Knowledge translation overview: strategies for dissemination with a focus on recipient health care

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Review question

1. How effective are the strategies that have been used to disseminate knowledge to health care recipients (both for the general public and patients)?
2. What are the barriers and facilitators to disseminating knowledge to health care recipients (both for the general public and patients)?

Searches

The following electronic databases will be searched:
• PubMed (which includes MEDLINE content);
• WorldWideScience.org: https://worldwidescience.org;
• Cochrane Database of Systematic Reviews;
• CINAHL;
• PsycINFO;
• The Campbell Collaboration;
• EPPI-Centre Database of Health Promotion Research (BiblioMap);
• Education Resources Information Center (ERIC);
• Institute of Education Sciences;
• Database of Promoting Health Effectiveness Reviews (DoPHER)

Example of PubMed search strategy:

((((patient) AND research) AND ((((information dissemination) OR competency-based education) OR culturally competent care) OR consumer health information) OR consumer advocacy) OR knowledge management)) AND ((((((((((health knowledge, attitudes, practice) OR patient compliance) OR consumer behavior) OR motivation) OR health literacy) OR cultural competency) OR communication barriers) OR health behaviour) OR attitude) OR community-institutional relations) OR Health Services Accessibility)) AND (((review literature as topic) OR meta-analysis) OR Review)

In addition, the following repositories of systematic reviews and syntheses of evidence will be searched:
• Health System Evidence;
• Rx for change Health-Evidence;
• Database of Abstracts of Reviews of Effects;
• PDQ-Evidence;
• Epistemonikos;
• International Initiative on Impact Evaluation.

The grey literature and the reference lists of included studies will also be examined for relevant papers. Publications in English, Spanish, or Portuguese will be included and there is no restrictions on the year of publication.

Types of study to be included

Systematic reviews (SR) that include quantitative studies of any design providing information on the

effectiveness of dissemination strategies will be included [i.e., randomised controlled trials (RCTs), cluster RCTs, quasi-RCTs, cluster quasi-RCTs, controlled before-and-after studies, interrupted-time-series, cohort studies (prospective or retrospective) and case-control].
SRs of observational or qualitative studies that describe barriers and facilitators to uptake research evidence also will be included.
Systematic reviews that include a single health issue will not be included (e.g., multimedia interventions to promote HIV testing). Furthermore, in cases in which there are multiple systematic reviews addressing the same research question, the SR will only be extracted from the most recent good quality review(s).

Condition or domain being studied

According the Canadian Institutes for Health Research (CIHR) four elements are included in the knowledge translation (KT) definition: synthesis, dissemination, exchange, and application of knowledge.
For the purposes of this overview we will focus in the dissemination strategies that involve "knowledge users" as patients, patients groups or general public. Dissemination refers to identifying the appropriate audience and tailoring the message and medium to such audience. This could include videos, websites, decision aids, or art pieces. Knowledge user is also defined by the CIHR as “an individual who is likely to be able to use the knowledge generated through research to make informed decisions about health policies, programs and/or practices.
The barriers and facilitators to uptake the knowledge also will be studied.

Participants/population

Studies which have included healthcare recipients such as the general public, patients or patient groups will be included.
We will exclude other users, such as practitioners, policy-makers, educators, decision-makers, health care administrators and community leaders.

Intervention(s), exposure(s)

Any dissemination strategy / intervention implicated in KT processes.
The strategies to address the different types of barriers in healthcare recipients are defined by Health System Evidence taxonomy as: information or education provision, behavior change support, skills and competencies development, (personal) support, communication and decision-making facilitation, and system participation.
Specifically, dissemination strategies could be : a) disseminating information that is reliable and accessible; e.g. using the mass media to increase knowledge; b) providing training and support to improve competences; c) disseminating information regarding the size of the problem, including relevant comparisons to change attitudes; and d) disseminating information that is designed to motivate people to, for example, seek care.
Barriers to the different types of barriers in healthcare recipients to dissemination strategies could be at the level of knowledge, competencies (skills), attitudes, access to care, motivation to change (Lavis 2015, EPOC 2017).

Comparator(s)/control

There are no restrictions on types of comparisons.

Context

Primary outcome(s)

Outcomes related to effectiveness of dissemination strategies addressing to health care recipient or public (e.g., change in knowledge, understanding, perception, attitudes, adherence to health recommendations and behavior changes).
Other potential results will be: health status, access, use of services, social outcomes, users satisfaction.
Additionally we will consider barriers to uptake of research evidence through dissemination strategies at level

of: knowledge, competency, attitudes, access to care, motivation to change .

Secondary outcome(s)

Costs and cost-effectiveness.

Data extraction (selection and coding)

The searches will be conducted and screened according to the selection criteria by two overview authors. The full texts of any potentially relevant SRs will then be retrieved for closer examination. The inclusion criteria will be applied against these papers by two reviewers independently. Disagreements will be resolved by consensus. All SRs which initially appear to meet the inclusion criteria but on inspection of the full text paper do not, will be detailed in a table together with the reason for their exclusion. A list of included systematic reviews will be provided. The studies will be grouped according to dissemination strategies and barriers. The results of the selection process of studies will be presented in a flow chart, using the format suggested in the PRISMA Statement (Moher et al. 2009).
Data from SRs will be extracted by one reviewer into a Word ® table and checked by a second one. Differences will be resolved by discussion and consensus. Data to be extracted (1): ID (author/year), Topic, Studies design, Date of most recent search, AMSTAR, CERQual Overall Assessment, Intervention/strategy, Barriers, Participants, Settings, Outcomes, Connections, Research Gaps
strategies and outcomes will be included. We will use a data extraction instrument for this study using taxonomies from Health System Evidence Website, EPOC Cochrane group and CERQual group. (Lavis 2015, EPOC 2017, Lewin 2015). This matrix will facilitate an explicit and systematic synthesis and interpretation of the evidence founded. Two authors will independently fill outcomes reported in each included SR and resolve any differences in categorization, if they occur, by the involvement of a third reviewer.
Data to be extracted (Matrix): Dissemination Strategy: Information or education provision, Behavior change support, Skills and competencies development, (Personal) support, Comunnication and decision-making facilitation,System participation, Other. Results: Knowledge, Behavior, Skill and competence, Attitude, Coverage, Adherence, Access, Other (e.g., equity, resource use, costs).

Risk of bias (quality) assessment

The assessment of quality of included studies will be done by two reviewers. Disagreements will be resolved through discussion and consensus. For the evaluation of the quality of the systematic reviews AMSTAR (A Measurement Tool to Assess Reviews, Shea et al. 2007) will be used. AMSTAR includes a checklist of 11 different criteria. Each systematic review is graded against the provided criteria and is labeled as yes (clearly done), no (clearly not done), can't answer, or not applicable. A systematic review that meets the 11 inclusion criteria is regarded as of highest quality. For this overview, scores between 8 and 11 will be considered of high quality; between 4 and 7 of medium quality; and those between 0 and 3 of low quality. Low quality systematic reviews (AMSTAR score ? 3) will be excluded. For SRs of qualitative studies, we will use the Confidence in the Evidence from Reviews of Qualitative research (CERQual) approach (Lewin et al, 2015). The CERQual approach transparently assesses and describes how much confidence to place in individual review findings from syntheses of qualitative evidence. The CERQual has 4 components that contribute to an assessment of confidence in the evidence for an individual review finding: methodological limitations, relevance, coherence, and adequacy of data. The CERQual components reflect similar concerns to the elements included in the GRADE approach for assessing the certainty of evidence on the effectiveness of interventions but from a qualitative perspective. The quality assessment of SRs will be used in the interpretation of the results, the synthesis of the evidence and in the formulation of conclusions.

Strategy for data synthesis

We will organise the overview synthesis using the taxonomy for implementation strategies targeted at healthcare recipients used by Health Systems Evidence website and EPOC Cochrane group. The synthesis will primarily be narrative and take into account the quality and potential biases in included SRs. Additionally, for the systematic reviews of qualitative studies we will consider the CERQual recommendations.
The gaps in the research evidence will be also identified.

Analysis of subgroups or subsets
If sufficient data are available, we will conduct two subgroup analyses.
1. Settings (by income countries classification of the World Bank);
2. Focus of intervention (patient/family, group of patients, citizens, or both patient and provider).

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Details of any existing review of the same topic by the same authors

Stage of review at time of this submission

Stage	Started	Completed
Preliminary searches	Yes	No
Piloting of the study selection process	Yes	No
Formal screening of search results against eligibility criteria	No	No
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

Versions
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