



Canadian Hospice Palliative Care Association

Association canadienne de soins palliatifs


TVN Mindmerge Halifax

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Some questions to reflect on....


1. What does knowledge translation really mean to the NGO sector?
 2. How do we make policy and clinical practice change in a fast paced health care environment?
 3. How do you engage the NGO and patient group sectors early in the process?
 4. Some communications vehicles for KT
 5. Challenges and Opportunities
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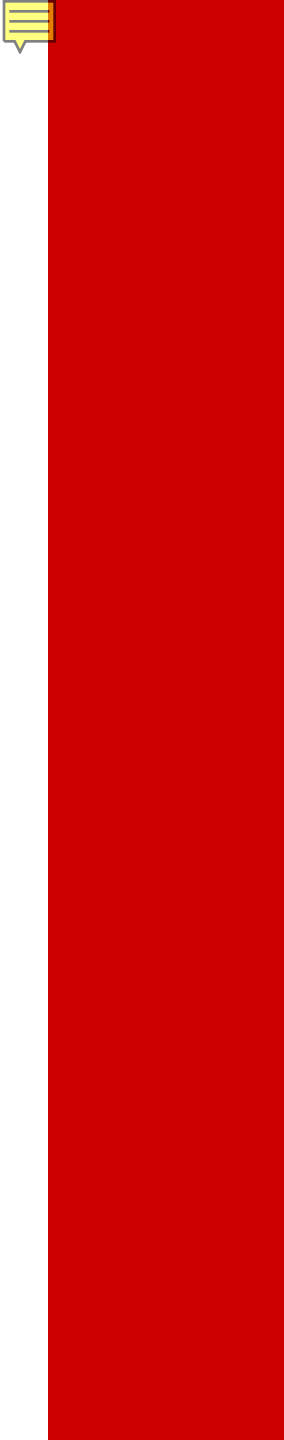





1. What does KT really mean to the NGO sector?



Many NGO groups have access to health care professionals and patients, families and caregivers.



They need to be involved from the start in:


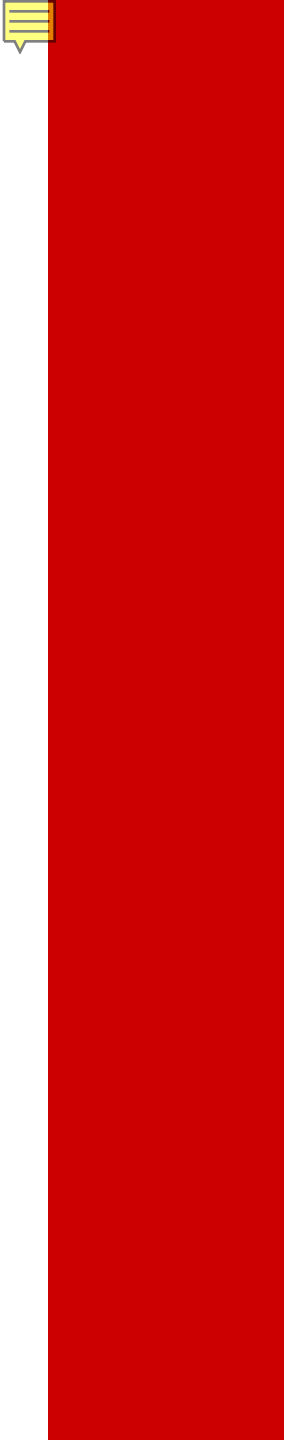

1. Forming the research question
 2. Developing the proposal and not just writing a letter of support
 3. Being adequately compensated for their time in the proposal budget
 4. Engaging in the methodology and
 5. Ultimately framing the outcomes in a meaningful way for their constituents
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2. How do we make policy and clinical practice change in a fast paced health care environment?
 - Changing the value of strictly publishing research outcomes to the value of influencing policy and practice and publishing those results
 - Engaging those who have the ears and eyes of policy and practice early on as they will know best how to engage those groups
 - Role of KT brokers in mobilizing research
 - Using communication tactics and tools to create usable formats for the audience

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3. How do you engage the NGO and patient group sectors early in the process?
- Dialogue should be two way. Researchers should seek out key policy groups as partners and NGOs should be able to approach research groups with a great idea and/or policy question. CHPCA /ACP in Canada had two great questions recently – one around human rights and another around engaging the legal profession in ACP tools and recruited great research partners (but where the originators).
 - Resources – time and money are always an issue. To do KT properly you need resources. It doesn't happen in a vacuum. Make sure you compensate equitably.
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4. Some communications vehicles for KT
 - Reports and Action plans – The QELCCC Blueprint for Action 2010:2020. Now in the hands of thousands of key decision makers including governments. All national HPC advocacy is based on the same four recommendations – 37 groups singing from the same songbook.
 - Discussion documents – increases dialogue and answers some questions. TWF created 6 docs around topics like costing/economics, models of care, palliative approach, issues pertaining to caregivers and many more.
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- Frameworks – sets out some policy directions for various levels of governments, settings of care, providers and NGOs
 - Polling and focus groups – TWF Harris Decima poll of Canadians and the Ipsos Reid poll/focus groups of family physicians, nurses and oncologists – how do you roll this out to key stakeholders? Meetings, conferences, reports, infographics, canned articles for newsletters and creating champions
 - Media and reaching Canadians – CBC the National, the Current, Globe and Mail and other media outlets. Creating the stories and getting messages out in an understandable and useful manner for them.
 - Requires interpretation
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- KT in Action – ACP in Canada initiative takes evidence and creates communications vehicles and pushes this out into the health care provider field, legal field, planners field (wealth, investment and insurance planners)
 - ACP in Canada also partners with other research initiatives like CARENET and iGAP to continue to research areas of need. Working from the start.
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5. Challenges and Opportunities

- Creating venues and opportunities to develop key policy questions and identify gaps together
- Taking a critical look at what research has already found and how can we best translate these outcomes into usable tools for every sector.
- Co-development of knowledge
- As an NGO (CHPCA) active in policy change we need all sectors as partners, academics/researchers, governments, funders, Corporate Canada, health care charities/sector and Canadians in general. This is time consuming and needs to be adequately funded.

- One caution – there is a dangers in working in silos - one thing we are noticing in ACP is the number of groups (provincial, non-profit, profit and others) developing tools/ideas and guidebooks - rather than collaborating towards shared goals of raising awareness and facilitating conversations.
- This duplication can be a problem. The Graham et al. KTA framework includes tailoring and adapting to local context, but should not include duplication of effort.

- Part of the knowledge synthesis should be to connect the dots. The NGO sector can do this well since they often have access patients and families, caregivers, and clinicians - as well as policymakers and ability to advocate.

That is our Challenge! Together we can make a difference!



Some websites to consider:

CHPCA www.chpca.net

ACP in Canada www.advancecareplanning.ca

The Way Forward www.hpcintegration.ca

Quality End of Life Care Coalition of Canada
www.qelccc.ca

