

THE ONTARIO HIV TREATMENT NETWORK

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Effects of an Evidence Service on Community-Based Organizations' Use of Research Evidence: A Randomized Controlled Trial

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- Ensuring timely access to relevant and high-quality research evidence is a fundamental component to supporting evidence-informed policy, programs, services and advocacy
- We developed a ‘Synthesized HIV/AIDS Research Evidence’ (**SHARE**) to support the use of research evidence for those working in the HIV sector and evaluated its effects on research use by Canadian community-based HIV/AIDS organizations

RCT is registered with clinicaltrials.gov (NCT01257724) and the published protocol is open access.

Wilson *et al.* *Implementation Science* 2011, **6**:52
<http://www.implementationscience.com/content/6/1/52>



IMPLEMENTATION SCIENCE

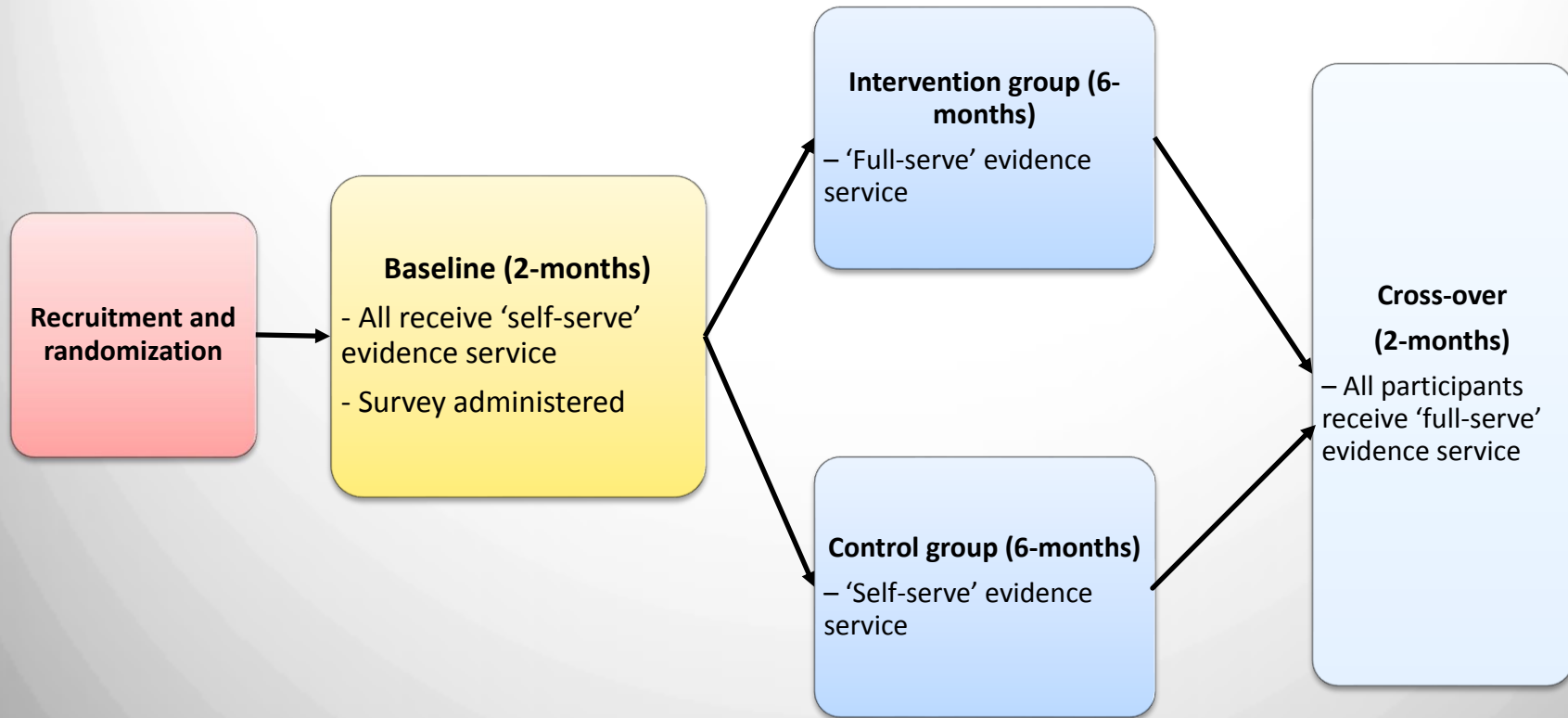
STUDY PROTOCOL

Open Access

Effects of an evidence service on community-based AIDS service organizations' use of research evidence: A protocol for a randomized controlled trial

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RCT Overview



Study intervention – SHARE (Synthesized HIV/AIDS Research Evidence)

Table 1 Components of the ‘full-serve’ and ‘self-serve’ evidence service

Evidence service components	‘Full-serve’ SHARE	‘Self-serve’ Control
1. Access to records for HIV-relevant systematic reviews*	X	X
2. Searchable database - Reviews retrievable using taxonomy of topics related to HIV/AIDS and open text search	X	
3. Email updates highlighting newly added reviews	X	
4. Access to user-friendly summaries produced by us or by others	X	
5. Links to scientific abstracts	X	X*
6. Peer-relevance assessment†	X	
7. Links to full-text (when publicly available)	X	
8. Access to worksheets that help CBOs find and use research evidence	X	X

* The ‘self-serve’ version will be provided as a listing of reviews grouped by year of publication with titles hyperlinked to their scientific abstract.

†Based a 5-point scale that asks how useful the reviews is and through a user-forum provided for each review record.

www.hivevidence.org

SHARE

Synthesized HIV/AIDS Research Evidence

Topic filter

Click on the + sign to expand categories of interest and tick the boxes for any specific HIV-related topics that interest you.

Options for addressing a problem or issue

- Determinants of health [69]**
- Health system arrangements [31]**
- Programs, services & drugs within health systems [304]**

Problems / issues

- Testing/detection/diagnosis [62]**
- Epidemiology (monitoring the burden and spread of HIV) [81]**

Implementation strategies

- Consumer-targeted strategy [41]**
- Provider-targeted strategy [20]**
- Organization-targeted strategy [0]**

Open text search

Enter your search terms and where you want to look for these terms.



Study population

- Invited all community-based organizations affiliated with the Canadian AIDS Society (n=120)
- Participating organizations were randomized to receive either the 'self-serve' or 'full-serve' version of SHARE
- Investigators were blinded to group allocation and randomization and data analysis was completed by a statistician (Tsegaye Bekele)

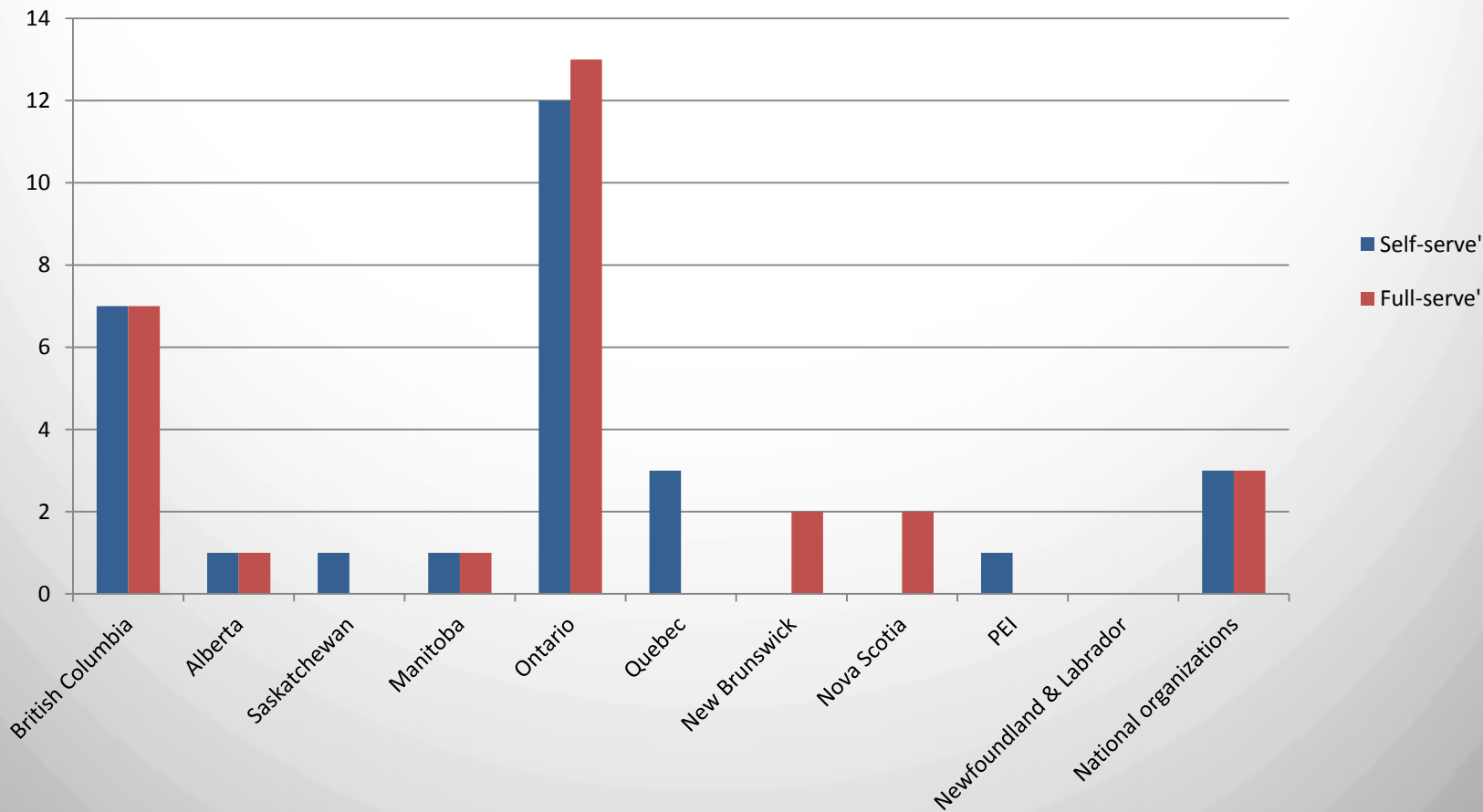
Outcomes

- 1^o outcome measure – average number of logins/month/organization
- 2^o outcome measure – intention to use research evidence (based on theory of planned behaviour)

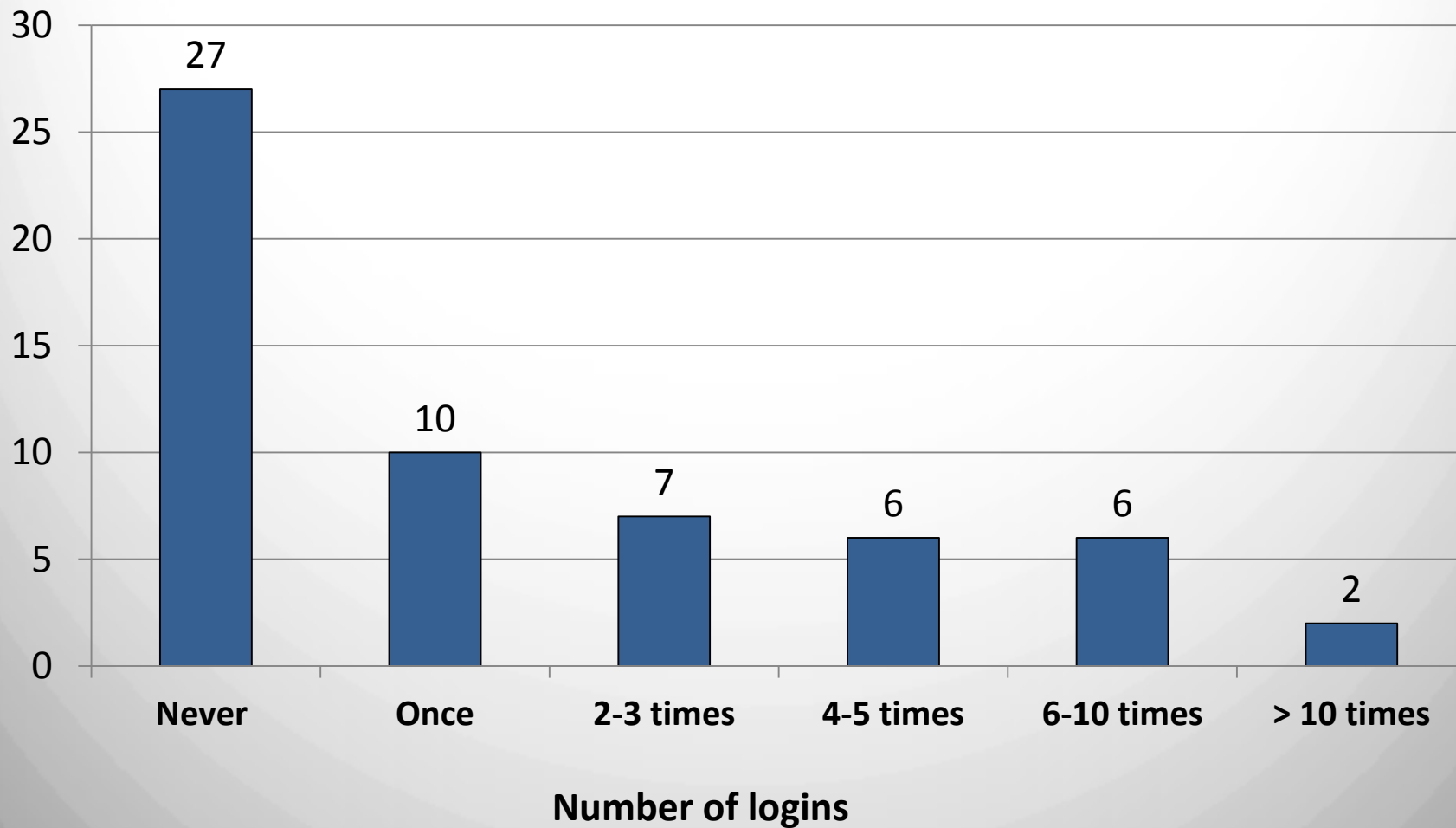
Sample

- 58 organizations and 182 individuals participated in the RCT with half the organizations (n=29 including 83 individuals) receiving the 'self-serve' version and the other half (n=29 including 99 individuals) receiving the 'full-serve' version.
- Even distribution by province between study groups (see graph)

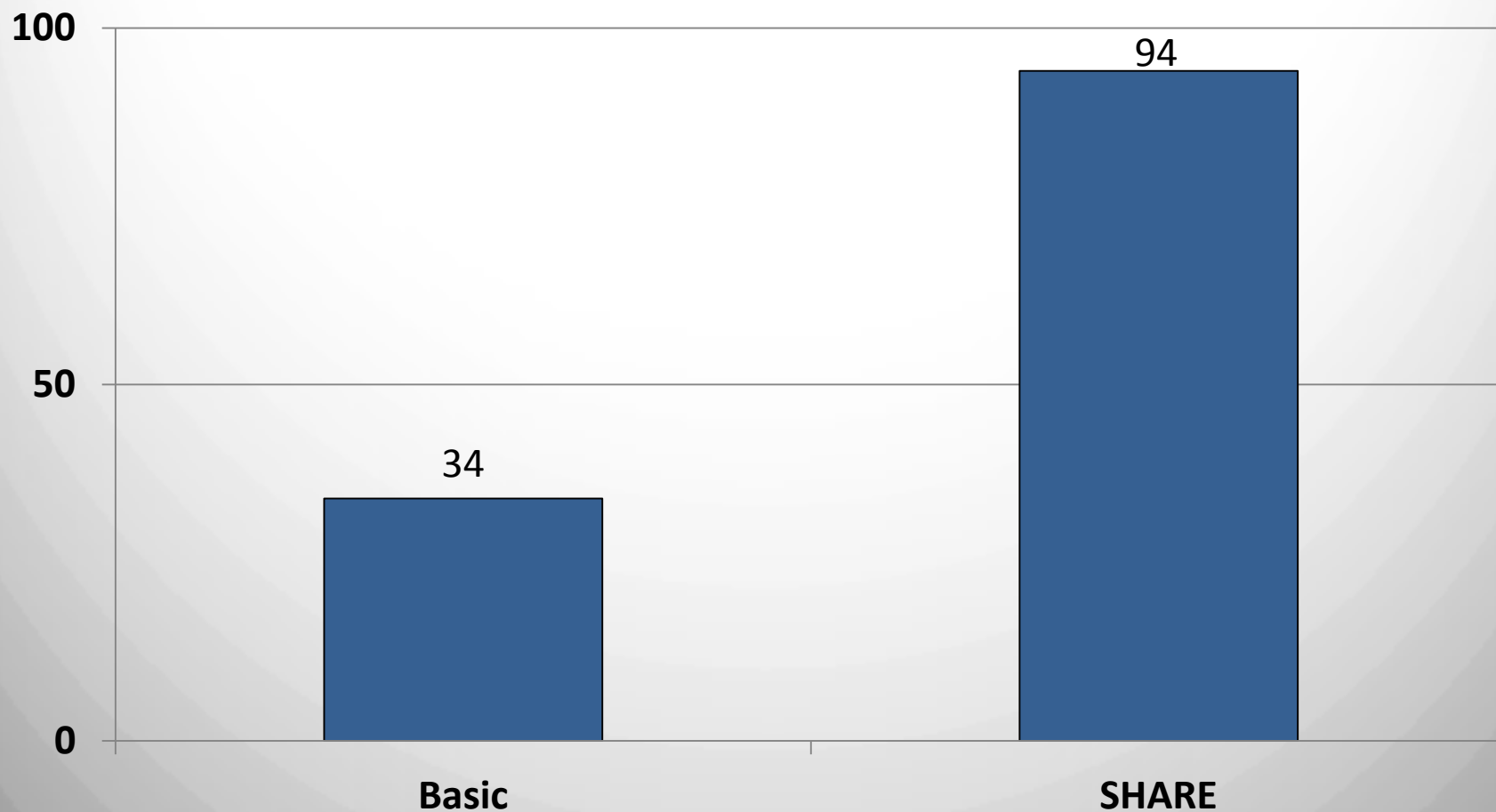
Number of organizations by province and study group



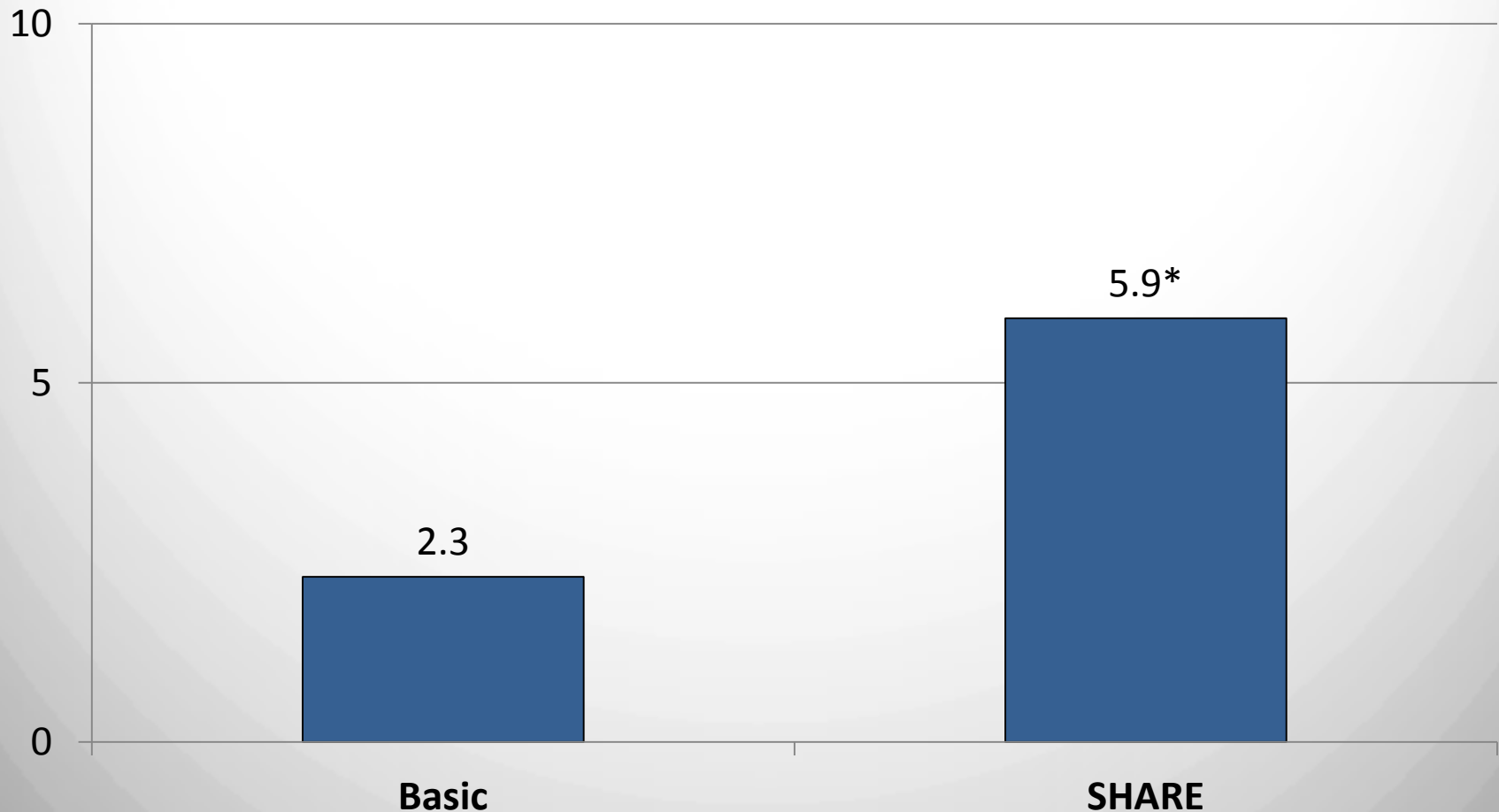
Number of organizations by number of total logins



Number of total logins: Dec 2011 – Sep 2012

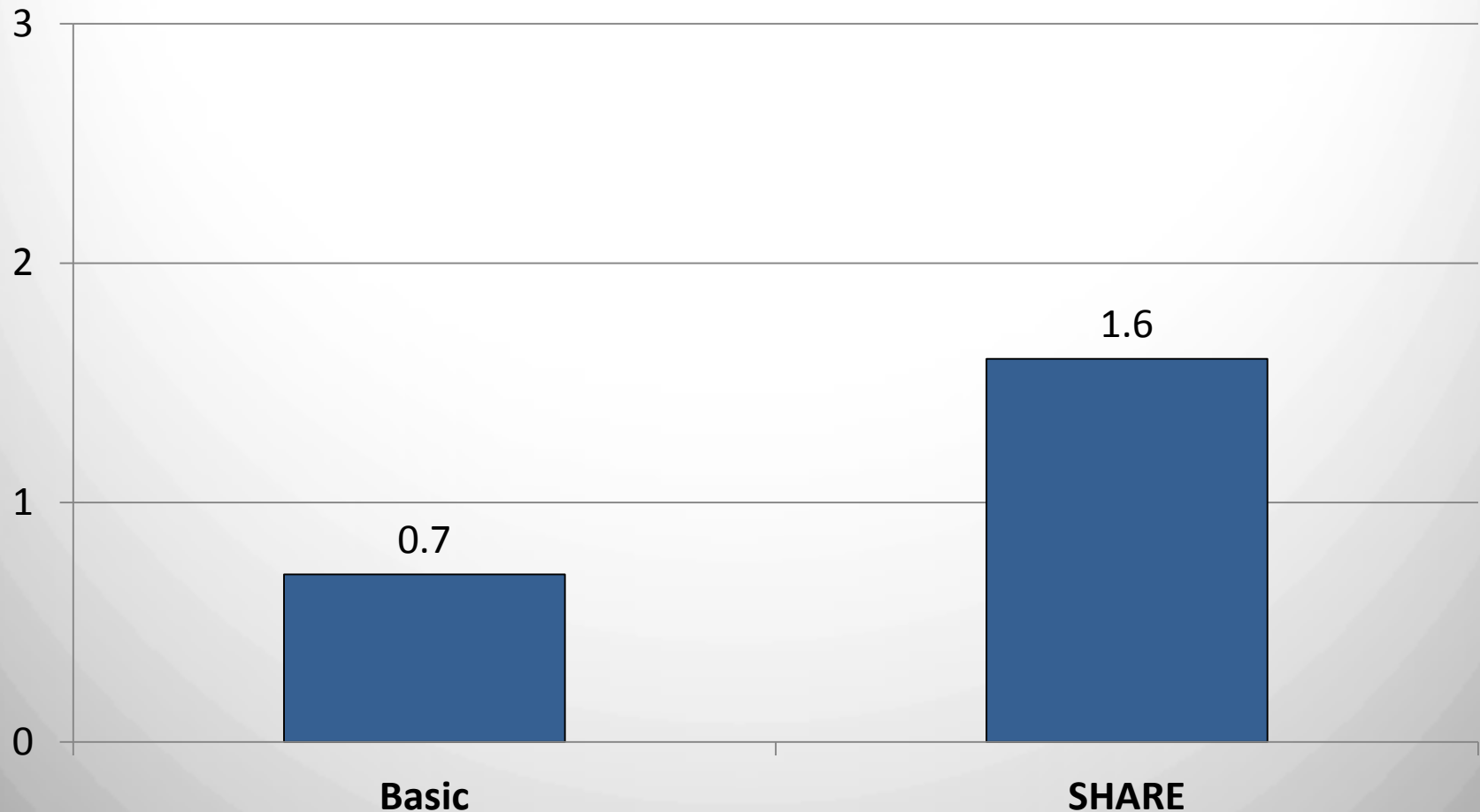


Average number of total logins per organization by study group



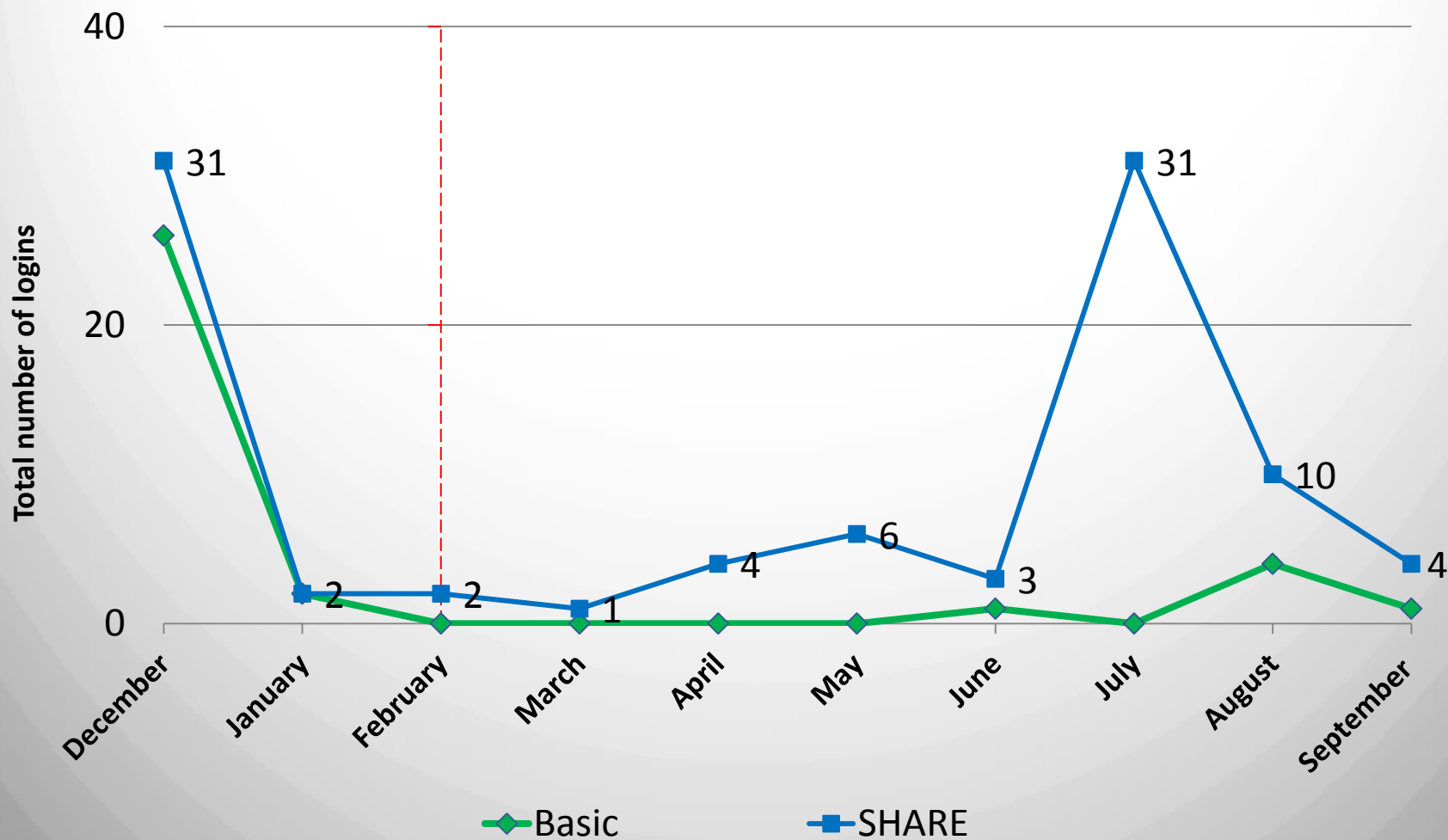
* The average number of logins was significantly (ANOVA test, $F=8.2$, $p=0.008$) than the basic group

Average number of logins per staff by study group

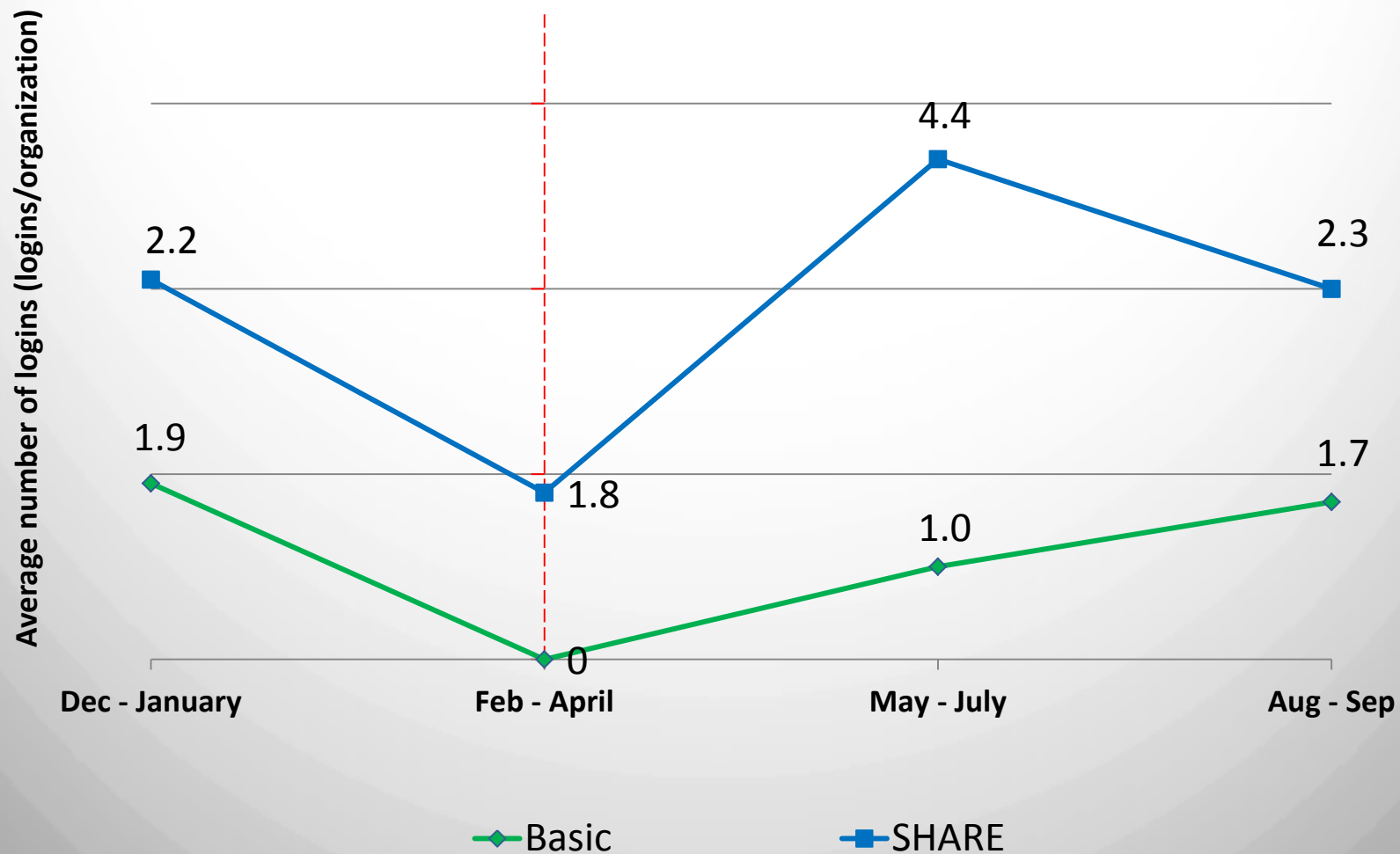


* The average number of logins was NOT significantly (t-test , $t=1.59$, $p=0.123$) different between the two study groups.

Total number of logins by month



Average number of logins by quarter



Concluding thoughts

- Organizational use of SHARE was very low (although a difference between groups was observed)
- Need to ensure that SHARE remains up to date and is easy-to-use to help stakeholders efficiently find and use research evidence
- Currently conducting a qualitative follow-up study
 - 3 interviews completed already
 - Each interviewee noted that it is indeed a helpful resource but didn't use it during the study
 - Each noted the need for skills building to make better use of the resource

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Thank you to:

- my co-investigators: John Lavis, Jeremy Grimshaw, Brian Haynes, Tsegaye Bekele, David Gogolishvili, and Sean Rourke
- Lori Chambers for coordinating the development and maintenance of the SHARE database
- OHTN and the CIHR Centre for REACH for funding

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