

## Communication methods used in public health knowledge transfer to local government and policy makers: A scoping review protocol

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### ADMINISTRATIVE INFORMATION

**Support** - None.

**Review Stage at time of this submission** - Piloting of the study selection process.

**Conflicts of interest** - None declared.

**INPLASY registration number:** INPLASY202380008

**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 01 August 2023 and was last updated on 01 August 2023.

### INTRODUCTION

**Review question / Objective** Purpose: To map and categorize various Knowledge Translation and Exchange (KTE) tools used to bridge the gap between research evidence and policy-making, with a particular focus on local government.

**Objectives:** 1. To map and categorize various KTE tools used to bridge the gap between research evidence and policy-making 2. To gain a comprehensive understanding of the characteristics, features, and effectiveness of different types of KTE tools within the "Product" dimension 3. To support evidence-informed decision-making in public health and other relevant fields of study through the use of KTE tools and strategies.

Based on the Population-Concept-Context (PCC) framework (Peters et al., 2020), this scoping review focuses on key elements related to knowledge transfer in the context of healthcare policy development.

The study examines two distinct populations:

knowledge transfer professionals, including researchers, knowledge brokers, and stakeholders involved in research evidence transfer to policy makers, and the policy makers themselves, with a specific emphasis on local government.

The concept under investigation revolves around the communication tools and products used for knowledge transfer. The study seeks to explore the types of tools used to make the process efficient for promoting research findings that are being translated through these knowledge translation methods. Furthermore, it aims to examine the use of knowledge transfer products, particularly directed to local government policy makers. Within the context of this study, the focus is on understanding the knowledge transfer process and extracting insights related to product development. Moreover, the study acknowledges potential biases originating from contextual factors: These include identifying the platforms where knowledge transfer products are being used and exploring any contextual barriers, such as cultural or political influences, that may affect the effectiveness of knowledge translation methods. By

comprehensively addressing the population, concept, and context, this scoping review aims to provide valuable insights into knowledge transfer practices, inform decision making among policy makers, and bridge the gap between research evidence and policy development in the healthcare domain.

**Background** Knowledge transfer and exchange (KTE) is the process of turning research evidence into practical and useful information that can be applied by decision-makers and end-users (Graham et al., 2006; World Health Organization, 2021). In the field of healthcare, KTE plays a crucial role in bridging the gap between research and practice, thus strengthening the healthcare system (Andrews et al., 2015). Its main goal is to effectively communicate and implement evidence-based research in real-world settings. By utilizing the latest research evidence, healthcare professionals and policymakers are empowered to make informed decisions, ultimately improving the quality of care and outcomes for patients.

The KTE process involves multiple stakeholders who play important roles in bridging the gap between research evidence and its application in policy and practice. These key players encompass a diverse range of individuals and groups, each contributing to different aspects of the KTE process. They include researchers who generate the evidence, knowledge brokers who facilitate the exchange of knowledge, policymakers who make decisions based on the evidence, practitioners who implement evidence-informed practices, healthcare professionals who provide direct care, and the target population who ultimately benefit from evidence-based policies and interventions. Additionally, other stakeholders such as community organizations, non-governmental organizations, industry partners, and patient advocacy groups may also be involved in various stages of the KTE process.

Local government policy makers play a crucial role in regional development planning, aiming to enhance community welfare, prosperity, and peace (Azzahiroh et al., 2021). In the context of Australia, local governments are governed by state or territory legislation and have diverse responsibilities such as planning, health services, waste management, and recreation (Armstrong et al., 2013). These responsibilities may vary depending on specific Acts at the state or territory level. As the primary local democratic institution, local government also holds significance in citizen engagement, community well-being, and ensuring accountability of local health and well-being services (South et al., 2014).

Policymakers are influenced by a multitude of factors when making decisions, with their needs and preferences playing a significant role in the data they select and utilize (Cairney, 2022). Public health issues encompass a diverse range of challenges, including climate change, population aging, health inequities, non-communicable diseases, poverty, and migration (Dias, 2022). These complex issues pose critical questions about promoting well-being, preventing diseases, and addressing social determinants of health. Informed decision-making in this context necessitates the consideration of subjective and intricate factors, alongside the integration of evidence-based approaches.

**Rationale** One of the significant barriers to policymakers' use of research evidence (Orton, 2011) is the overwhelming volume of information they receive on a regular basis. Policymakers are often inundated with a wide range of information from various sources, making it challenging for them to discern and prioritize the most relevant and actionable insights.

Therefore, it becomes crucial to present research findings in a clear, concise, and targeted manner, directly addressing the issues and concerns that policymakers are grappling with. By tailoring the information to their specific needs and ensuring its applicability and relevance to their decision-making context, policymakers are more likely to engage with and effectively utilize research evidence in their policy deliberations.

In the field of knowledge translation and exchange (KTE), the accessibility and usability of research evidence for key stakeholders, including healthcare managers, policymakers, clinicians, researchers, and others, are of paramount importance. Lavis et al. (2005) highlighted the need for user-friendly "front end" summaries, such as concise one-page take-home messages and three-page executive summaries, to enable quick assessments of review relevance and support informed decision-making by busy managers and policy-makers. This approach streamlines the utilization of research evidence in decision-making processes.

Knowledge translation products, including systematic reviews and other synthesized research findings, play a vital role in effectively delivering research insights to various target audiences, including policy makers. Grimshaw (2012) emphasized the importance of tailoring key messages to different audiences and creating language and products that are easily understood and assimilated. This customization ensures that knowledge translation products meet the specific needs and preferences of policy makers and other stakeholders.

Similarly, in KTE, a range of tools and products have been developed to cater to different knowledge users, such as clinicians, policy makers, decision makers, and patients (Aunima, 2023). Our study specifically focuses on the "Product" dimension of KTE tools, encompassing guidelines, toolkits, decision aids, infographics, and other resources designed to facilitate the transfer and application of research knowledge to policy makers.

Through our study, we aim to investigate the process of adapting knowledge translation products for policy makers. By examining how these products are adjusted to meet the unique requirements and contexts of policy makers, we seek to enhance our understanding of effective knowledge translation strategies in this critical area.

Moreover, the effectiveness of various KTE tools in improving healthcare outcomes has been explored. Barac et al. (2014) conducted a scoping review on the use of toolkits as a KTE strategy by a range of stakeholders in health and found them to be effective in enhancing the uptake and application of research evidence.

## METHODS

**Strategy of data synthesis** search strategy development: The first author will conduct the initial title screening, excluding subjects that are not within the scope of the study based on pilot searches (e.g., environmental issues not related to health

policy). A comprehensive search strategy was collaboratively developed by the first author, with assistance from reference librarians, and the third author, an expert in the field. The search strategy aims to capture all possible inflections and variations of key terms across the two concepts in different study groups. Similar scoping reviews were screened, and definitions of relevant terms were examined to ensure the comprehensiveness of the search

strategy. Articles that match the inclusion criteria were sampled, and a thorough analysis of the terms used in their keywords, titles, and abstracts was conducted to refine the search strategy.

Databases: Web of Science, PubMed, Scopus, Cochrane, ProQuest Dissertation and Theses, CINAHL, PsycINFO Databases with a thesaurus, Business Source Complete

Terms: concept #1 policy makers - "decision mak\*", Policy\*,

Policies concept #2 knowledge translation -

"knowledge trans\*", "implementation science", "knowledge broker\*", "Knowledge to action", "knowledge mobilization", "knowledge mobilisation", "Knowledge Dissemination", "Information dissemination", "KT", KTA, KTE, Research to Action, Evidence to action, Evidence to practice, "knowledge to practice", "Knowledge exchange", Translate knowledge, Translating knowledge Keyword Search Strategy by database

PubMed Concept #1: "decision mak\*" OR Policy\* OR

Policies

AND Concept #2: ("knowledge transfer"[Title/Abstract:~2] OR "knowledge translation"[Title/Abstract:~2] OR "knowledge translations"[Title/Abstract:~2] OR "knowledge translational"[Title/Abstract:~2] OR "knowledge translate"[Title/Abstract:~2] OR "knowledge transferring"[Title/Abstract:~2] OR "knowledge translating"[Title/Abstract:~2] OR "knowledge translated"[Title/Abstract:~2] OR "knowledge transferred"[Title/Abstract:~2] OR "knowledge broker"[Title/Abstract:~2] OR "knowledge brokers"[Title/Abstract:~2] OR "knowledge brokering"[Title/Abstract:~2] OR "knowledge action"[Title/Abstract:~2] OR "knowledge mobilization"[Title/Abstract:~2] OR "knowledge mobilize"[Title/Abstract:~2] OR "knowledge mobilisation"[Title/Abstract:~2] OR "knowledge mobilise"[Title/Abstract:~2] OR "knowledge mobilising"[Title/Abstract:~2] OR "knowledge mobilizing"[Title/Abstract:~2] OR "knowledge mobilized"[Title/Abstract:~2] OR "knowledge mobilised"[Title/Abstract:~2] OR "knowledge dissemination"[Title/Abstract:~2] OR "knowledge disseminate"[Title/Abstract:~2] OR "knowledge practice"[Title/Abstract:~2] OR "knowledge exchange"[Title/Abstract:~2] OR "knowledge exchanging"[Title/Abstract:~2] OR "knowledge exchanged"[Title/Abstract:~2]) OR "Implementation science"[Title/Abstract] OR "KT"[Title/Abstract] OR "KTA"[Title/Abstract] OR

"KTE"[Title/Abstract] MeSH

terms: Concept #1: Decision Making, Public policy, Policy making, Health policy (explode),

Policy Concept #2: implementation science, Information Dissemination, Translational Science, Biomedical, Health Knowledge, Attitudes, Practice

Cochrane Concept #1 : (decision NEXT mak\*) OR policy\* OR

policies

AND Concept #2 :(knowledge OR information OR research OR evidence) NEAR/2 (transfer OR translation OR translational OR translate OR transferring OR translating OR translated OR transferred OR broker OR brokers OR brokering

OR action OR mobilization OR mobilize OR mobilisation OR mobilise OR mobilising OR mobilizing OR mobilized OR mobilised OR dissemination OR disseminate OR practice OR exchange OR exchanging OR exchanged) OR "Implementation science" OR "KT" OR KTA OR

KTE MeSH

terms: Concept #1: Decision Making, Public policy, Policy making, Health policy (explode),

Policy Concept #2: implementation science, Information Dissemination, Translational Science, Biomedical, Health Knowledge, Attitudes, Practice Ebsco databases (PsycINFO, CINAHL, Business Source

Complete) Concept #1: "decision mak\*" OR Policy\* OR

Policies

AND Concept #2: (Knowledge OR information OR research OR evidence) N2 (transfer OR translation OR translational OR translate OR transferring OR translating OR translated OR transferred OR broker OR brokers OR brokering OR action OR mobilization OR mobilize OR mobilisation OR mobilise OR mobilising OR mobilizing OR mobilized OR mobilised OR dissemination OR disseminate OR practice OR exchange OR exchanging OR exchanged) OR "Implementation science" OR "KT" OR KTA OR

KTE MeSH terms (for each database): APA

PsycInfo concept#1: Decision Making, Government Policy Making, Health Care Policy (explode), Policy

making concept #2: Information Dissemination, knowledge transfer

CINAHL Concept #1: Decision Making, Policy making, Public

Policy Concept #2: implementation science Business Source

Complete Concept #1: Decision Making, GOVERNMENT

policy Concept #2: INFORMATION sharing Wed of

Science Concept #1: "decision mak\*" OR Policy\* OR

Policies

AND Concept #2: (knowledge OR information OR research OR evidence) NEAR/2 (transfer OR translation OR translational OR translate OR transferring OR translating OR translated OR transferred OR broker OR brokers OR brokering OR action OR mobilization OR mobilize OR mobilisation OR mobilise OR mobilising OR mobilizing OR mobilized OR mobilised OR dissemination OR disseminate OR practice OR exchange OR exchanging OR exchanged) OR

"Implementation science" OR "KT" OR KTA OR KTE

Scopus Concept #1: "decision mak\*" OR Policy\* OR

Policies

AND Concept #2: (knowledge OR information OR research OR evidence) W/2 (transfer OR translation OR translational OR translate OR transferring OR translating OR translated OR transferred OR broker OR brokers OR brokering OR action OR mobilization OR mobilize OR mobilisation OR mobilise OR mobilising OR mobilizing OR mobilized OR mobilised OR dissemination OR disseminate OR practice OR exchange OR exchanging OR exchanged) OR "Implementation science" OR "KT" OR KTA OR

KTE ProQuest databases: ProQuest Dissertation and

Theses Concept #1: "decision mak\*" OR Policy\* OR

Policies

AND Concept #2: (knowledge OR information OR research OR evidence) NEAR/2 (transfer OR translation OR translational OR translate OR transferring OR translating OR translated OR transferred OR broker OR brokers OR brokering OR action OR mobilization OR mobilize OR mobilisation OR mobilise OR mobilising OR mobilizing OR mobilized OR mobilised OR dissemination OR disseminate OR practice OR exchange OR exchanging OR exchanged) OR "Implementation science" OR "KT" OR KTA ORKTE.

**Eligibility criteria** Inclusion Criteria: 1) Studies must focus on the involvement of policy makers at the local government level in the knowledge transfer process. 2) Studies should explore the expected impact or outcomes that knowledge transfer has on policy makers. 3) The studies should specifically discuss and describe the tools or products used in the knowledge transfer process. 4) The inclusion criteria encompass empirical studies, such as qualitative, quantitative, and mixed-methods research, systematic and scoping reviews, and grey literature reports, that report on policy development in the areas of healthcare and address the use of KTE tools to deliver research knowledge to policy makers. 5) The included studies should have a publication year starting from 2004, when the term "Knowledge translation" was first defined by the WHO (WHO, 2021).

Exclusion Criteria: 1) Studies that focus on stakeholders other than policy makers 2) Studies that do not involve the use of specific KTE tools or products 3) Studies that do not provide any description or details about the KTE tools used 4)

Research that primarily focuses on a model or framework without providing a specific process of knowledge transfer 5) Studies that predominantly focus on knowledge transfer in the context of biomedical research. Furthermore, there will be no language restrictions included in the eligibility criteria and the search strategy.

### Source of evidence screening and selection

Source of Evidence Screening: A systematic search will be conducted in the following electronic databases: PubMed, Cochrane, CINAHL, Web of Science, ProQuest Dissertation and Theses, PsycINFO, Business Source Complete, and Scopus.

Grey literature sources, including reports, conference proceedings, and working papers, will be searched using Google Scholar and Google Web search engines.

Duplicate citations will be identified and removed using Covidence, a systematic review software program, before the study selection process.

#### Data Extraction Process:

A data extraction form in spreadsheet format will be developed to systematically capture relevant data from the selected studies.

The data extraction form will include the following key categories and subcategories for effective data extraction:

- Study design
- Methodology
- Role of policy makers
- Role of authors
- Knowledge translation tool title
- Knowledge translation tool description
- Impact and outcomes of the KTE process
- Barriers and facilitators
- Contextual factors
- Content
- Expected impact (change)
- End-of-grant knowledge translation (KT) plan worksheet (Goals, audience, expertise, and resources).

The data charting template will undergo pilot testing by two researchers to assess functionality and identify potential shortcomings, followed by necessary modifications or refinements.

During the data extraction process, two researchers will independently extract data from the included studies using the finalized data charting template.

Discrepancies or disagreements in data extraction will be addressed through thorough discussion and consensus-building among the researchers.

The collected data will be organized in a structured and systematic manner to facilitate subsequent data synthesis and analysis, enabling meaningful insights to be derived.

### Data management Data Storage:

The collected data will be stored using a multi-tiered approach to ensure both security and accessibility. The search strategy, including the keywords and filters used in each database, will be saved on the respective platforms (e.g. PubMed) under the username of the first author. This documentation of the search strategy will serve as a record of the systematic search process and will enable reprocessing if needed to update the scoping review.

Furthermore, all retrieved articles from each database will be downloaded and saved in a designated folder on a secure and backed-up storage system. This folder will be accessible to the research team members involved in the scoping review. Regular backups of the collected articles will be performed to ensure data integrity and prevent any potential loss of information.

#### Data Organization:

To facilitate data synthesis and analysis, the Covidence systematic review software program will be used for the initial screening and selection of articles based on their titles and abstracts. The software will identify and remove duplicate citations, and also help with organizing the articles into categories such as "Included," "Excluded," and "Uncertain".

For data extraction and charting, a structured Excel file will be developed as a data extraction form. The Excel file will be designed to include key categories and subcategories. To ensure the reliability and effectiveness of the data charting template, a pilot testing phase will be conducted by two researchers. The pilot testing will involve applying the template to a small subset of included studies, allowing for an assessment of its functionality and the identification of potential shortcomings. Any necessary modifications or refinements will be made based on the results of the pilot testing.

The organized data, stored in Covidence and the Excel data extraction form, will be backed up regularly to maintain data integrity.

**Language restriction** No language restriction.

**Country(ies) involved** Israel.

**Keywords** Knowledge transfer and exchange; Local government; Knowledge translation tools; Policy makers; Public health.

### Contributions of each author

Author 1 - Sivan Regev - Conducts literature search and title/abstract screening. Collaborates with reference librarians and professional author to develop search strategy. Leads study selection

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using Covidence and resolves discrepancies with the second reviewer. Develops data extraction form and conducts pilot testing. Independently extracts data, organizes it systematically, and coordinates communication among authors.

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Author 2 - Shifra Unger - Collaborates with first and professional authors in study selection, resolving discrepancies through discussion. Participates in pilot testing of data extraction form and provides feedback for refinements. Extracts data from included studies using the finalized template together with the first author.

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Author 3 - Moriah Ellen - Provides guidance and expertise in study design, methodology, and data analysis. Assists in developing a comprehensive search strategy. Reviews and offers feedback on the data extraction form and pilot testing. Oversees review quality and interpretation of results. Contributes to the manuscript writing and finalization.