Advancing KT: Can Community Networks Support the Use of Research and Knowledge in Public Health?

March 19, 2012

Western

Today's Agenda

Project recap
Qualitative data
Quantitative data
Data integration, & next steps

Research Objectives

To identify the current state of network interactions

To understand the current state of sharing of research and knowledge

To understand knowledge utilization among public health networks.

Mixed Method Project Using a Case Study

Multiple case study design (3 – 5 cases) using multiple data collection techniques: document review, focus groups and social network analysis.

Findings by case will be generated first, followed by a cross-case analysis to generate insights about network interactions and knowledge sharing, leading to hypotheses/propositions for the development of KT interventions in this setting.

Province	# Networks Approached	# Agreed to Participate	Names of Participating Networks
BC	1	1	BC Population Health Network
Ont	3	1	Ontario Diabetes Risk Assessment Collaborative
NS	2	2	Guysborough-Antigonish Active Living Network Antigonish Sustainable Development Network
NS	(1 Masters student)	(1 Masters student)	Breastfeeding Network (Name?)

Rigour

- ## Qualitative
  - Network members reviewed FG questions in advance
  - Coding framework developed by 3 members (SS, BC, DG) using 3 of 4 transcripts
  - Transcripts recoded after framework was finalized and codes were iteratively refined and merged/dropped
  - One team member (AD) reviewed all data under each node
  - Network members checked qualitative results (BC)
  - RA began initial thematic interpretations by summarized each node.
  - Diverse Co-Is interpret data at team debriefing meeting (today)

Rigour

- Quantitative
  - Pilot SNA survey was previously tested with Waterloo project
  - Each dataset was partially double coded (at least 50%)
  - Key informants at each site reviewed SNA questions for face validity

- Overall
  - Diversity in sample: Health authority, health unit, rural health authority in different provinces.
  - Incorporated different levels: provincial, regional and municipal networks.

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Limitations

- BC Network: questions about the interpretation/meaning of SNA questions and scales
- Key informants in each province moderately adjusted the focus group questions
- Different focus group facilitators (AK, DG, CM) leading to different approach to questions
- Different order of questions asked in focus groups
- 1 key question (quality of relationships) was added to focus group guide after BC iterative analysis and team reflection
- Different levels of network participation in the project (ex. in some networks all members participated, in others only some participated) (DANA what was response rate)
- In some cases, bc of response rate, cannot impose bidirectionality rigour criteria for SNA.

GETTING TO KNOW EACH SITE

Before we look at the data…

BC (Site 1)

- Provincial-level network (since 2006) focused on pushing forward a public health agenda that emphasizes health inequities and the social determinants of health

- Large, dynamic membership base (~28 members) consisting of high-level professionals in health authorities, BC Ministries, academic institutions, and public health NGOs.

- Network operates as an informal think tank - space for idea and knowledge sharing.

- No formal work done by the network as a collective – network members take ideas from network meetings to incorporate into their work with their own organizations.

- Network is voluntary and self-directed, allowing members to tackle politically sensitive issues in public health.

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ON (Site 2)

- Municipal-level network (since 2009) focused on diabetes education and preventative outreach activities for vulnerable (primarily immigrant) groups in the city
- Small, closed membership base (5 members), that consists of representatives from a municipal public health organization, a local community diabetes education program, and a national NGO.
- Network exists specifically to conduct outreach activities – to implement weekly education sessions and screenings for diabetes risk at ESL and French schools.
- The network was in a pilot phase from 2009-2011, after which stats were collected on the network's activities and are being used to advocate for continuation and possible expansion of the program.
- Network is voluntary and not mandated by any particular member organization, but each network member is held accountable by their organization.

NS (Site 3)

- Regional-level network (since 2009) focused on improving communication, coordination, and collaboration among partners working to improve and enhance active living in the region, with the ultimate goal of improving physical activity levels of residents.

- Diverse, moderately sized membership base (16 members) that represent towns, municipalities, a community health board, and a provincial health department. New members are invited in occasionally if the network feels they are a good fit.

- The network acts as a knowledge, resource and networking source for members,

- The network also conducts public outreach projects such as creating an active living/recreation database/website, and advocating for an active transportation plan with local government.

- The network is voluntary (?) and has carried out multiple evaluations on its functioning and progress.

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NS (Site 4)

- Regional-level community-based network (since 2005/2006) focused on promoting, supporting, and advancing sustainable development in the area.

- Moderate membership base (13 members) consisting of community members with diverse backgrounds – large number of new members as of data collection date.

- Network uses a 4 pillar approach (cultural, economic, environmental and social) to sustainability, considering each initiative in terms of these impacts.

- Network works with the community (community engagement forums, brainstorming sessions) to determine priorities for sustainability initiatives, and then conducts research and advocacy on these topics.

- Network works through Action Teams (issue-specific coalitions), Educational Streams, and consultations in the areas of research, advocacy, and economic innovation and leadership.

- Network is voluntary, although until 2 years ago it was a board that had a paid staff member.

SNA

- To understand relationships within each network (NOT personal characteristics)

- Each question is a relational tie (go to for advice, go to for new ideas, joint activities)

- Each relational tie has characteristics that help us understand our R Qs. (knowledge flow)

- Relational ties differ in content, direction and strength.

Next Steps

- Findings by case will be generated first, followed by a cross-case analysis to generate insights about network interactions and knowledge sharing, leading to hypotheses/propositions for the development of KT interventions in this setting.