5)
Epidemiologist	5% (n= 5)
Health Inspector	4% (n= 4)
Health Promoter	8% (n=7)
Health Planner/Evaluator	14% (n=13)
Information Specialist/Librarian	4% (n= 4)
Physician	3% (n= 3)
Public Health Nurse/RN	34% (n=31)
Other (social worker, policy developer, administrator)	16% (n=15)

**Position**



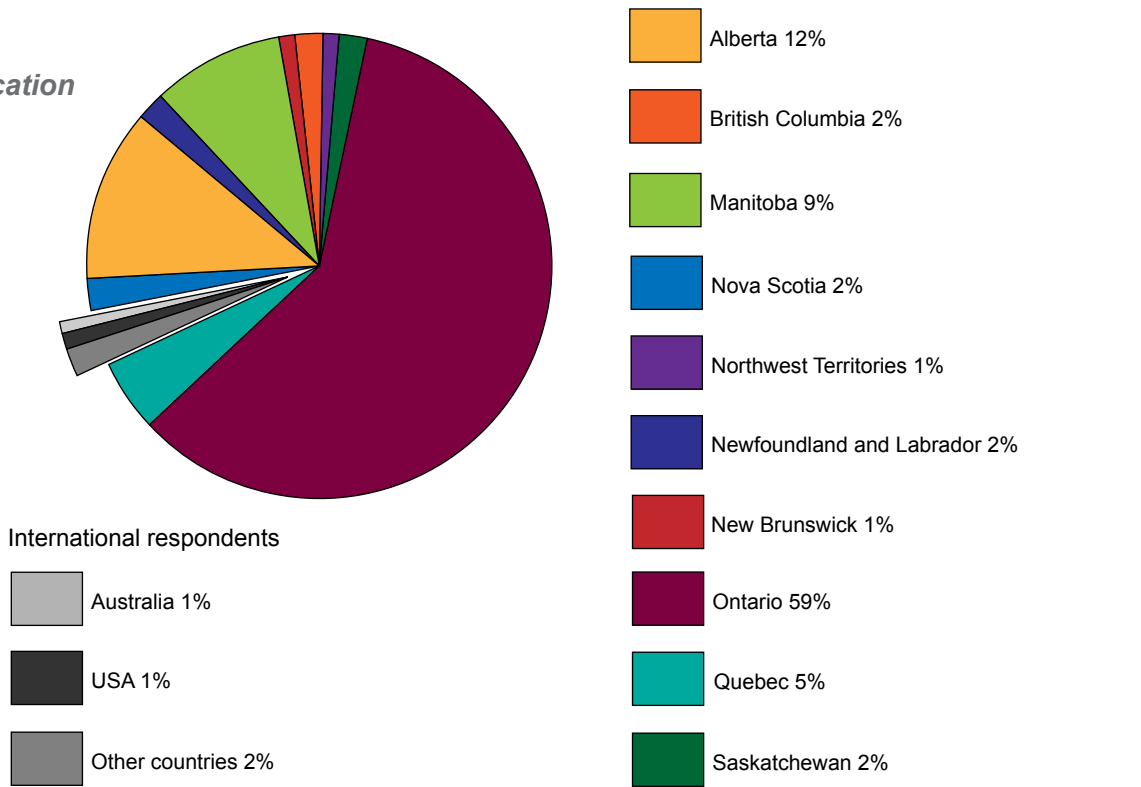
<b>Position</b>	<b>89% (n=86)</b>
Medical Officer of Health	2% (n= 2)
Management (senior, middle)	80% (n=69)
Front line practitioner	17% (n=15)

**Number of years worked in public health**



<b>Number of years worked in public health</b>	<b>98% (n=95)</b>
Less than 5	16% (n=15)
6-10	24% (n=23)
11-15	20% (n=19)
16-20	12% (n=11)
21-25	15% n=14)
>25	14% (n=13)

**Location**



<b>Province/Territory/Country 100% (n=97)</b>			
<i>Canada</i>			
Alberta	12% (n=12)	Nova Scotia	2% (n=2)
British Columbia	2% (n=2)	Nunavut	0% (n= 0)
Manitoba	9% (n=9)	Ontario	59% (n=57)
New Brunswick	1% (n=1)	Prince Edward Island	0% (n=0)
Newfoundland and Labrador	2% (n=2)	Quebec	5% (n=5)
Northwest Territories	1% (n=1)	Saskatchewan	2% (n=2)
		Yukon Territory	0% (n= 0)
<i>Other Countries</i>			
USA	1% (n=1)		
United Kingdom	0% (n=0)		
Australia	1% (n=1)		
Other	2% (n=2)		

## Section 2: Participation in Networks

Of the 96 individuals who responded to the question regarding participation in public health or knowledge translation networks, 69% (n=66) were members of one or more public health network and 39% (n=37) were members of one or more knowledge translation network.

Respondents identified 72 networks they perceived to be related to public health. The five most frequently mentioned include:

- provincial public health associations (14)
- content and geographic specific management networks (e.g., Ontario Central East Managers Child and Reproductive Health, Manitoba Public Health Management Network) (14)
- Association of Public Health Epidemiologists in Ontario (APHEO) and other epidemiological networks (13)
- Health Promotion Ontario and OHPE bulletin (11)
- National Public Health Associations (for example, Canadian, European, Australian) (9)

Respondents identified 39 networks they perceived to be related to knowledge translation. The five most frequently mentioned include:

- NCCMT (11)
- SEARCH Canada (5)
- Knowledge Exchange Network (4)
- OPHE e-bulletin (2)
- health-evidence.ca (2)

The following themes highlight what respondents like about the networks in which they are currently involved:

- Staying up-to-date  
Respondents like networks because networks enable them to keep their finger on the pulse of public health by hearing about new literature, finding out about new initiatives, programs and policies, and seeing the bigger picture.
- Opportunity to collaborate  
Respondents like networks because they facilitate collaboration among those who work on similar public health issues. This helps to increase efficiency and prevent “re-inventing the wheel.” Respondents also appreciate the opportunity to work with, and learn from, others outside of their local health unit environment.
- Sharing relevant information, evidence and tools  
Respondents want to participate in networks that provide forums for the identification and exchange of research, best practices, resources/tools, policies and new research.
- Timely response and timely updates

Network users value receiving timely responses to their questions from peers and experts. They also appreciate receiving updates on time-sensitive issues/events.

- Professional development opportunities

Respondents like networks that provide access to, and information about, “professional development opportunities,” such as upcoming conferences or training sessions, publication opportunities and professional events.

- Connecting to public health peers and experts

Respondents value networks as peer-based forums for problem solving, support, validation, access to experts and discussions regarding public health issues.

The following themes highlight what respondents dislike about the networks in which they are currently involved:

- High volume

Volume refers not only to the frequency of the correspondence, but also to the relevance of the content. Respondents do not want to receive large numbers of emails, and do not want to have to sift through enormous amounts of information to find what is relevant.

- Structure

Respondents dislike networks that lack an articulated structure or format that outlines how the network will function in terms of content management and rules of engagement (i.e., for participants).

- Leadership

Respondents dislike networks that lack leadership, which is characterized by a lack of focus in discussions, no moderator for forums, a lack of scheduled meetings/discussions, and little flexibility to address changing needs of the membership.

- Content

Respondents dislike networks that provide information that is not relevant, that is too clinical or too academic in nature and that lacks quality (e.g., rigour).

- Time required to be involved

Respondents value participating in networks but don't like, or are challenged by, the time it takes to participate, read what is being shared and generally keep up with the work of the network.

- Behaviour of other participants

Respondents don't like it when a network is too small and they are left feeling like an “outsider,” and when other participants have an agenda or are arrogant. They also don't like it when others are not willing to share resources with the network membership.

The following themes capture the reasons why respondents are motivated to join networks:

- Opportunities

Respondents are motivated to join networks for many anticipated opportunities, such

as developing new contacts, discovering new resources and initiatives (especially from larger health units), collaborating with new partners and being inspired.

- Improve efficiency and effectiveness

Respondents are interested in doing what they do, better.

- Engage with, or find a source of, public health professionals who are interested in the same issues

Respondents are motivated to join networks where they will be able to “find people with similar interests, who work in similar areas, for exchange of information, expertise and experience.”

- Personal and professional development

Respondents indicate that their motivation to join networks is associated with the desire and need for ongoing development to meet job responsibilities.

- Stay up-to-date and connected

Respondents join networks because they “want to stay connected” and “stay abreast of issues [they] can’t personally track” in public health.

- Topics/relevance to work

Respondents are motivated to join a network if they believe that the topics will be of interest and relevant to their work.

Respondents continue to stay involved in a network for the following reasons:

- Content

The quality, relevance and scope (national) of the content discussed by members of the network will keep respondents involved.

- Applicability of learning

Respondents will stay involved if what they have learned is practical and can be applied in their work setting. They will also stay involved if the network “provides links to relevant information and people.”

- Opportunity to learn and share, peer support

Respondents will stay involved if they are able to learn from, and contribute to, network discussions with peers and experts. They also appreciate networking that facilitates the development of new relationships and peer support on a national basis.

- Well organized; easy to access, participate, navigate

Respondents will stay involved if they believe there is balance in the issues presented, if updates are appropriate in terms of content and frequency and if it is easy to participate.

- Action in public health

Respondents will stay involved if they believe they can make a difference by working collectively with a diverse group of public health professionals on meaningful activi-

ties. As one respondent stated, “the hope that we can break down the barriers and the occasional indication that we are doing so.”

Respondents will leave a network for the following reasons:

- Volume

Respondents will leave a network if the volume of information is too high.

- Lack of relevance

Respondents will leave a network if the content lacks relevance or interest. They will also leave if their job or work responsibilities change.

- Limited added value

Respondents will leave a network if the “time to stay involved is not worth what I get back from my involvement,” if it “ceases to be useful” or if the “focus moves from practical to academic.”

- Network management/organization

Respondents will leave a network that is not well managed or organized (for example, “lack of action,” “lack of focus,” poor quality and/or organization of information, irregular flow of information and poor management of participants with respect to personal agendas, positioning, etc.).

- Time

Respondents leave a network when they feel they have too little time to fully participate and take advantage of what the network has to offer. This is captured by the following quote: “I don’t so much ‘leave’ the network; I just find it a challenge to actively use and be involved in the network.” In addition, respondents leave the network when the network is no longer meeting their needs in terms of content.

- Purpose of network has been achieved

Respondents will leave if the network has accomplished its goals.

### Section 3: Needs and Expectations of the Network DialoguePH

The majority of respondents (93%, n=89) indicated that a network such as DialoguePH would support them in their goal to use evidence in their work. They identified the following ways in which DialoguePH would be helpful:

- Facilitate access

Respondents believe that DialoguePH would support them in their goals to use evidence by facilitating access to key individuals, such as experts and those doing similar work in public health. They also believe that DialoguePH would facilitate access to “tools for finding, using and assessing evidence,” as well as provide access to evidence or links to databases that have appraised evidence.

- Increase efficiency

Respondents feel that DialoguePH would support their use of evidence through ac-



tivities that will increase efficiency, such as supporting the timely response to questions asked by network members and simplifying access to appropriate evidence.

- Create a forum for shared learning

Providing a forum where DialoguePH members can share their experiences and their learning will support members in their goal to use evidence. Through the forum, members can share their own experiences and learning regarding using evidence in decision-making. In addition, they can hear from public health colleagues from different disciplines as well as different regions, and they can find out about methods and tools, events, new research and what is going on in public health across Canada.

- Support

Respondents believe that DialoguePH would be a source of support to help them use evidence in their practice. The kinds of support they are looking for relates to the “how to” aspects of moving evidence into practice. They also want the network to include recommended contacts in public health, KT and research.

Respondents were provided with a list of possible ways in which DialoguePH could add value, and were asked to check those of perceived value. They indicated the following:

- an opportunity to link with other public health professionals working in a similar content area 90% (n=87)
- provide access to individuals with expertise in evidence-informed decision-making (EIDM) 87% (n=84)
- share information 83% (n=80)
- the opportunity for skill development specifically related to the steps of evidence-informed decision-making 67% (n=65)
- an opportunity to connect with those involved in program development 66% (n=64)
- share skills 66% (n=64)
- access to a centralized and accessible database of network members 62% (n=60)
- maximize scarce resources 60% (n=58)
- improve efficiency 60% (n=58)
- decrease duplication 59% (n=57)
- the opportunity for skill development specifically related to critical appraisal of the literature 52% (n=50)
- an opportunity to connect with those involved in policy development related to KT 51% (n=49)
- the opportunity for skill development specifically related to electronic networking/communication tools 51% (n=49)
- provide peer support 48% (n=47)
- provide opportunities for brainstorming 44% (n=43)

- reduce isolation 29% (n=28)
- Organizational expectations

When asked if they felt their organization would support their involvement in a network such as DialoguePH during work time, 92% (n=89) said yes. In return for participation, the organization would expect the following:

- *Share information, tools and professional development opportunities:* The expectation of the organization is to share information, tools and professional development opportunities with others within the organization.
- *Use skills, apply learning:* The expectation of the organization, whether implicit and/or explicit, is that what is learned through the network will be applied in the work setting to improve programs and policies.
- *Demonstrate value for time invested:* The expectation of the organization is that there is demonstrated value to the organization resulting from participation in the network.
- *Part of job responsibilities:* The expectation of the organization is that program and policy planning and development are informed by evidence and that efficiency and effectiveness are improved.
- *Improve performance and programs:* Participating in this type of network is part of the job responsibilities and is expected by the organization.

## Section 4: Technological Capacity

### **Access to technology:**

- 100% (n=94) have a computer or have easy access to a computer
- 100% (n=95) use a personal computer (PC)
- 71% (n=68) have Internet access through work, which is assumed to be high speed
- 92% (n=89) use Internet Explorer, version 6 or 7

### **Skills related to electronic networking tools**

- 70% (n=67) indicated they have average or better than average skills related to using webinars (e.g., Live Meeting, WebEx, GoToMeeting)
- 68% (n=66) indicated they have average or below average skills related to online conference calls (e.g., Skype)
- 86% (n=83) indicated they have better than average skills related to teleconferencing
- 71% (n=69) indicated they have average or below average skills related to videoconferencing
- 69% (n=66) indicated they have average or below average skills related to instant messengers (e.g., MSN Messenger, ICQ, Yahoo! Messenger)
- 77% (n=75) indicated they have average or below average skills related to chat rooms

- 69% (n=66) indicated they have average or above average skills related to online discussion forums/message boards

Respondents would require training in the following electronic networking tools:

- instant messengers (e.g., MSN Messenger, ICQ, Yahoo! Messenger) 51% (n=49)
- online conference calls (e.g., Skype) 51% (n=49)
- videoconferencing 47% (n=46)
- webinars 46% (n=45)
- chat rooms 46% (n=45)
- online discussion forums/message boards 34% (n=33)
- teleconferencing 6% (n= 6)

## Section 5: Topics for Discussion Forum

In total, 100% (n=97) of respondents stated they would participate in a discussion forum if it was relevant to them.

Respondents were provided with a list of possible topics related to finding, interpreting and using evidence in public health, and were asked to check those that would be of interest to them. The topics were ranked in terms of frequency of choice:

- where to find evidence related to a public health issue in “5 minutes” 78% (n=76)
- how to integrate evidence into policy or program decisions 78% (n=76)
- methods and tools to support making evidence-informed decisions 77% (n=75)
- how to disseminate information to relevant audiences 68% (n=66)
- evaluation 57% (n=55)
- how to critically appraise research 44% (n=43)
- how to write a focused question 28% (n=27)
- other 6% (n= 6)

A total of 73% (n=61) respondents indicated there were current or emerging public health issues for which they need relevant evidence to make a program or policy decision. The issues they identified include:

- Public health management issues

Respondents are looking for evidence related to public health management issues, such as resource management/surge capacity, staff/team evaluation tools and developing public health competencies in staff. They are also interested in larger public health issues, such as measuring the impact of policy and creating organizational strategies for knowledge sharing.

- Public health content-specific areas of interest

Respondents identified a full range of public health issues of interest; however, no

specific questions related to the content areas were provided. Issues identified include, but are not limited to, environmental health, built environment, chronic disease prevention, injury prevention, social inclusion and infant/child health issues.

- Best practice information/effective interventions? How to...?

Respondents are interested in finding out about effective interventions for a range of public health issues across a range of settings.

- Evidence—is there any? What is it?

Respondents are interested in knowing if there is any evidence, and if so, what it is, for a multitude of public health issues.

- Outreach, health communication

Respondents are looking for evidence as it relates to reaching a variety of audiences with a variety of messages. What are the new technologies? What are the cost effective approaches? What messages are effective?

- Integration

Respondents are interested in integration and how it can be more effectively accomplished. Examples relate to integrating databases, sectors, programs across public health, as well as integration within a public health program such as infectious disease.

## Section 6: Participation

The majority of respondents (92%, n=86) believe that DialoguePH, as it has been described, will provide them with a type of resource to which they do not currently have access. In addition, the majority of respondents (98%, n=92) indicate they will participate in DialoguePH as it becomes more interactive.

Respondents were provided with a list of possible reasons for going to the network, and were asked to check the reasons that were relevant for them. The reasons were ranked in terms of frequency of choice:

- when I hear that something of interest to me will be discussed 79% (n=73)
- when I have a question related to finding or using evidence for a program or policy decision I need to make 79% (n=73)
- when I have a question related to my content area and would like to connect with others involved in the same area 79% (n=73)
- when I need to connect with someone who has expertise in evidence-informed decision-making 65% (n=60)
- when I have something to share related to finding or using evidence 50% (n=46)
- when I need peer support 25% (n= 23)
- other 2% (n= 2)

Suggestions for promoting the network to the target audience include:

- Through existing public health networks and associations
 

Maximize the use of other public health networks and associations (national, provincial, territorial and regional). Connect with existing professional associations and management networks.
- Using a variety of tactics
 

Use promotional tactics, such as emails and flyers, at conferences. Consider more time-intensive strategies, such as publications in journals, introductory webinars and presentations at conferences. Promote the network through list-serves and links from other key relevant websites. Engage champions.
- Attending meetings and conferences
 

Promote DialoguePH through face-to-face interactions by attending meetings at various levels of government, presenting at conferences and providing training. Consider partnering in educational events, such as summer schools.
- Messaging
 

Speak to the added value, relevance and practicality of what DialoguePH has to offer public health professionals. Use illustrations to demonstrate knowledge translation in action. Target the message to the audience, highlighting factors that make DialoguePH unique to other networks.
- Target public health organizations and key positions within public health
 

Target key players involved in senior positions (e.g., Medical Officers of Health, directors), as well as those involved in knowledge translation (e.g., librarians) to facilitate support for staff participation.

Respondents made the following suggestions for making DialoguePH a useful tool for people working in public health:

- Consider audience
 

Respondents suggest that DialoguePH “temper the network with front-line staff as well as managers and academics or researchers.” DialoguePH should “reach out to those with limited resources” and “ensure relevance at the local level.” They also suggested that DialoguePH “be targeted—[there is a] large mandate—don’t expect to make everyone happy with every activity.”
- Content
 

DialoguePH needs to provide content that will support the end users of evidence. One way would be to point to research that has already been critically appraised. The content needs to be relevant, practical and current, providing “timely information as issues arise.” “It should focus on the ‘how’ of KT and using evidence to inform decisions, not on specific disciplines.” DialoguePH should also address the gap between researchers and practitioners by continuing to “bring the evidence into the practitioner’s world in a way that makes it useful and applicable.”
- Format

DialoguePH needs to be accessible and flexible; “give it a face—make it personal and clearly connected to our everyday work.” Use plain language. Make it “accessible and available on my timelines.”

- Structure

The design of DialoguePH needs to have structure so participants know what to expect from the network (e.g., frequency of emails) and how to participate appropriately (e.g., “rules of engagement”).

- Facilitate and create linkages

Build on what exists by “link(ing) in with as many other public health related networks as possible to enhance accessibility.” Provide “access to electronic sources of evidence so [we] don’t have to make a special effort to go to it.” “Create streams of communities of interest” and “access to others in similar program areas or working on similar public health issues—there is no clear link to one another at this time.”

- Technology

Respondents would like to see a “very friendly web page with clear and specific instructions” and suggest that DialoguePH acknowledge the range of skills and issues related to accessibility when it comes to technological approaches. It needs to be easy to connect to a webinar, to access information and to login. Respondents indicated that it would be good if DialoguePH could “provide video streaming so presentations can be viewed at any time of the day” and that “online discussion forums [have] expert moderators.”

## Section 7: Providing Consent

The majority of respondents (91%, n=88) indicated that they would like to be part of the DialoguePH database. In addition, about half of the respondents (51%, n=41) indicated they had experience related to Evidence-Informed Public Health (EIPH) that they would be willing to share with the network.

When asked to identify specific examples of their experience related to (EIPH), respondents indicated the following:

- recent experience applying evidence to a policy or practice decision 61% (n=25)
- recent experience developing a method that supports EIPH and/or KT 24% (n=10)
- recent experience developing a tool that supports EIPH and/or KT 27% (n=11)
- experience training other professionals about EIPH 20% (n=8)
- knowledge and experience related to KT 44% (n=18)
- experience as a Knowledge Broker 37% (n=15)

Fifty-one per cent (n=40) indicated a willingness to share a situation or example in which research evidence was used in a public health or policy decision. Of the 51% (n=40), 78% (n=39) were agreeable to being contacted by the network.

## Discussion

Twenty-two percent (n=97) of the network membership, which includes decision-makers and individuals involved in knowledge translation in public health, took 25 minutes to respond to a survey regarding the development of a network focusing on knowledge translation in public health. Results clearly indicate that DialoguePH, if designed appropriately, would fill a unique void in the landscape of public health networks. Respondents are interested in learning more about the methods and tools that support KT and in participating in a meaningful exchange with colleagues and experts from across the country. It is clear from the findings that a network that does not add value to the busy work lives of public health professionals is not likely to survive; decision makers and practitioners alike have limited time and tolerance for initiatives that don't help them do what they do more effectively (by using evidence) and with greater efficiency.

Respondents know what they like and dislike about networks; they know what draws them in, what keeps them and why they leave. These insights will shape the structure and function of DialoguePH. It will have to be friendly, easily accessible and a source for timely, up-to-date, relevant and practical content. Rules of engagement will facilitate inclusive, productive and balanced discussions. Access to expertise, to professional development opportunities and to colleagues who face similar challenges will give members a reason to stay involved. Volume, irrelevant content and poor network management will be reasons to leave.

Respondents are committed to using evidence in their policy and program decisions and believe that DialoguePH would support them in their goals by: increasing access to evidence, tools to use, evidence and expertise; increasing efficiency by linking to already appraised research evidence; providing a forum where learning can be shared; and creating a space where decision-makers can seek support and advice regarding KT.

Discussion forums are of interest to the membership and if topics are relevant, all of the respondents indicated they would participate. Some of the topics of primary interest include where to find evidence in five minutes or less, how to integrate evidence into policy or program decisions and methods and tools to support making evidence-informed decisions. According to feedback from respondents, discussion forums will need to be moderated.

All respondents have access to a computer that will enable the use of a variety of virtual networking options. It is important that support is available for those who are new to these networking options. Alternative methods of learning, as well as strategies to address the challenges of time (e.g., availability as well as time zones), will also need to be considered.

The fact that DialoguePH focuses on knowledge translation in public health and is national in scope makes it unique to the many other networks that currently exist for those working in public health. In essence, it will complement these other networks, which is critical in times of limited fiscal and human resources. Although NCCMT will provide the infrastructure to support DialoguePH, the network itself is really about the public health professionals who participate in the exchange. To that end, the success of DialoguePH will depend not only on NCCMT designing a network that responds to the needs of the people, but also on the people themselves to engage in the sharing process.

## Recommendations

- 1 Develop a network that has a clear structure and format that support participation and action.
- 2 Create and promote discussion forums.
- 3 Develop and share existing and new professional development opportunities specific to knowledge translation in public health.
- 4 Follow up on public health content areas of interest expressed by respondents.
- 5 Develop linkages to relevant sources of evidence and existing public health and knowledge translation networks.
- 6 Maximize technology by providing timeless access and addressing a range of skills.
- 7 Conduct strategic and purposeful outreach to enrich network membership.
- 8 Conduct formative and summative evaluations on the above activities.



## References

- Calgary Health Region. (2006, August). *Knowledge use in the Calgary Health Region: A scan of initiatives that support use of evidence in practice, glossary of terms*. Retrieved March 4, 2008, from [http://www.calgaryhealthregion.ca/research/images/KU\\_Scan\\_Glossary\\_of\\_Terms.pdf](http://www.calgaryhealthregion.ca/research/images/KU_Scan_Glossary_of_Terms.pdf)
- Canadian Health Services Research Foundation. *Glossary of knowledge exchange terms as used by the Foundation*. Retrieved January 24, 2008, from [http://www.chsrf.ca/keys/glossary\\_e.php](http://www.chsrf.ca/keys/glossary_e.php)
- Canadian Institute for Health Research (CIHR). (2008). *About knowledge translation*. Retrieved December 8, 2008, from <http://www.cihr-irsc.gc.ca/e/29418.html>
- Ciliska, C., Thomas, H., Buffet, C. (2008). *An introduction to evidence-informed public health and a compendium of critical appraisal tools for public health practice*. Retrieved from [http://www.nccmt.ca/pubs/eiph\\_backgrounder.pdf](http://www.nccmt.ca/pubs/eiph_backgrounder.pdf)
- DiCenso, A., Ciliska, D., & Guyatt, G. (2005). Introduction to evidence-based nursing. In A. DiCenso, D. Ciliska, & G. Guyatt (Eds.), *Evidence-Based Nursing: A Guide to Clinical Practice* (pp. 3-19). St. Louis, MO: Elsevier Mosby.
- Fahey, D. K, Carson, E. R., Cramp, D. G., Gray, J. A. (2003) User requirements and understanding of public health networks in England. *Journal of Epidemiology Community Health, 57*, 938-944.
- Kiefer, L., Frank, J., Di Ruggiero, E., Dobbins, M., Manuel, D., Gully, P. R., et al. (2005). Fostering evidence-based decision-making in Canada: examining the need for a Canadian population and public health evidence centre and research network. *Canadian Journal of Public Health, 96*, 1, 1-40.
- Robeson, P. (2009) *Networking in Public Health: Exploring the value of networks to the National Collaborating Centres for Public Health*. Retrieved from [http://www.nccmt.ca/pubs/NetworkingPaperApr09EN\\_WEB.pdf](http://www.nccmt.ca/pubs/NetworkingPaperApr09EN_WEB.pdf)
- Sackett, D. L., Richardson, W. S., Rosenberg, W., Haynes, R. B. (1997). *Evidence-based medicine: How to practice and teach EBM*. New York: Churchill Livingstone.
- Thompson, G. N., Estabrooks, C. A., Degner, L. F. (2006). Clarifying the concepts in knowledge transfer: a literature review. *Journal of Advanced Nursing, 53*(6), 691-701.

## Appendix A: Definitions of terms

Evidence: refers to “research evidence,” which means the information or data that comes from quantitative or qualitative studies.

Evidence-Informed Decision-Making (EIDM): The purposeful and systematic use of the best available evidence to inform the assessment of various options and related decision-making in practice, program development and policy-making. This process includes: searching for, accessing, assessing the relevance and quality of evidence; interpreting this evidence and identifying associated implications for practice, program and policy decisions; adapting this evidence in light of the local context; implementing this evidence; and evaluating its impact (<http://www.health-evidence.ca>, glossary).

Evidence-Informed Public Health (EIPH): The process of distilling and disseminating the best available evidence (whether from research, practice or experience) and using that evidence to inform and improve public health policy and practice (Ciliska, 2008).

Knowledge Translation (KT): CIHR (2008), defines knowledge translation (KT) as “a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system.”

Network or Social Network: A collection of interconnected individuals, groups, or organizations that interact with each other to achieve a common goal, representing one relational approach to enhancing knowledge transfer and exchange, knowledge management, work-related behaviour change, professional development and organizational outcomes (Robeson, 2009).

## Appendix B: DialoguePH Survey

### Background and Introduction

The National Collaborating Centre for Methods and Tools (NCCMT) was established in 2006 to enhance evidence-informed public health (EIPH) practice and policy through the identification, development and sharing of methods and tools related to knowledge translation (KT). The NCCMT is interested in working with public health professionals to find, interpret, and apply evidence to decision-making.

The NCCMT network, now called DialoguePH, was created in 2007 to support the goals of the NCCMT. DialoguePH provides a forum for professionals working in public health (locally, provincially, nationally and internationally) to share their experiences and challenges, and to discuss the methods and tools they use to find, interpret and use evidence in public health.

The network is entering a new phase, one in which we hope to see a more interactive exchange among public health professionals. Participants will include people like you who

- are committed to public health
- work at various levels within the public health sector
- represent a variety of regions across Canada
- are interested in using evidence in their practice, but face challenges when doing so

To make DialoguePH meaningful and relevant to you, we would appreciate 20-25 minutes of your time to complete the attached questionnaire. The questionnaire will help us determine your needs and interests. This is your opportunity to tell us what you hope to see from a network that is intended to support your goals related to finding, interpreting and using evidence for program and policy decisions. We are also interested in any barriers you might experience participating in networks.

We will be separating personal identifiers from the data for the purposes of analysis and report writing. However, in the future, we believe there could be an opportunity to introduce network members to each other, in particular those who have common questions, share similar issues or who could benefit from the experiences of others. Therefore, at the end of the survey, you will be invited to add your name to a database that will allow us to identify and connect network members. By simply completing this survey, your data will not be kept. The only data that will be kept for future opportunities will be the data from those who provide consent.

All participants will receive an electronic copy of the summary report.

Please enter your e-mail address to begin this survey: \_\_\_\_\_

## Section 1: Demographics

*Please respond to the following demographic questions.*

Please indicate your age range

- 20-29
- 30-39
- 40-49
- 50-59
- 60-70

Sex

- Male
- Female

Highest level of education completed

- College
- Bachelors degree
- MD
- Masters
- PhD

Discipline

- Academic/Researcher
- Dietitian/Nutritionist/RD
- Epidemiologist
- Health Inspector
- Health Promoter
- Health Planner/Evaluator
- Information Specialist/Librarian
- Physician
- Public Health Nurse/RN
- Other

Position

- Medical Officer of Health
- Management (Sr., Middle)
- Front line

How many years have you worked in public health?

- Less than 5
- 6-10
- 11-15
- 16-20
- 21-25
- >25

Province/Territory/Country

- Canada
  - Alberta
  - British Columbia
  - Manitoba
  - New Brunswick
  - Newfoundland and Labrador
  - Northwest Territories
  - Nova Scotia
  - Nunavut
  - Ontario
  - Prince Edward Island
  - Quebec
  - Saskatchewan
  - Yukon Territory
- Other Countries
  - USA
  - United Kingdom
  - Australia
  - Other

## Section 2: Participation in networks

In order to ensure that DialoguePH meets your needs we'd like to understand what your experience has been to date with other networks in which you are, or have been, a member.

***Are you a member of any networks related to public health at this time?***

- Yes
- No

If yes, please list

Are you a member of any networks related to Knowledge Translation (KT) at this time?

- Yes
- No

If yes, please list

In general, what do you like about the networks in which you are currently a member? (We are not interested in the specific names of networks) \_\_\_\_\_

In general, what do you dislike about the networks in which you are currently a member? (We are not interested in the specific names of networks) \_\_\_\_\_

What motivates you to join a network? \_\_\_\_\_

What keeps you involved in a network? \_\_\_\_\_

Why do you leave a network that you have joined? \_\_\_\_\_

### Section 3: Needs and expectations of the network, DialoguePH

The purpose of DialoguePH is to provide a forum for professionals working in public health (locally, provincially, nationally and internationally) to discuss their experiences, challenges, methods and tools related to finding, interpreting and using evidence in public health.

Do you think a network such as DialoguePH could support you in your goals to use evidence in your work?

- Yes
- No

If yes, how?

If no, why not?

What do you hope to get from DialoguePH? Please check all that apply.

- Access to a centralized and accessible database of network members
- Access to individuals with expertise in evidence informed decision making (EIDM)
- An opportunity to link with other public health professionals working in a similar content area

- An opportunity to connect with those involved in policy development related to KT
- An opportunity to connect with those involved in program development
- Peer support
- Reduced isolation
- Improved efficiency
- Decreased duplication
- Share skills
- Maximize scarce resources
- Share information
- Brainstorm
- The opportunity for skill development specifically related to the steps of evidence-informed decision-making
- The opportunity for skill development specifically related to critical appraisal of the literature
- The opportunity for skill development specifically related to electronic networking/communication tools

Would your organization support your participation in the networking activities of DialoguePH during work time?

- Yes
- No

If yes, does your organization have expectations in return?

If no, please explain:

## Section 4: Technological capacity

At this point we would like to determine the technological capacity of network members specifically as it relates to access to technology and skills in using electronic networking tools. Electronic networking tools are products and/or systems that allow people to communicate virtually. (i.e., email, internet access, video and audio conferencing, web cameras etc.).

### ***4.1 Access to technology***

Do you have a computer, or have easy access to a computer?

- Yes
- No

What type of computer do you have, or have access to?

- PC
- Macintosh

What speed is your internet?

- Dial up
- Cable/DSL
- I have internet through work
- Unsure
- Not connected

What browser(s) are available for your use? (If you are unsure of the browser and version open your browser, click on the “HELP” menu item, choose “ABOUT” and look for the version number in the dialogue box that opens.)

- Internet Explorer 6
- Internet Explorer 7
- Firefox (any version)
- Safari (any version)
- Other (Name and version):
- Unsure

Does your computer have the following hardware/software capabilities? Check all that apply.

- Web camera / webcam
- Microphone
- Speakers
- Ability to install software (some organizations restrict what software can be installed on computers)

#### ***4.2 Skills related to using electronic networking tools as a participant***

On a scale of 1-5, where 1 is not at all skilled and 5 is very skilled, please indicate your skill level with the following:

<b><i>Networking tool</i></b>	<b><i>1</i></b>	<b><i>2</i></b>	<b><i>3</i></b>	<b><i>4</i></b>	<b><i>5</i></b>
Webinars (e.g. Live Meeting, WebEx, GoToMeeting) as a user not an administrator					
Online conference calls (e.g. Skype)					
Teleconferencing					
Videoconferencing					
Instant messengers (e.g. MSN Messenger, ICQ, Yahoo! Messenger)					
Chat rooms					
Online discussion forums/message boards					



### 4.3 Training needs related to electronic networking tools

Please indicate the electronic networking tools for which you would need training:

- Webinars
- Online conference calls (e.g. Skype)
- Teleconferencing
- Videoconferencing
- Instant messengers (e.g. MSN Messenger, ICQ, Yahoo! Messenger)
- Chat rooms
- Online discussion forums/message boards

### Section 5: Topics for discussion forum

DialoguePH has the technological capacity to host on-line discussion forums/message boards. A discussion forum/message board is an electronic tool that facilitates knowledge sharing (Robeson, 2008). Through the use of an on-line discussion forum/message board, individuals can connect with others located anywhere in the world to discuss a particular topic of interest. DialoguePH could host a number of discussion forums on variety of topics all depending on the interests and needs of the network. There are often guidelines or rules for how an on-line discussion forum/message board will function but in the case of DialoguePH much of this can be influenced by the network members.

If the topic of a discussion forum was relevant to you, would you participate?

- Yes
- No

What topic(s) related to finding, interpreting and using evidence in public health would be of interest to you? Please check all that apply.

- Methods and tools to support making evidence-based decisions
- How to write a focused question
- Where to find evidence related to a public health issue in “5 minutes”
- How to critically appraise research
- How to integrate evidence into policy or program decisions
- How to disseminate information to relevant audiences
- Evaluation
- Other

## Section 6: Your participation

Do you think DialoguePH, as it has been described, will provide you with something that you don't already have access to through another network?

- Yes
- No

Do you think you will participate in DialoguePH as it moves to be more interactive?

- Yes
- No

If yes, what will bring you to the network? Please check all that apply.

- When I need peer support
- When I need to connect with someone who has expertise in evidence informed decision making
- When I have a question related to finding or using evidence for a program or policy decision I need to make
- When I have a question related to my content area and would like to connect with others involved in the same area
- When I have something to share related to finding or using evidence
- When I hear that something of interest to me will be discussed
- Other

If you do not think you will participate in DialoguePH, why not?

How do you think we should promote the network to our target group of public health management and others with roles and responsibilities related to knowledge translation?

If you could give us one suggestion that you think would make DialoguePH a useful tool for people working in public health, what would it be?

## Section 7: Providing consent

As mentioned in the background section of this survey we will only be keeping the data for individuals who provide consent. This data will be used to link network members who have common interests, questions or experiences related to finding, interpreting and using evidence in their policy or program decisions. This could be achieved through a discussion forum or by linking people to each other via email.

Please note: You do not have to have experience in evidence informed decision making (EIDM), in public health or Knowledge Translation (KT) to be a part of this database. You may simply be interested in learning from others.

Would you like to be part of this database?

- Yes

- No

Do you have strengths and/or experiences related to Evidence Informed Public Health (EIPH) and Knowledge Translation (KT) that you would be willing to share with the network?

- Yes
- No

If yes, what are they? Please check all that apply.

- Recent experience applying evidence to a policy or practice decision
- Recent experience developing a method that supports EIPH and/or KT
- Recent experience developing a tool that supports EIPH and/or KT
- Experience training other professionals about EIPH
- Knowledge and experience related to KT
- Experience as a Knowledge Broker
- Other

Would you be willing to share with others, a situation or example in which you used research evidence in a public health program or policy decision?

- Yes
- No

If yes, may we contact you?

- Yes
- No

Thank you for taking the time to respond to this survey. A summary of findings will be shared with the network once analysis has been completed. If you have time, visit to see what's new!

