

Is a knowledge broker more effective than other strategies in promoting evidence-based physical activity and healthy body weight programming?

Submission date

09/07/2007

Recruitment status

No longer recruiting

Registration date

21/12/2007

Overall study status

Completed

Last Edited

11/09/2014

Condition category

Nutritional, Metabolic, Endocrine

☐ Prospectively registered

☐ Protocol

☐ Statistical analysis plan

☒ Results

☐ Individual participant data

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

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Additional identifiers

Protocol serial number

MOP-64201

Study information

Scientific Title

Evaluating the knowledge broker: comparing strategies to support decision makers translation of evidence on physical activity and healthy body weight among children

Study objectives

1. Public health units exposed to the knowledge translation (KT) strategy will report greater incorporation of the results of the systematic reviews into the decision-making process
2. The greater the intensity of the KT strategy the greater the level of incorporation of the results of the systematic reviews into the policy and program planning decision-making process
3. Specific characteristics of the organisation, environment, innovation, and individual, will explain the degree to which public health units incorporate the results of the systematic reviews into policy and program planning decisions
4. The greater the level of interaction in the KT strategy the greater the level of satisfaction decision-makers will report on the usefulness of the Public Health Effectiveness Registry

Please note that as of 11/07/2008 this trial record was updated. All changes can be found in the relevant field under the above update date. At this time, a public title was added to this trial record as above and the sponsor has been changed; this was originally named as Canadian Institutes of Health Research (CIHR) (Canada).

Ethics approval required

Old ethics approval format

Ethics approval(s)

Received on 28/08/2003 (Project Number: 03-248) from the following Research Ethics Boards (REBs):

1. St. Josephs Healthcare Hamilton
 2. Hamilton Health Sciences/McMaster University, Faculty of Health Sciences
- Annual approval is gained for continuation (same project number).

Study design

Randomised controlled trial stratified by population served by each public health unit

Primary study design

Interventional

Study type(s)

Diagnostic

Health condition(s) or problem(s) studied

Physical activity and healthy body weight promotion

Interventions

Current interventions as of 11/07/2008:

The intervention for all three groups will be implemented over the course of one fiscal year (March 2004 - February 2005). Follow-up data collection will occur one year post-intervention (February 2006).

Group 1 will have access to an online, easy to use registry of effectiveness evidence in the form of systematic reviews, relevant to public health (www.health-evidence.ca), along with direct marketing of the availability of this evidence and its potential uses.

Group 2 will have the same access as Group 1 with the addition of direct mailing of abstracts, executive summaries, and complete systematic reviews evaluating physical activity and healthy body weight prevention strategies.

Group 3 will have the same access as Group 1 and Group 2 with the addition of a knowledge broker who will assist decision-makers in interpreting the results of the disseminated systematic reviews along with other data, and place this information within the local context.

The control group will not be exposed to any of the KT strategies but rather will continue with 'usual practice' in terms of the methods that are currently available for accessing research evidence in Canada (e.g., peer reviewed journals, websites, conferences, colleagues, networks).

Given the potential positive impact of the KT strategy offered to Group 2, this will be provided to those in Group 1 as well as those in the control group for a period of six months following the final data collection period. Since the effect of the knowledge broker will not be known immediately following the intervention period and would require significant resources to administer to all participants who did not receive this intervention, this aspect of the intervention will not be offered to other groups post-intervention.

Previous interventions:

1. Access to an online registry of effectiveness evidence (www.health-evidence.ca)
2. Targeted messages to public health decision-makers of effectiveness evidence
3. Interaction with a knowledge broker who will assist decision makers in interpreting the results of the disseminated systematic reviews

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

1. The provision of evidence-based program components by public health units, specifically, whether interventions provided included the following components:
 - 1.1. Focus on changing behaviour as opposed to gaining knowledge
 - 1.2. Are multi-component
 - 1.3. Messages are targeted at specific behaviours
 - 1.4. Target high-risk populations
 - 1.5. Include the use of small groups
 - 1.6. Include messages targeted at decreasing sedentary behaviour and increasing physical activity
 - 1.7. Advocate for an increase in the number of physical activity
 - 1.8. Advocate for an increase in the amount of aerobic activity provided in physical activity classes
 - 1.9. Advocate for regular classroom teachers to receive special training, or for specialists to teach physical education classes
 - 1.10. Promotes family and/or community development
2. The extent to which research evidence led to concrete changes in programs/policies
3. The extent to which research evidence confirmed current policies/programs

These were assessed at baseline, post-intervention, and one year post-intervention.

Key secondary outcome(s))

1. Personal use of new research evidence related to physical activity and healthy body weight promotion
2. Inclusion of research evidence in the decision making process (in their organisation)
3. Extent to which research evidence is considered in the decision making process
4. Description of how research evidence influenced the decision
5. Extent to which research evidence influenced the decision

These were assessed at baseline, post-intervention, and one year post-intervention.

Completion date

01/09/2007

Eligibility**Key inclusion criteria**

Study participants include public health professionals responsible for making policy or program decisions related to physical activity and health body weight promotion among children, currently working in public health units in Canada.

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

1. Area of responsibility primary/clinical care (treatment, management of disease as opposed to prevention, promotion and protection)
2. No responsibility for and or involvement in decision making related to physical activity and healthy body weight promotion in children
3. Not currently working in a public health unit

Date of first enrolment

01/10/2003

Date of final enrolment

01/09/2007

Locations**Countries of recruitment**

Canada

Study participating centre
1200 Main Street West
Hamilton
Canada
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Sponsor information

Organisation
McMaster University School of Nursing (Canada)

ROR
<https://ror.org/02fa3aq29>

Funder(s)

Funder type
Research organisation

Funder Name
Canadian Institutes of Health Research (CIHR) (Canada) - <http://www.cihr-irsc.gc.ca> (ref: MOP-64201)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

| Output type | Details | Date created | Date added | Peer reviewed? | Patient-facing? |
|---------------------------------|---------------|--------------|------------|----------------|-----------------|
| Results article | results | 01/06/2014 | | Yes | No |
| Study website | Study website | 11/11/2025 | 11/11/2025 | No | Yes |