

Community



of Practice

Knowledge Translation among Canadian Researchers in the Field of Physical Activity and Aging – A Brief Report

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Knowledge Translation—A Brief Report

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HIGHLIGHTS



The survey respondents represented a wide range of physical activity related disciplines, conceptualized knowledge translation in a variety of ways, and participated in a variety of knowledge translation activities.



Our sample of physical activity and aging researchers in Canada recognize, value, and participate in knowledge translation.



While more than half of researchers reported having intermediate or advanced competency in knowledge translation, it was still reported that there exists a need for training opportunities in knowledge translation.



Lack of time was the most frequently reported barrier to knowledge translation.



Researchers felt largely supported in their work environment but there still exists significant room for improvement in supporting researchers in their knowledge translation activities.



A degree of utility has been identified by researchers for knowledge brokers in their research activities.

INTRODUCTION

The mission of Active Aging Canada is to support lifelong healthy active aging of adult Canadians through participation, education, research, and promotion. Our mission is supported by one of our key roles; the facilitation of knowledge translation of active aging research into practice. This process is guided by our knowledge to action framework [Appendix I] and the vehicle by which this framework will be mobilized is our newly created online community of Canadian practitioners, facilitators, administrators and researchers with a shared interest in sharing, disseminating, and applying knowledge of the key role of active aging in healthy aging. This community of practice (CoP) will facilitate the movement of pertinent knowledge to those who work with older adults and to older adults themselves.

In order to shape and guide this new initiative, an initial step was to gather information of our member's knowledge translation understanding and practice, and to conduct a needs assessment of their involvement in this CoP. In recognition of the high percentage of older adults who do not meet recommended physical activity levels, in spite of the significant role of physical activity in healthy aging, we made the decision to begin our exploration of the translation of active aging research into practice within the field of physical activity. This report focuses on the knowledge producers (researchers) with the goal of information gleaned from the assessment surveys helping shape and guide our CoP in providing effective and maximum support to active aging researchers disseminating and putting their work into practice.

METHODOLOGY

Active Aging Canada's Knowledge Translation Approach

We adopted the Canadian Institutes of Health Research (CIHR) term and definition for knowledge translation (KT), as it is widely known and used by the research communities nationally in Canada. CIHR defines 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.”

More broadly, the individual components can be defined as:

- ♦ **Dissemination:** Identifying the appropriate audience and tailoring the message and medium to the audience.
- ♦ **Synthesis:** The contextualization and integration of research findings of individual research studies within the larger body of knowledge on the topic.
- ♦ **Exchange:** Interactions between evidence users and researchers at any or all stages of the research process.
- ♦ **Application:** The process by which health research evidence is put into practice through new or existing programs, policies or practices.

Recruitment

In the Spring of 2018, Active Aging Canada's CoP was launched and both targeted and general approaches were utilized to invite Canadian researchers involved in physical activity and aging research. One targeted approach involved partnering with two Canadian professional organizations affiliated with physical activity, exercise, and sport; namely the Canadian Society for Exercise Physiology and the Canadian Society for Psychomotor Learning and Sport Psychology. These two organizations shared an invitation letter with their members either through their email membership list or via their monthly membership communique. The letter invited any Canadian researcher who conducts physical activity and aging research (in any discipline) to become a member of the newly created CoP.

In addition, the second targeted approach involved a scan of centres of aging, academic faculties and research institutes across Canada to identify researchers involved in physical activity and aging research. Researchers identified were approached online via a Survey Monkey email with an invitation to join the CoP and to participate in the survey.

The general approach involved advertisement of the new CoP through social media and through Active Aging Canada's existing membership and network. After a period of recruitment, the CoP members were asked to participate in an online survey which sought to garner feedback on how to refine the structure of the CoP to best serve them in the knowledge translation of their research.

Survey Design

As our CoP is an online structure of researchers across Canada, we utilized an online survey to enable data collection across the country, within a short period of time. We developed the survey based upon the KT approach described above and pilot tested it with Active Aging Canada's research committee members. The survey included both open- and closed-ended questions. The survey began with demographic questions, including primary professional role, geographic region, and workplace setting. Then the survey focused on the respondent's knowledge, interest and participation and perceptions of KT; including barriers and/or facilitators and beneficial support strategies. Part two of the survey was framed as a needs assessment of our CoP, with a specific goal of garnering feedback with respect to interest and perception of knowledge brokers.

Survey Analyses

Descriptive analyses were carried out and presented for demographic variables with frequencies reported for categorical variables. Data from the open-ended questions were recorded, themes were identified, and response frequencies were tabulated.

Results And Implications

Data collection took place over a three-month period; April 2018 to June 2018. Participant characteristics are presented in Table 1. Sixty-five potential participants were contacted. Twenty-two (34%) CoP members responded to our survey. The majority of respondents indicated that their primary professional role was 'researcher' (19/22) and that their primary workplace setting was at a university (20/22). Almost half of the respondents were at the mid-career stage (10/22) followed by established career stage (7/22). A wide range of physical activity research disciplines were represented with the average research involvement in 'knowledge inquiry' (conducting primary research) being 67%. Respondents represented seven provinces across Canada.

Table 1. Participant Characteristics

| Primary Professional Role | | |
|--|----|-----|
| Researcher | 19 | 86% |
| Clinician-Scientist | 1 | 5 |
| Organizational (non-profit, profit) Researcher | 0 | 0% |
| Government Scientist | 0 | 0% |
| Other (Educator/Professor) | 2 | 9% |
| Level of Experience and/or Career Stage | | |
| Established (15+ years) | 7 | 32% |
| Mid-career (5-14 years) | 10 | 45% |
| Early (0-4 years) | 2 | 9% |
| Trainee | 3 | 14% |

| Physical Activity Research Discipline (all that apply) | | |
|--|-----|--------|
| Behaviour Change | 6 | |
| Biomechanics | 1 | |
| Chronic Condition | 9 | |
| Exercise Physiology | 12 | |
| Exercise Biochemistry | 0 | |
| Falls | 3 | |
| Fitness | 10 | |
| Health | 18 | |
| Physical Activity Levels /Participation | 11 | |
| Population Health | 6 | |
| Psychomotor Learning | 1 | |
| Sedentary Behaviour | 4 | |
| Sport Psychology | 1 | |
| Sport Coaching | 0 | |
| Other (please specify) | (3) | |
| Function | 1 | |
| Exercise Psychology | 1 | |
| Strength Training | 1 | |
| Primary Research Methodology | | |
| Qualitative Methods | 1 | 4% |
| Quantitative Methods | 14 | 64% |
| Mixed-Methods | 7 | 32% |
| Primary Workplace Setting | | |
| University | 20 | 91% |
| College | 0 | 0% |
| Research Institute (within a university or health care centre) | 2 | 9% |
| Not-for-Profit Organization | 0 | 0% |
| Government | 0 | 0% |
| Private Sector | 0 | 0% |
| Province or Territory in which Research is Mainly Conducted | | |
| Alberta | 1 | 4.6% |
| British Columbia | 4 | 18.25% |
| Manitoba | 1 | 4.6% |
| New Brunswick | 0 | 0% |
| Newfoundland & Labrador | 0 | 0% |
| North West Territories | 0 | 0% |
| Nova Scotia | 2 | 9.1% |
| Nunavut | 0 | 0% |
| Ontario | 8 | 36.4% |
| Prince Edward Island | 0 | 0% |
| Quebec | 4 | 18.2% |
| Saskatchewan | 2 | 9.1% |
| Yukon | 0 | 0% |

Respondents indicated all four categories of KT to have very high importance in their work (Figure 1): dissemination = 87%; synthesis = 72%; exchange = 57%; and application = 66%.

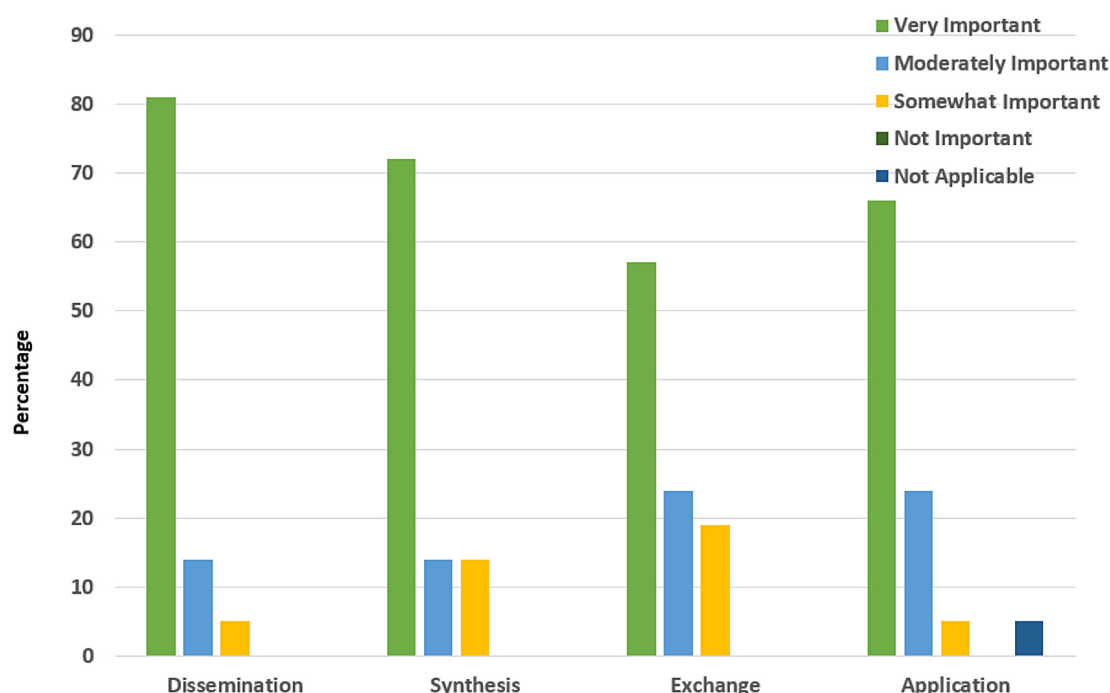


Figure 1. Importance of the four components of KT to researcher's work

Eleven respondents (55%) indicated that they engage in end-of-grant KT (the diffusion, dissemination and application of knowledge that researchers undertake once the findings from a project are available), one respondent indicated they engaged in integrated KT (applies the principles of knowledge translation to the entire research process and knowledge users are involved in all stages of the research project), and eight respondents (40%) indicated they engaged in both types of KT. Nine (45%) respondents described their level of comfort or competency in KT as intermediate, six described themselves as beginners in KT, and five respondents reported having an advanced level of comfort or competency in KT.

When asked via an open-ended question how they define or think about the concept of KT, seven themes emerged (Table 2). The most common way KT was defined was as “applying knowledge into practice or policy” (n=6) and ‘dissemination to users/stakeholders (n=6).

Table 2. How physical activity and aging researchers define/think about the concept of knowledge translation.

| Theme | Number of responses |
|---|---------------------|
| Applying knowledge into practice or policy | 6 |
| Dissemination to users/stakeholders | 6 |
| Exchange of knowledge between knowledge producers and users | 2 |
| Multi-step process from synthesis to application | 2 |
| Application to real life | 1 |
| Ensuring research is accessible | 1 |
| Evaluation of implementation at scale | 1 |

A description of current or past practices by the four categories of KT are presented in **Table 3**. The type of KT most engaged in was ‘dissemination’ in the format of participation in conference or meeting presentations. Followed by engagement in ‘application’ in the format of involvement in the implementation of developed products.

Table 3. Description of Current or Past KT Practices by Category

| Theme | Number of responses |
|--|---------------------|
| Dissemination (12 respondents) | |
| Conference or Meeting Presentations | 10 |
| Presentation to the General Public | 4 |
| Publication in Journal | 4 |
| Newsletter | 3 |
| Multi-media / radio | 3 |
| Work with professional organizations | 2 |
| Synthesis (10 respondents) | |
| Systematic or narrative review/ Meta-analyses | 6 |
| Via work on research articles and discussions with researcher colleagues | 2 |
| Exchange (9 respondents) | |
| Patient exchange events | 1 |
| Conference presentations | 1 |
| Community of practice membership | 1 |
| Association membership | 2 |
| Stakeholder exchange events | 2 |
| Not applicable | 2 |
| Application (10 respondents) | |
| Implementation of developed products (tools, guidelines, programs, interventions) | 9 |
| Workshops with end-users | 1 |

Sixteen respondents provided answers to the question asking if they would like to increase their participation in any or all components of KT (Figure 2). There was interest in all four components with 'exchange' garnering the greatest interest (13 respondents, 81%).

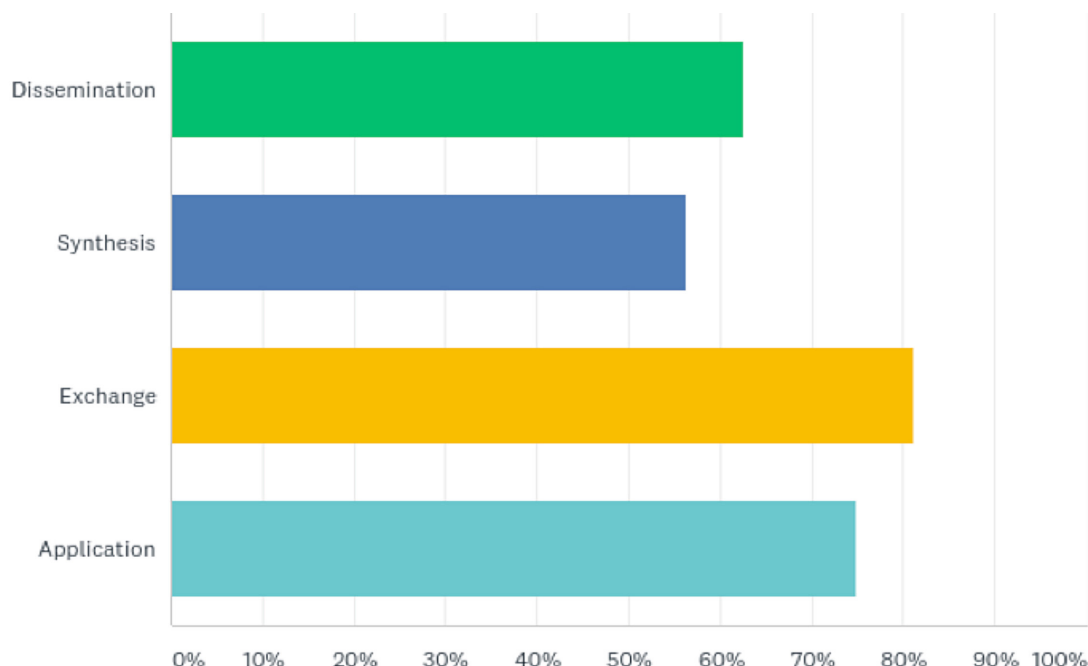


Figure 2. Interest in increasing participation in any or all components of KT.

Responses to whether our respondents felt that their work environment provides KT support (including advice, training, funding, etc.) are presented in Figure 3. Half of the respondents indicated that they agreed or strongly agreed that their work environment provides KT support.

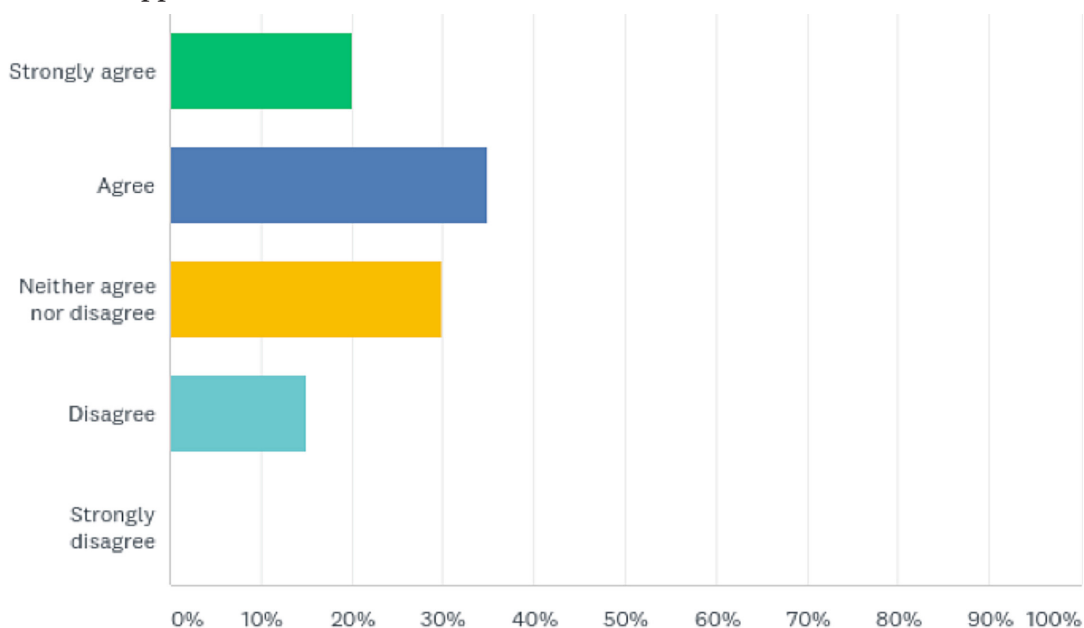


Figure 3. Agreement with statement that work environment provides KT support (including advice, training, funding, etc.)

A majority of respondents indicated that there were barriers to KT in their work. Respondents identified a range of issues, however lack of time emerged as the most frequently reported barrier to KT activities (individual barrier) followed by having KT expertise on their research team (organizational barrier) or themselves having formal training in KT (individual barrier) (Table 4).

Table 4. Barriers and Facilitators to KT

| Theme | Number of Responses |
|---|---------------------|
| Time | 8 |
| Expertise/training/mentorship in KT | 4 |
| Funding | 3 |
| Staff support / Capacity for KT | 2 |
| Recognition of its [KT] value, prioritization | 2 |
| Effective reach, evaluation | 2 |
| Knowledge of topic area by end users | 1 |
| Incorporation of KT in all stages of research process | 1 |

*15 respondents

Participants were asked what support strategies would be of most benefit to better use or engage in KT. The results largely indicated that there is a need for support strategies, specifically the support of having a KT broker or KT expert on their research team was a frequent response, as was getting training in KT processes (Table 5).

Table 5. Beneficial Support Strategies for KT

| Theme | Number of Responses |
|--|---------------------|
| Access to a KT broker, KT expert on the team | 6 |
| KT program for training | 5 |
| Funding | 3 |
| Practical, convenient options/outlets for KT activities (webinars, workshops, online meetings) | 3 |
| Formal connections with professional organizations | 2 |
| Currently well supported | 1 |

*16 respondents

When posed with the question of whether it would be useful to employ a KT broker in the KT activities of their research, respondents largely viewed KT brokers as useful (Figure 4) with 63% indicating they would be either ‘extremely or very useful.’

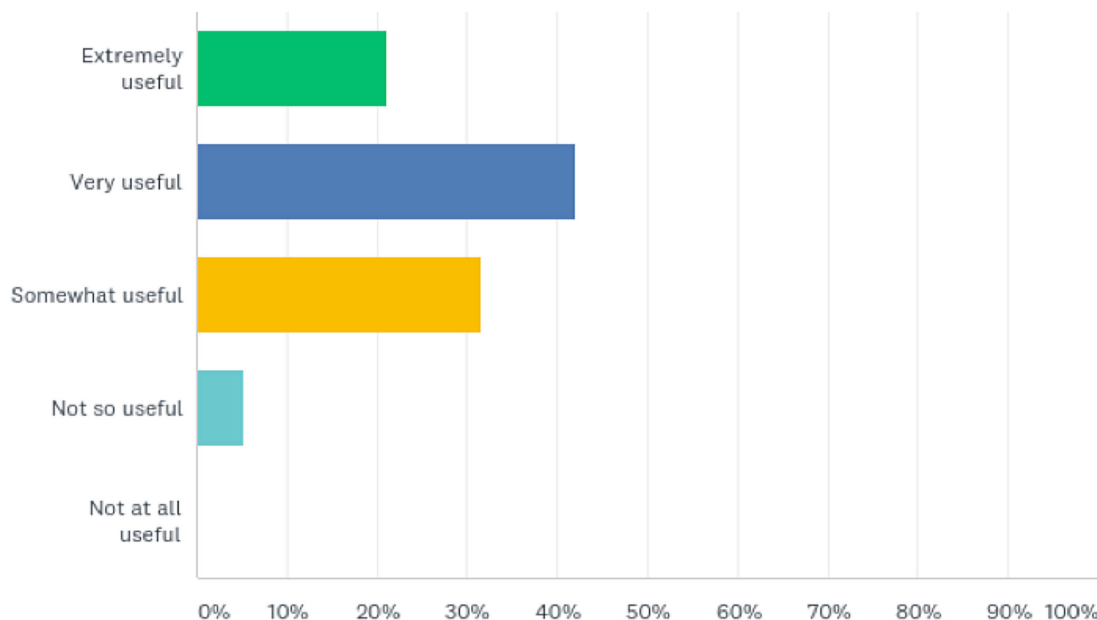


Figure 4. Usefulness in employing a KT broker in research activities.

Additional efforts will be required to understand the KT training and resource needs of this group. Also note that low proportions of responses from certain professional roles or regions means data are not necessarily representative of some groups.

Though this research examines a broad group of researchers at various career stages and sectors of Canadian health research, limitations exist in terms of the relatively small sample size and sampling strategy.

Next Steps for Active Aging Canada and its Community of Practice

- ✎ Identifying existing and potential KT training opportunities and KT resources to address the needs identified in this survey by our community of practice members.
- ✎ Continue the dialogue with our CoP members to discuss results and discuss how to work together to meet their needs, including our role in stewarding the CoP and acting as a KT broker.
- ✎ Advocate for KT support and funding in the area of active aging.

Active Aging Canada's Knowledge Translation Framework



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