Getting the rubber to hit the road: knowledge translation and the BBV-STI sector

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Outline

• What is ‘knowledge translation’?
• Why knowledge translation is needed
• How does knowledge translation work in Australia
• Tips for working with the Department Health
• Case study
• Open discussion
What is ‘knowledge translation’?

The collaborative and systematic review, assessment, identification, aggregation, and practical application of research by key stakeholders for the purpose of lessening the burden of disease and improving the lives of infected individuals.

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Why knowledge translation is needed

- Up to 45% of patients are not receiving care consistent with scientific evidence\(^1,2\)
- >40% antibiotic inpatient prescriptions are not consistent with accepted guidelines\(^3\)
- 35% adherence to STI/HIV testing guidelines for MSM\(^4\)
- Management of chlamydia cases by WA GPs suboptimal\(^5\)

4. Guy R et al. *Does the frequency of HIV and STI testing among MSM in primary care adhere with Australian guidelines?* Sex Transm Infect. 2010
Knowledge translation = turning knowledge into action

- Knowledge translation is a two-stage process:
  - *Creating* knowledge – researchers
  - *Applying* knowledge – policy makers/practitioners
The knowledge to action framework

Lost in Knowledge Translation: Time for a Map? ID Graham.2006
The knowledge to action framework

**KNOWLEDGE TO ACTION PROCESS**

- Monitor Knowledge Use
- Select, Tailor, Implement interventions
- Assess Barriers to Knowledge Use
- Adapt Knowledge to Local Context
- Identify Problem
- Identify, Review, Select Knowledge
- Synthesis
- Tailoring Knowledge
- Products/Tools
- Knowledge Inquiry
- Evaluate Outcomes
- Sustain Knowledge Use

**ACTION CYCLE** (Application)
1. Creating knowledge

- Deriving knowledge from primary studies (‘knowledge inquiry’)

- Synthesising primary studies to form ‘secondary knowledge’

- Generating knowledge tools or products (‘third-generation knowledge’)

The knowledge to action framework

**Knowledge to Action Process**

1. **Identify Problem**
   - Identify Review
   - Select Knowledge

2. **Adapt Knowledge to Local Context**
3. **Assess Barriers to Knowledge Use**
4. **Select, Tailor, Implement Interventions**

**Knowledge Creation**

- Knowledge Inquiry
- Synthesis
- Tailoring Knowledge
- Products/Tools

5. **Identify Problem**

**Action Cycle** (Application)

6. **Monitor Knowledge Use**
7. **Evaluate Outcomes**
8. **Sustain Knowledge Use**

**Feedback Loop**

- Continuous cycle between knowledge creation and action process.
2. Applying knowledge

- **Identify** the problem (and the knowledge)
- **Adapt** knowledge to local context
- **Assess barriers** to knowledge use
- **Select, tailor implement** knowledge
- **Monitor** knowledge use
- **Evaluate** outcome of knowledge use
- **Sustain** knowledge use
How knowledge translation occurs in Australia & WA

• Knowledge creation
  – National level: national centres; CDNA (‘SoNGs’; surveillance)
  – State level: SiREN

• Knowledge application
  – National level: BBVS Subcommittee; national strategies
  – State level: SHBBV Program; WACBBVS; peak bodies

• Community organisations drive the agenda
Tips for working with and within the health department

- Bureaucratic – things take time
- Keep persevering
  - refine your strategy if it doesn’t work first time around
- Be opportunistic – funding pots can appear
- Risk averse
- Need to demonstrate cost-effectiveness
- Seek out champions of change among the senior management/politicians
- Don’t be too ambitious:
  - start small with a hope to expand over time
Case study

- How can we improve awareness and education of young people about sexuality and relationships?
Talk soon. Talk often.

A guide for parents talking to their kids about sex.

FACT: Puberty can start at 8 (mostly at 10 or 11), and can continue until 18 (but can be later).

FACT: By the end of high school, about 50% of young people have had sex. And 50% have not had sex.

FACT: Research shows: children who talk about sexuality with their parents start having sex later.

This tip sheet is adapted from Talk soon. Talk often., a publication for parents produced by the Western Australian Department of Health, based on research and development by the Australian Research Centre in Sex, Health & Society at La Trobe University, Victoria.
Yarning quiet ways

Teaching kids to have strong, safe and healthy relationships
Summary

- Knowledge = turning knowledge translation into action
- Always consider the monitoring and evaluation steps early
- Understand how to work with Government
- Cost-effetiveness
  - Data
  - Health economics
- Partnerships are a crucial component
Case studies

- **TTANGO**
- Improving understanding STIs in youth
  - GDHR
  - Chlamydia campaign
- Lash study
- NSP
- Kiosk
- STI/BBV SoNGs
- PrEP
- STI/BBV in ATSI – yarning quiet ways
- Increasing testing rates
  - ATSI identification on lab forms
  - On-line chlamydia program
- Preparing WA for HCV treatments
- Silver book guideline development
Some key knowledge gaps

- Effectiveness of media campaigns
- Utilisation of NSP for PICAs
- Effectiveness of NSP for PICAs cf. IVDU
- Effectiveness of behavioural changes tools/programs:
  - Aboriginal youth
  - for gay me an and chemsex