Evaluating the impact of evidence-based change within the Northumberland Exercise on Referral Scheme

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Exercise on referral schemes (ERS) allow health professionals to encourage physical activity (PA) for patients with long-term conditions. One such scheme is the Northumberland ERS, a 24-week community-based supervised PA intervention of primary care referrals to county leisure facilities. Since 2009, data has been routinely collected for demographics, attendance, self-reported PA, and health outcomes (e.g., blood pressure, well-being). External evaluation with academic partners has provided in-depth understanding of who is most likely to engage with and complete the scheme, along with evidence of scheme impact on PA and weight change. Qualitative research has complemented this, providing insight into the expectations and experiences of individual referees.

Whilst the scheme overall demonstrated efficacy, there were significant differences in leisure site performance, significantly increased PA but still short of government recommendations, weight loss expectations were not always met, and there was a lack of pre-scheme information, particularly about cost, presenting a barrier for some. Changes have been implemented based on these findings, including a staffing restructure to reflect practice at the most successful site, enhanced staff training at poorer performing sites, and enhancing training regarding lifestyle PA to promote 150 minutes of PA/week. Scheme administrators now take a different approach to information-giving at first contact with referrals and a concessionary price has been implemented for those on identified benefits. Finally, an evidence-based pilot weight management programme has been commissioned for targeted referrals.

Most recent analyses show improvements in performance by the poorest performing site, with an increase in completion from 17.4% to 34.3% (overall completion 43%) and an increase in mean PA at six months, from 81 to 101 minutes. Other changes will continue to be evaluated; however this early information demonstrates the impact of evidence-based change within public health commissioning and is continuing to shape and enhance Northumberland County Council's service provision.

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“How are we doing?”

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In January 2015 an important governmental shift took place in the youth care domain in the Netherlands. Before this transition youth care was governed and financed by national and regional agencies. From 2015 these tasks were transferred to the local governments (municipalities).
The regional public health service in the region of West-Brabant was asked to monitor this transition and explore the impact of this governmental change for 18 municipalities (“How are we doing?”).The current research project will take 2 years and consists of three measurements periods (after 6, 11 and 16 months). Within the project we use qualitative as well as quantitative research methods to obtain information about the short time consequences of the transition for youth, parents, professionals and youth care organizations. The researchers developed the initial research proposal in close collaboration with municipal officials and management of youth health care organizations. An interactive knowledge translation model was used in which researchers and potential knowledge users develop a partnership of trust, respect, ownership, and common ground as the fundamental first step to successful knowledge dissemination and utilization. The strategies used by this group included viewing research as the means and not as the end, using a participatory research approach, embracing transdisciplinary research and interactions, and deploying knowledge brokers to assist potential knowledge users in identifying knowledge needs and to assist researchers in translating knowledge to users. After each reporting period we conduct a short evaluation on process and end use with local officials and youth care organizations.
During the presentation we reflect on the results of our efforts and show insights in the process of knowledge translation in this particular case.

This question gave the opportunity to put theoretical concepts of knowledge translation into practice. For example we used a combination of qualitative and quantitative research methods to provide a “story” behind the figures, we used intensive communication strategies to keep the different groups of end users informed, and a project leader was appointed who’s work it was to work at municipalities and to keep in touch with policy actors to get insights in their purposes and interests. We worked on goal clarification, had a process design for interaction, and experimented with different forms of reporting.

We explored the policy arena, the project leader functioned as a policy entrepreneur and knowledge broker at the same time and continuously reframed the research results to aimed groups of end-users.

In this presentation we want to reflect in total we served 18 municipalities and this required

Discourse coalition

Also following the stages-of-use approach, Landry, Amara, and Lamari (2001) measured the use of social science research with a scale derived from the Knott and Wildavsky (1980) stages of knowledge utilization. However, this scale measures knowledge utilization from the perspective of the knowledge producers (who were university researchers) rather that of the knowledge users. A question was posed to the respondents as to what had become of their research of the last 5 years. They then were asked to respond to six statements representing the six stages of knowledge utilization using a five-point scale of 1 = never, 2 = rarely, 3 = sometimes, 4 = usually, and 5 = always. No psychometric properties were reported. The six stages are listed here:

1. I transmitted my research results to the practitioners and professionals concerned (transmission).
2. My research reports were read and understood by the practitioners and professionals concerned (cognition).
3. My work has been cited as a reference in the reports, studies, and strategies of action elaborated by practitioners and professionals (reference).
4. Efforts were made to adopt the results of my research by practitioners and professionals (effort).
5. My research results influenced the choices and decisions of practitioners and professionals (influence).
6. My results gave rise to applications and extension by the practitioners and professionals concerned (application).

A similar scale was developed to measure knowledge utilization as reported by policymakers (Landry, Lamari, & Amara, 2003). The items representing the six stages of knowledge utilization are listed as follows. No psychometric properties were reported.

1. I received the university research pertinent to my work.
2. I read and understood the university research that I received.

3. I participated in meetings for discussion and popularization of the aforementioned university research.
4. I cited university research studies as references in my own professional reports or documents.
5. I made efforts to favor the use of university research results.
6. University research results influenced decisions in my administrative unit.

Interactive Strategies

Vingillis et al. (2003) reported the use of knowledge translation strategies that integrated knowledge generation with knowledge diffusion and utilization. During the project's 3-year period, the researchers developed the initial research proposal in response to frustration expressed by local professionals. The researchers also built into the original research proposal a series of three colloquia of potential knowledge users, and they established an open-door policy so that interested parties could request meetings with the team. Vingillis et al. used a partnership culture model in which researchers and potential knowledge users develop a partnership of trust, respect, ownership, and common ground as the fundamental first step to successful knowledge dissemination and utilization. The strategies used by this group included viewing research as the means and not as the end, linking the university and research services to the community, using a participatory research approach, embracing transdisciplinary research and interactions, and using connectors to assist potential knowledge users in identifying knowledge needs and to assist researchers in translating knowledge to users. However, the effectiveness of these strategies in promoting knowledge translation was not reported.

The School Health Research Network: increasing impact by co-producing and utilising health improvement research evidence in the secondary school setting

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The School Health Research Network (SHRN) is pioneering a new approach to co-producing and utilising research evidence to advance health improvement practice and its impact in school settings. Modelled on successful health research networks, the SHRN extends this approach to span health and education. The SHRN is a partnership between Welsh Government, Public Health Wales (PHW), Cancer Research UK and Cardiff University and half (n=100) of secondary schools in Wales are members. The SHRN aims to drive forward co-produced school health research in Wales, facilitate knowledge exchange to support evidence-based policy and practice and ensure Welsh research meets policy and practice priorities.

To meet these aims of integrating research and practice several strategies are in place. Routine health data collection is underway with two-yearly pupil and school environment surveys. The school-level data collection provides a monitoring infrastructure for the Welsh Network of Healthy School Schemes (WNHSS), PHW's school health programme. Data from the pupil survey is fed back to schools to encourage evidence-informed action planning at the school level. Local authority and Health Board level reports are in development. A joint programme of work with PHW aims to raise research literacy and increase evidence-based practice within the WNHSS, so local staff have the knowledge and skills to provide evidence-based guidance to schools.

Structures to ensure that SHRN-facilitated research is responsive to the evidence needs of the school health community include an advisory board with representatives from health and education, events for schools, and workshops that bring together schools and policy and practice stakeholders around a health topic.

Interview data from stakeholders will be presented on the acceptability and utility of the SHRN, it's fit with the Welsh policy context (e.g. school inspection criteria, the recent comprehensive curriculum review) and how the SHRN facilitates research through its research study adoption process.