Session H: Addressing barriers to hepatitis prevention and care

How can knowledge translation be used to enhance uptake of interventions in marginalised populations?

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How can knowledge translation be used to enhance uptake of interventions in marginalised populations?

Knowledge translation: what is it?

What is Good Participatory Practice?

What is self-location?

Background, power, and trust

What are we trying to achieve when we aim to enhance uptake?

Terms Related To Knowledge Translation

Knowledge Translation

Knowledge Transfer

Knowledge Transfer & Exchange

Knowledge Mobilization

Knowledge Brokering

Knowledge Management

Implementation science

Technology Transfer
(Commercialization)

Translational Research
(bench to bedside)

KT is all of these things

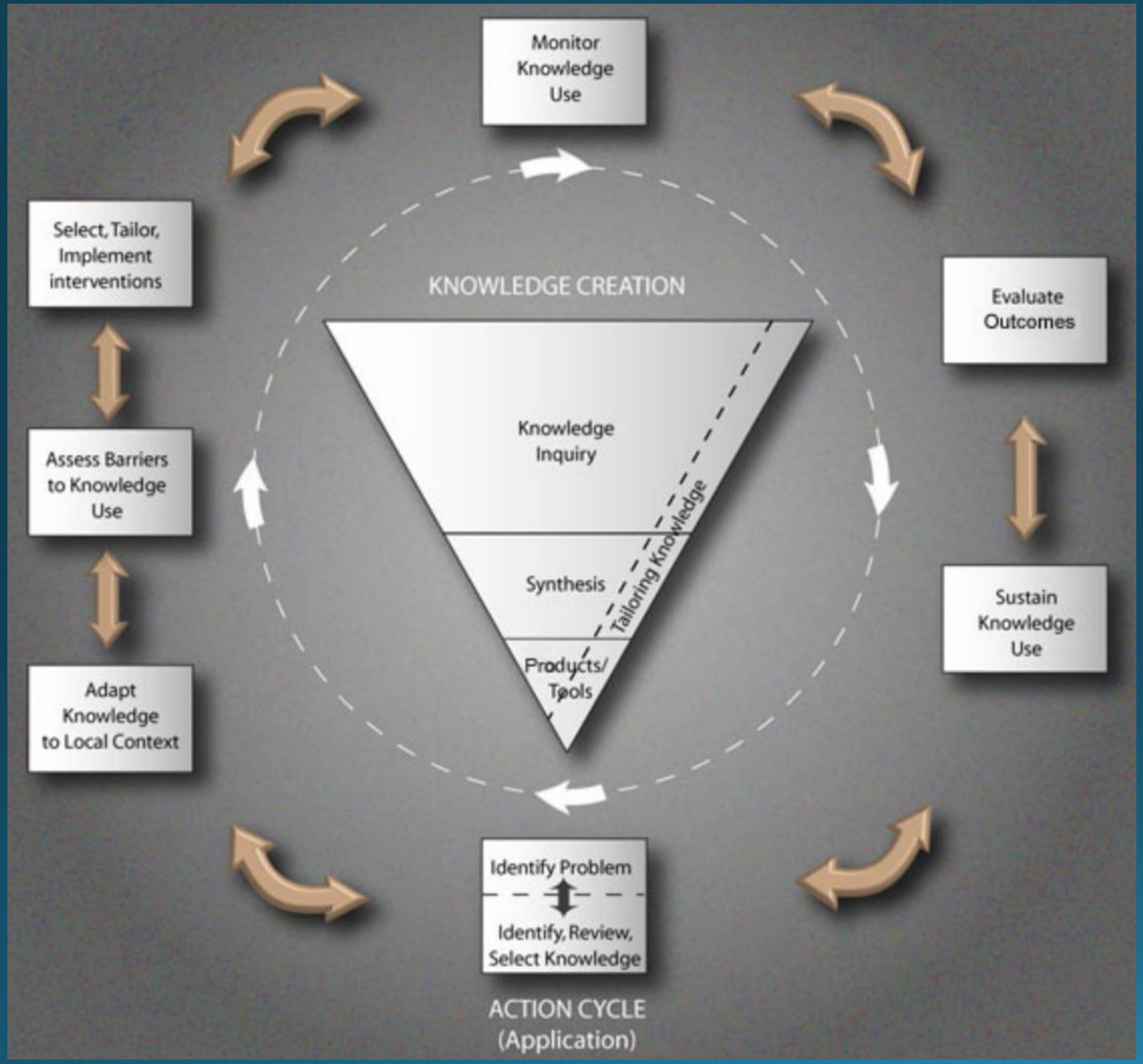
Courtesy: Melanie Barwick

Knowledge translation (KT)

Canadian Institutes of Health Research definition:

Knowledge translation is a dynamic and iterative process that includes:

- Synthesis
- Dissemination
- Exchange
- Ethically sound application of knowledge to
    - improve the health of Canadians
    - provide more effective health services and products
    - strengthen the health care system



Knowledge to action process

Policy diffusion and readiness: terms that political scientists and lobbyists prefer to knowledge translation…

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Knowledge translation modalities

End of research grant KT:

Typical dissemination and communication activities

Integrated KT:

Researchers and research users work together to shape the research process by:

- collaborating to determine the research questions
- deciding on the methodology
- being involved in data collection and tools development
- interpreting the findings
- helping disseminate the research results

Integrated KT and GPP

- an alternative approach for promoting research use in which:
  - research users function as **active partners** to generate research from conceptualisation to implementation
  - research users are **not passive recipients** of research or research products

Also called: engaged scholarship, participatory research, co-production of knowledge – and GPP (good participatory practice)

- Good Participatory Practices principles serve as the foundation for stakeholder relationships

UNAIDS/AVAC: http://www.avac.org/good-participatory-practice

What is self-location?

Self-location is essentially sharing:

- who we are
- where we come from
- our relation to an identity/place that informs how we lived in the past and informs our present

Indigenous research, in contrast to mainstream research practices:
requires researchers to self-locate…
and to openly share the purpose and motivation of a study, safeguard sacred Indigenous knowledge, have a decolonising focus, and ensure community benefits through research

Knowledge translation defined as…

CIHR focus:
activities, stakeholders, premises, outcomes

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. This process takes place within a complex system of interactions between researchers and knowledge users which may vary in intensity, complexity and level of engagement depending on the nature of the research and the findings as well as the needs of the particular knowledge user (n.p.).

Indigenous focus:
origins, assumptions, KT processes, and outcomes

systematic examination of the origin of the research; the assumptions underpinning the research process; the degree to which the research is perceived to have resulted in changes to policy, practice and health outcomes for organizations and Métis/First Nations/Inuit communities; and the perceptions of factors which impeded or supported the translation of the research into improved health outcomes and health status for Métis, First Nations and Inuit communities. (p. 3)

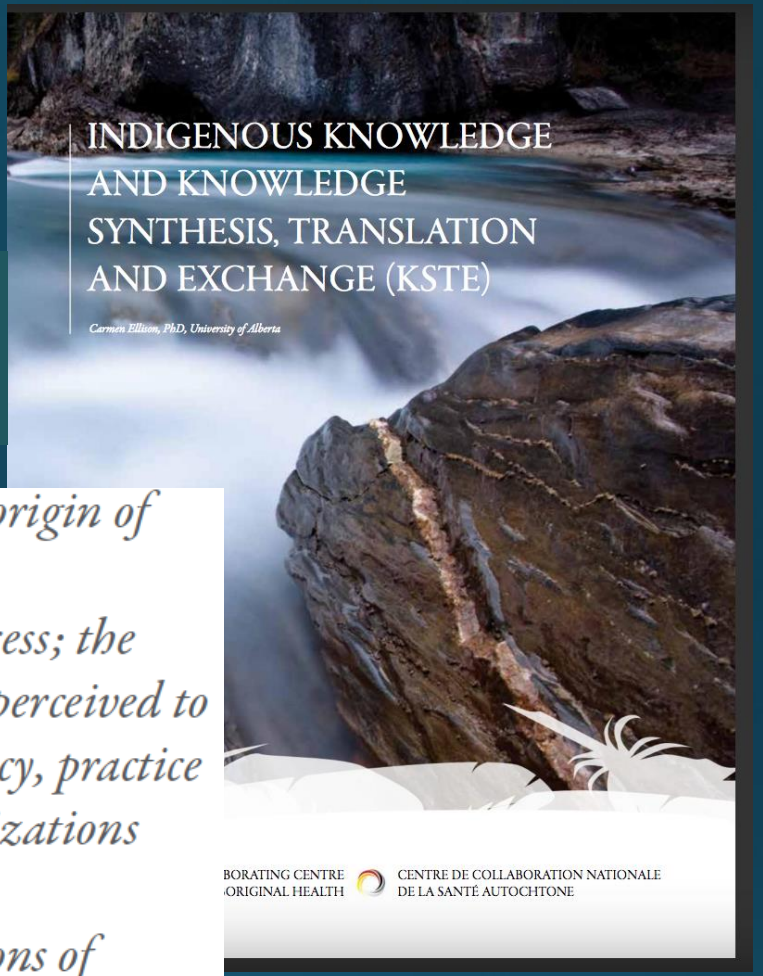

Table 3: The Knowledge Circle

How does knowledge come to us?

- Emergence from the non-physical to the physical world
- Intuition, inspiration, and spiritual seeking
- Dreams, visions, symbols
- Nature – trees, plants, animals, rocks, land
- Ancestors
- Life experience, individually and collectively
- Elders, family members, community members, leaders
- Good thinking and contemplation
- Talking and working with others
- Asking good questions and seeking answers
- Problem solving
- Apprenticeships – traditional knowledge processes for passing on knowledge
- New connections between existing knowledge
- Traditional knowledge research
- Scientific research
- Research – formal and informal – quantitative (numbers) and qualitative (thoughts, words, and feelings)
- Others

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How is knowledge translated and shared?

- Story circles and story telling
- Lessons embedded in stories and sharing circles
- Art, song, and ceremony
- Teaching and healing circles
- Elders and traditional knowledge keepers
- Around a table with tea and food
- Development of multiple literacies – oral, written, human development process, spiritual, emotional, and others
- Dialogue and discussion in person, using technology, or sharing of written documents
- Educational processes in formal institutions
- Document synthesis and other research and writing projects
- Meetings, conferences, and other gatherings
- Published and unpublished documents
- Others

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How is knowldge used?

- Daily life – using information to "be a good person, live a good life, in a good way"
- To inform relationships – teachings of respect, communication, community and peace, for example
- To restore and renew culture
- To provide data/information/ evidence (scientific and lived experience)
- To support learning and community capacity development (capacity for doing research, developing and implementing policy, designing and delivering programs, managing programs, people and resources, developing partnerships/ collaboration and governance, etc.)
- To solve more problems
- To improve research processes
- To support personal and organizational decision-making
- To support the design, delivery, and evaluation of programs and services (including clinical practices)
- To inform design and evaluation of health services delivery systems
- To inform policy development structures, processes, and content within the Indigenous communities and outside
- Others

Source: Hanson and Smylie, 2006, pp. 12-13

Reflections and language

Whether we are talking about:

- researchers and research users working together to shape the research process

OR

- programme planners, public health 'intervenors', care providers, and service users working together to shape the design and implementation of effective programmes

power relations and inequality are embedded in our existing social, cultural and, economic capital in our society

How can we equalize power relations to create an environment that fosters trust?

Reflections and language

General rules for language:

- **Put people first, then descriptor status or behaviour; try to avoid abbreviations**
  - people living with HIV (*not* HIV-infected people): PLHIV
  - men who have sex with men (*not* homosexual men): MSM
  - people who inject drugs (*not* injection/injecting drug users): PWID (also PUD: people who use drugs)
- **Use terminologies that people prefer**
  - transgender people, transgender woman, transgender man (*not* transsexual, transgendered, tranny, pre-op/post-op)
- **Avoid military terminology**:
  - **engage and mobilise** people (rather than targeting them)
  - **tailor programs and approaches** (rather then targeting interventions)
  - refer to **priority populations** (rather than target populations)

Public Health Agency of Canada Core Competencies

- A public health practitioner must be able to apply culturally-relevant and appropriate approaches with people from diverse…backgrounds

- Respect for diversity, self-determination, empowerment, and community participation is an important value for competent public health practitioners to uphold

Background

Declaration of Alma Ata 1998

- formulated to protect and promote the health of all people by articulating the importance of primary health care
- underscored the right of people "to participate individually and collectively in the planning and implementation of their own healthcare"

Community participation:

- cornerstone in the organization and delivery of interventions to promote, improve, and optimize population health
- involving communities as stakeholders can yield positive social and health outcomes if it ensures contextual relevance of programmes to local needs
- complex mix of influences and contextual factors involved in engaging communities meaningfully, including power relations

Power and Trust

- Between:
  - statutory organizations or health authorities and the community
  - research entities and the community
  - within community coalitions
- the expression of power is intricately linked with the ways in which one unconsciously acts, interacts, and behaves within the social world based on socialized norms, traditions, and customary rules of the society
- **trust is a key construct in tackling power imbalances** (Hoon Chuah et al 2018)
- effective community participation in health systems intervention research is facilitated by community-level trust while mistrust inhibits participation (George et al., 2015)
- trust is a dynamic concept that requires **continual nurturing through sustained and transparent dialogue** (Wallerstein and Duran, 2010)

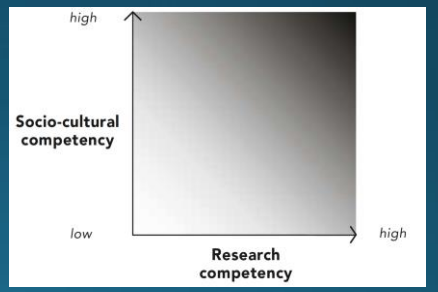
Power and Trust

- Trusting relationships are established through a **learning process** of the community's strengths and weaknesses; and through **open and honest** communication
  (Cahuas et al., 2015; Dötterweich, 2006)

- Trusting relationships can be fostered through effective leadership skills that promote **visibility, openness, legitimacy, clarity, and communication** - these are critical for community participation that yields positive outcomes (Ansari, 2012)

- **Early training of community leaders** on their knowledge and understanding of program logic models and processes, and their competence, are key to facilitating community involvement (Gomez et al., 2005)

- **Early training of professionals** in socio-cultural competencies and how to enable community voices, perspectives, values, experiential knowledge, and their competence, are key to facilitating community involvement



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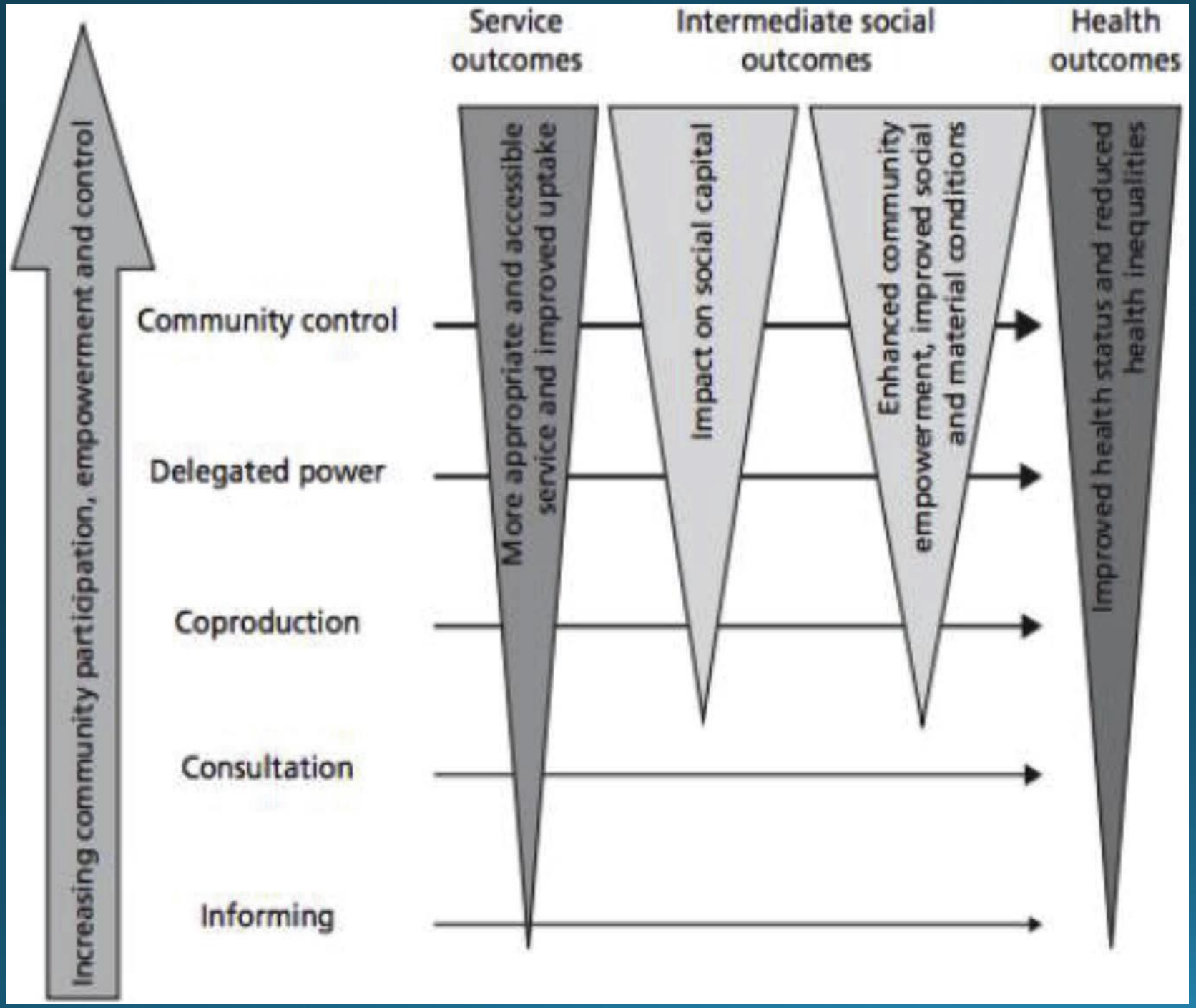

Conceptual model on pathways from community engagement to health improvement

Popay J. 2006

What are we trying to achieve when we aim to enhance uptake?

- Service outcomes:
  - improved uptake
- Intermediate social outcomes:
  - increased social capital
  - enhanced community empowerment, improved social & material conditions
- Health outcomes:
  - improved health status
  - reduced health inequalities

And how far will we go to increase community participation, empowerment, and control?

Informing? Consultation ? Coproduction? Delegated power? Community control?

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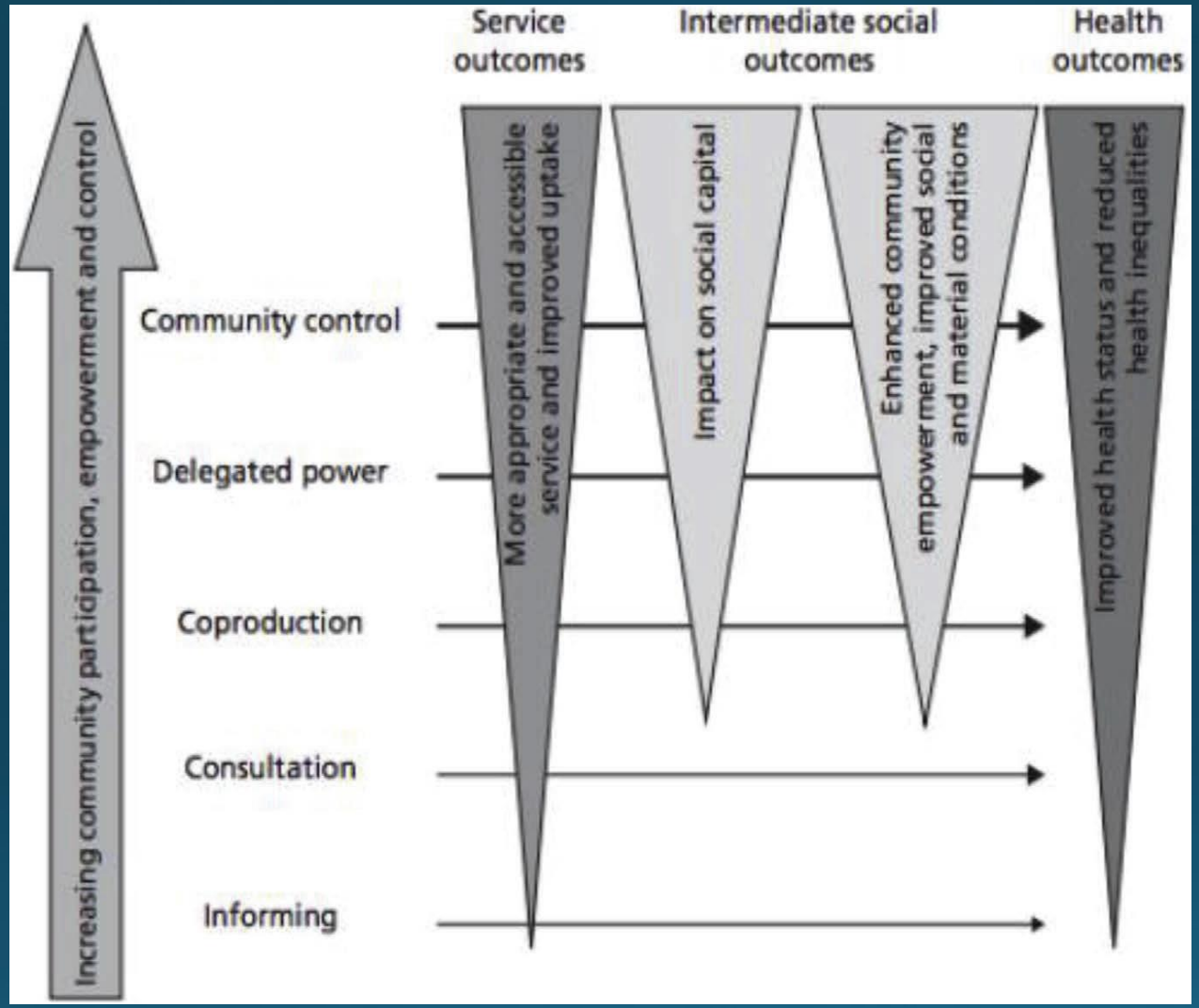

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Thank you for your attention

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