A national knowledge translation initiative

A summary of


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Categories:
Method, Consensus building, Knowledge dissemination, Knowledge exchange

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Method

Relevance For Public Health

This method was used to disseminate information on seniors' health issues, including economic costs, health care, medication optimization and mutual aid/self-care. This method would be useful for any public health professional interested in creating a knowledge transfer strategy to reach a wide variety of stakeholders for a target issue.

Description

The Canadian National Consensus Process (CNCP) was a three-year project developed to promote knowledge transfer among stakeholders in seniors' health. These stakeholders included seniors, policy-makers, professional providers, service planners and academics. The aim of the CNCP was to support greater understanding and consensus among researchers and research users to increase the provision of cost-effective, efficient services in seniors' health. This resource is a case example of a national knowledge translation initiative with KT strategies and evaluation techniques.

The CNCP was based on the notion of a "community of knowing" where social interaction fosters understanding between researchers and research users. This consensus model for sharing knowledge recognizes that diverse stakeholders hold different kinds of knowledge, all of which are required to develop effective policies and programs to address health issues (Broner, 2001). (To see a summary statement on building consensus for knowledge exchange by Broner, click here). The CNCP incorporated all elements of a knowledge translation strategy, including knowledge dissemination, exchange, choice (identifying key messages and priorities) and application. This was achieved through sub-committees in the following areas:

- systems approaches and models of health care
- medication optimization for seniors
- mutual aid, self-help and self-care programs
- economic costs of an aging population

There were five stakeholder groups:

1. federal and provincial policy-makers responsible for health, social service, seniors and economic policy
2. district and regional health service planners
3. health and social service providers and their professional associations
4. seniors' advocacy groups and the public
5. academics, including educators and researchers from gerontology, health and social service fields

The CNCP process, based on a social interaction model, included four components:

1. opinion leader strategy
2. systematic literature reviews
3. knowledge spread, exchange choice and uptake activities
4. consensus building.

These summaries are written by the NCCMT to condense and to provide an overview of the resources listed in the Registry of Methods and Tools and to give suggestions for their use in a public health context. For more information on individual methods and tools included in the review, please consult the authors/developers of the original resources.
Implementing the Tool

Who is Involved?

This strategy used a core National Consensus Committee of 20 opinion leaders from various stakeholder groups. These opinion leaders provided the outreach needed to access their stakeholder constituencies, including seniors/seniors' advocates, policy-makers, professional providers, service planners and academics. This resource clearly lists which groups were responsible for each step of the process.

Steps for Using Tool

The Canadian National Consensus Process (CNCP) initiative includes four components:

1. **Knowledge Dissemination Strategy: Opinion Leader Strategy**
   - Outreach to "connector" opinion leaders who used linkages and influence to reach increasingly more remote opinion leaders
   - "Connector" opinion leaders also engaged organizations in influencing opinion leaders among their membership to reach subsequent "layers" of stakeholders

2. **Knowledge Exchange Strategy: Systematic Literature Reviews**
   - Sub-committees conducted systematic literature reviews on specific topics
   - Sub-committees developed executive summaries, policy fact sheets and lay print materials from these systematic reviews
   - Over 18 months, stakeholders reviewed these materials, identified and prioritized key messages and determined potential follow-up actions of concern

3. **Knowledge Choice Strategy: Consensus-building Strategy**
   - Consensus-building began by meeting at an annual conference
   - Momentum from the conference was maintained through a series of six "stepped" questionnaires over 18 months
   - Questionnaires were designed to identify the following:
     - interest in the issues
     - ideas on key messages, issues, concerns and priorities in the four research areas
     - consensus on priority issues
     - potential follow-up actions
     - consensus of priority follow-up actions
     - commitment to follow-up action (to see a summary statement on consensus-building for knowledge exchange, [click here](#))

4. **Knowledge Uptake Strategy: Knowledge spread, Exchange and Choice Activities and Materials**
   - A CNCP website provided summaries of the synthesis papers, policy fact sheets, etc.
   - Stakeholders implemented knowledge spread and exchange activities
   - Stakeholders developed and published literature reviews as peer-reviewed manuscripts.

Evaluation and Measurement Characteristics

Evaluation

Has been evaluated.

Survey questionnaires were administered at baseline, immediately post-intervention and at one year post-intervention. Response rates for each survey ranged from 5%–100%. These surveys included both quantitative and qualitative data collection. In addition, minutes from National Consensus Committee meetings and conference notes provided qualitative data.

Overall, research evidence was spread through 86 activities to 2946 initial contacts who attended the conference or accessed the website. Knowledge from 783 studies was shared with 63 387 people.

A total of 198 organizations and 65 individuals responded to surveys administered at baseline, throughout the intervention, immediately post-intervention and at one year-post-intervention. Although overall the percentage of participants aware of and taking action on research evidence had increased, this did not
occur for all stakeholder groups and not in all theme areas (see Table 8 for specific groups and their self-identified increases in awareness and action). Discussion and publication of information regarding targeted topics in the wider gerontological field increased.

While the CNCP was fairly successful with respect to knowledge spread and exchange activities, the consensus-building process may have reduced attention directed to research evidence. The developers note that building in more sequenced mechanisms and longer time frames to enable stakeholder groups to build social capital in the consensus-building process may help improve knowledge translation outcomes.

The surveys asked participants to identify levels of awareness and action on evidence related to the target topics, as well as self-report levels of awareness and action. Self-report could be affected by bias. As well, response rates for these surveys varied, which is another limitation of the evaluation results.

Validity
Information not available

Reliability
Information not available

Methodological Rating
N/A Not applicable

Tool Development

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Method of Development
The Canadian National Consensus Process (CNCP) began in 1998. It was funded by Health Canada as a three-year knowledge transfer initiative, drawing on knowledge created by 14 Seniors' Independent Research Programs (SIRPs) which ran from 1993-1997. The aim of the CNCP was to engage stakeholders in using the research evidence that had been accumulated from the SIRPs to improve policies and programs to promote seniors' independence.

Release Date
2003

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