

Evidence for improving communication and participation: evaluation of Evidence Bulletin knowledge transfer

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Background

Health Knowledge Network is a knowledge transfer service that aims to make information contained in Cochrane systematic reviews of interventions on communication and participation comprehensible and accessible to a broad audience.

Lavis (2006) proposes a framework for knowledge transfer that encompasses push efforts that link research producers with research users. Push efforts illustrated by the Health Knowledge Network initiative include: identifying actionable messages from systematic reviews, fine-tuning messages for user groups, working through credible messengers, using research informed strategies to support action based on these messages.

Two small earlier evaluations by the Cochrane Consumers and Communication Review Group had identified the importance of producing summaries of systematic reviews that are comprehensible and accessible.

Methodological research was undertaken by the Review Group to develop a standard way to report content, context and findings of Cochrane reviews of communication and participation. An overview framework and methods were developed for consistent ways to report, classify and summarise review results as well as results in relation to major categories from the Review Group's scope (Ryan 2005). A bulletin format was then developed that incorporates information from both the review and its overview, to provide a way to convey complex research information in a form that is accessible to a variety of audiences.

Evaluation of the Bulletin Service

Online questionnaire

Network members received a series of bi-monthly Evidence Bulletins for over 12 months via email from Health Knowledge Network. All members were invited to participate in an online questionnaire in June 2008 about the Bulletin service. In total 41 people responded to the questionnaire.

(Table 1) Evidence Bulletin Design

3 levels of information

Summary page—the cover page of the Evidence Bulletin presents the 'focus of the review' (an outline of the review's interventions) and the 'key findings' of the review (the outcomes) in a clear and visually engaging format;

Middle pages—two to four pages present the content of the review and contextualise the results—columns of text summarising the content of the review including background, description of participants, interventions and outcomes, summary of key findings, and conclusions;

Evidence table—two to four final pages present detailed technical information from the overview of the review in a standardised format developed by the Cochrane Consumers and Communication Review Group.



(Table 3) Audience—Reach of Bulletin Service

Questionnaire respondents—work contexts

A majority of the 41 respondents were from hospital (12) and university (13) contexts, smaller numbers were from consumer groups (6) and government (7). There were fewer respondents from community health services (4), NGOs (2), and private health providers (2).

Knowledge brokerage—forwarding

Eight respondents regularly forward Bulletins on to others, 25 sometimes forward, and 7 stated they do not forward. Respondents forward Bulletins via email (30).

People primarily forward Bulletins on to colleagues in their organisation, to people who are particularly interested in the topic, or to other networks.

Perceived audience for Bulletins

Most respondents see others in their organisation as the main audience for Bulletins. Of the other respondents 5 mentioned researchers and smaller numbers mentioned consumer groups, consumers, managers, community participation team, health promotion workers, cancer advocacy workers, patients and health consumer advocates and policy makers.

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Objectives

To evaluate comprehensibility, accessibility and reach of the Health Knowledge Network Evidence Bulletin service.

Methods

Bulletin design – 3 levels of information

Based on iterative evaluations of previous bulletin services, a revised and expanded Evidence Bulletin was developed. It was designed to present three layers of information. (Table 1)

Health Knowledge Network functions – target audiences, encourage brokerage, website housing

Network functions comprised: sending Evidence Bulletins to targeted audiences rather than disseminating ad hoc; recruitment strategies for network membership focusing on decision makers to involve diverse audiences including consumer groups, health care professionals and policy makers; recruiting key knowledge brokers and encouraging them to forward Bulletins to other individuals and organisations; and developing a website for housing Bulletins.

Evaluation of the Bulletin service

Network members undertook an online questionnaire to evaluate the Evidence Bulletin service.

Results

Results of the evaluation of the Evidence Bulletin service focus on: comprehensibility and accessibility of Evidence Bulletins in terms of content and layout (Table 2); and audience or reach of the Bulletin service (Table 3).

(Table 2) Comprehensibility and Accessibility of the Bulletins

Parts of the Bulletins people read

- 32 out of 41 respondents read the summary; 12 of those 32 read the summary only;
- Around half of respondents read the middle pages;
- Around one third of respondents read all 3 sections;
- A small number of respondents read both summary and middle pages.

Parts of the Bulletin which are useful

- A large number of respondents say the summary page is the most useful;
- Some respondents say they "don't have time to read much more than the summary page";
- 8 respondents say the summary and middle pages are useful while 2 say the middle pages alone are the most useful because of the "comprehensive discussions";
- 5 find all 3 sections most useful, and 2 people find the Evidence table (final pages) the most useful.

Clarity; length and comprehensibility; balance of information

- 31 of 41 respondents state that Evidence Bulletins are clear; 4 say they are somewhat clear;
- Over half respondents say Bulletins are not too long and technical, while 9 say they are somewhat long and technical.
- 28 of 41 say the balance of information is right, while 6 say it is somewhat right. One respondent comments that "short summaries remain preferred, with options to explore more, when indicated".

Access to Bulletins

All respondents receive the Bulletins via email from the Network. A large majority of respondents know how to gain access to the source systematic review in *The Cochrane Library*. Some respondents are unsure and some do not know. A large majority know the Evidence Bulletins are produced by the Health Knowledge Network.

Conclusions

Utilising Lavis's framework, the Network developed Evidence Bulletins, identified interested users and actively disseminated Bulletins to these users.

More people than we expected read more than the 'actionable' messages and more than expected read information from within the review and included studies.

The Bulletin service reaches a broad cross section of interested users, however there could be greater emphasis on reaching consumer advocacy groups in future knowledge transfer endeavours.

Findings from this evaluation contribute to knowledge about how push efforts for knowledge transfer can improve awareness of and access to evidence in the communication and participation sphere. Brief summary statements are important but these results also suggest that some people need more detailed information from a review.

References

- Lavis, JN: Assessing country-level efforts to link research to action. Bulletin of the World Health Organization, August 2006, 84(8).
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