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

SiREN Symposium 8 June 2016

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- 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



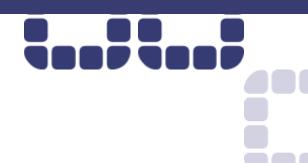


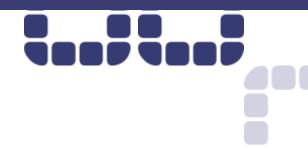
infected individuals.

What is Knowledge Translation? Focus. Technical Brief No.10. National Center for the Dissemination of Disability Research.2005









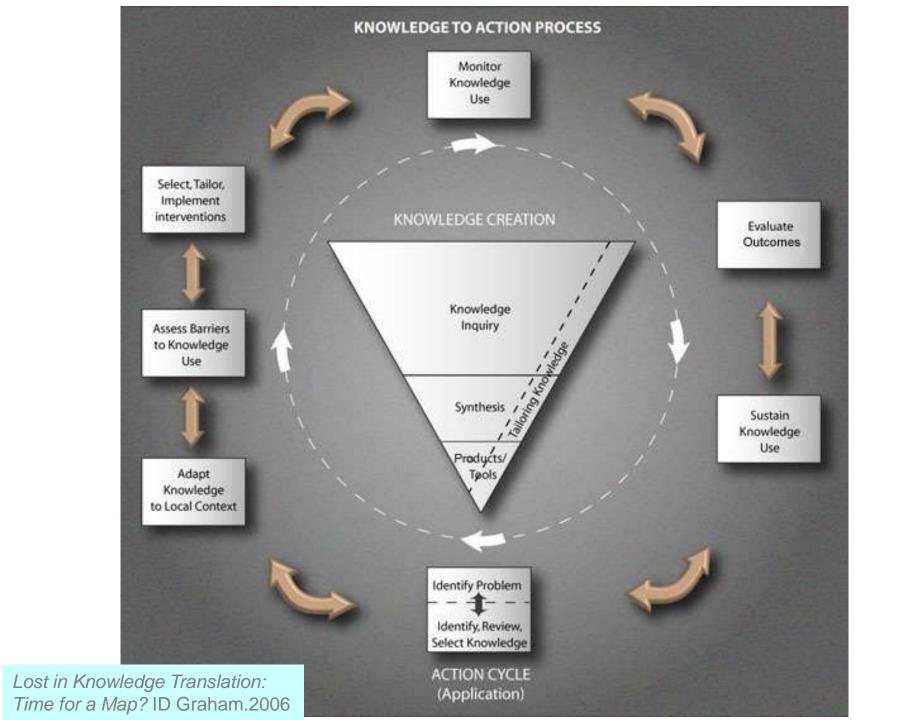
Why knowledge translation is needed

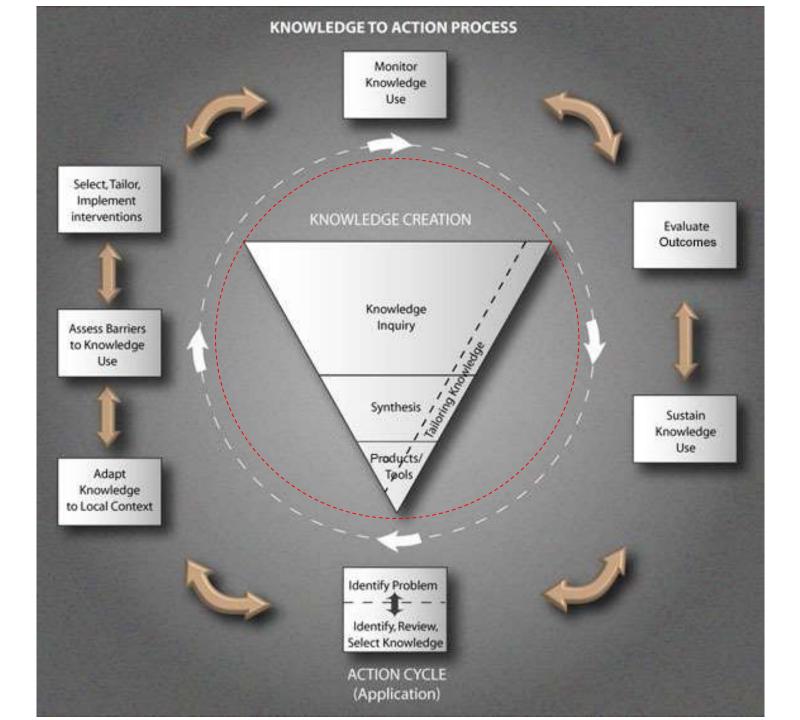
- Up to 45% of patients are not receiving care consistent with scientific evidence^{1,2}
- >40% antibiotic inpatient prescriptions are not consistent with accepted guidelines³
- 35% adherence to STI/HIV testing guidelines for MSM⁴
- Management of chlamydia cases by WA GPs suboptimal⁵
- 1. McGlynn EA et al. The quality of health care delivered to adults in the United States. N Engl J Med. 2003.
- 2. Runcimen WB et al. Caretrack: Assessing the appropriateness of healthcare delivery in Australia. MJA.2012
- 3. Ingram PR et al. Point-prevalence study of inappropriate antibiotic use at a tertiary Australian hospital. Int Med J. 2012
- 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
- 5. Bangor-Jones RD. Sexual health in general practice: do practitioners comply with the sexually transmitted infections guidelines



Knowledge = turning knowledge translation into action

- Knowledge translation is a two-stage process:
 - Creating knowledge researchers
 - Applying knowledge policy makers/practitioners



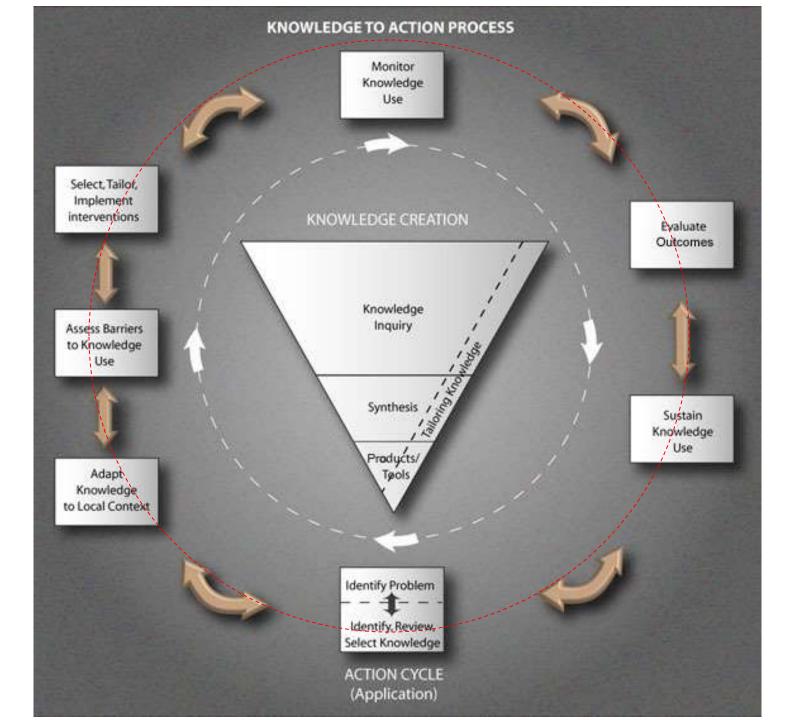




1. Creating knowledge

 Deriving knowledge from primary studies ('knowledge inquiry')

- Synthesising primary studies to form 'secondary knowledge'
- Generating knowledge tools or products ('third-generation knowledge')





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

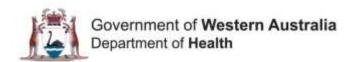


How knowledge translation occurs in Australia & WA

- 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





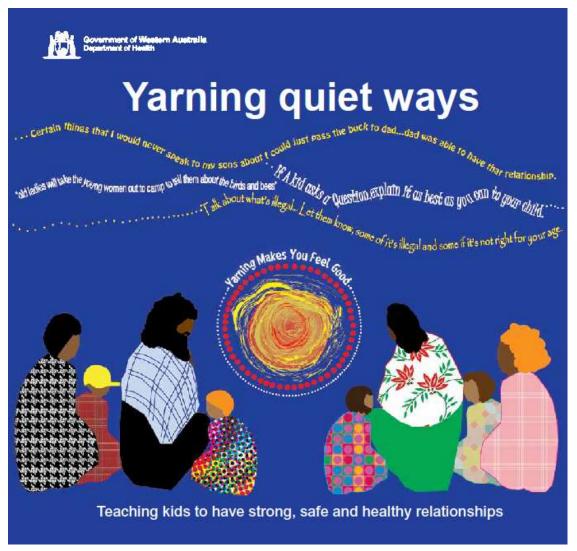
Case study

 How can we improve awareness and education of young people about sexuality and relationships?













Go to whole of WA Government search

What is Sex? Relationships Condoms & Contraception Sexually **Transmitted** Infections (STIs) Puberty Sexting Tatts & Piercings Games & Events



Porn... It's exciting, it's interesting, it's everywhere! So what's the issue??

Get Informed!

This site gives young people in WA advice and accurate information on relationships and safer

You can read information pages, check out the animations, have your question answered confidentially by a health professional and listen to true stories.

Quick Links

Sex, Alcohol & Other Blood-borne Viruses New Online

Body Image

Read Life Stories

Ask a question Watch Slides

Talk to Someone



could i haveit.com.au STI facts

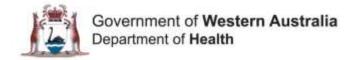


ONLINE CHLAMYDIA TESTING





- Knowledge translation = turning knowledge 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







- 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 guistier 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

