

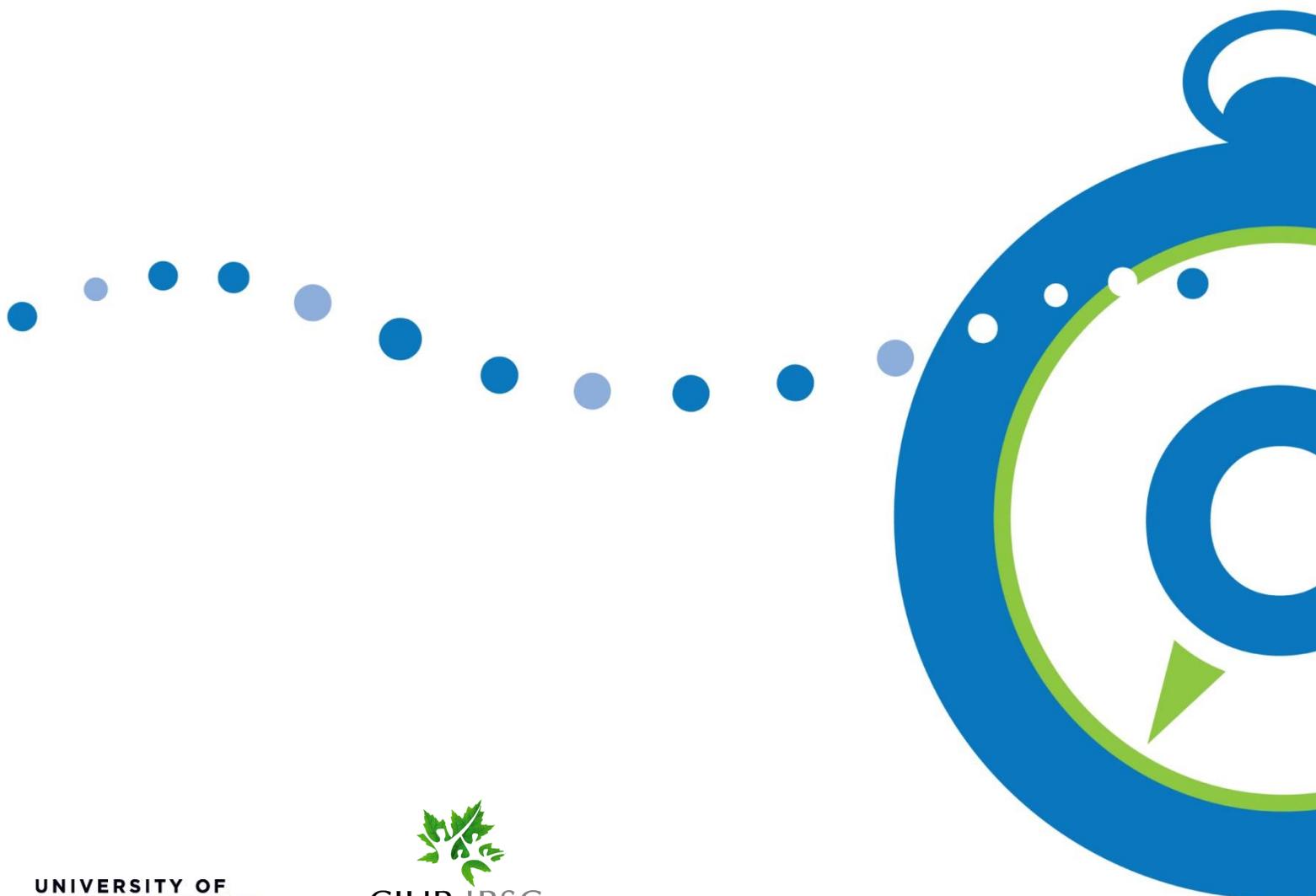


*Cohort study evaluating how changes in school programs, policies, and resources impact youth health behaviours*

## **Knowledge Broker Procedures for Contacting and Working with Participating Schools**

Compass Technical Report Series, Volume 3, Issue 3

June 2015



**UNIVERSITY OF  
WATERLOO**

  
**CIHR IRSC**  
Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

University of Waterloo

Waterloo, Ontario

June 2015

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## ACKNOWLEDGEMENTS

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### **Report funded by:**

The COMPASS study was supported by a bridge grant from the Canadian Institutes of Health Research (CIHR) Institute of Nutrition, Metabolism and Diabetes (INMD) through the “Obesity – Interventions to Prevent or Treat” priority funding awards (OOP-110788; grant awarded to S. Leatherdale) and an operating grant from the Canadian Institutes of Health Research (CIHR) Institute of Population and Public Health (IPPH) (MOP-114875; grant awarded to S. Leatherdale).

### **Suggested citation:**

Thompson-Haile, A., Laxer, R.E., Ledgley, C. & Leatherdale, S.T. *Knowledge Broker Procedures for Contacting and Working with Participating Schools*: COMPASS Technical Report Series. 2015; 3(3). Waterloo, Ontario: University of Waterloo. Available at [www.compass.uwaterloo.ca](http://www.compass.uwaterloo.ca)

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## Introduction

COMPASS is a longitudinal study (starting in 2012-13) designed to follow a cohort of grades 9 to 12 students attending a convenience sample of Ontario secondary schools for four years to understand how changes in school environment characteristics (policies, programs, built environment) are associated with changes in youth health behaviours and outcomes [1]. COMPASS originated to provide school stakeholders with the evidence to guide and evaluate school-based interventions related to obesity, healthy eating, tobacco use, alcohol and marijuana use, physical activity, sedentary behaviour, school connectedness, bullying, and academic achievement. COMPASS has been designed to facilitate multiple large-scale school-based data collections and uses in-class whole-school sampling data collection methods consistent with previous research [2-5]. COMPASS also facilitates knowledge transfer and exchange by providing each participating school with an annual feedback report that highlights the school-specific prevalence for each outcome, comparisons to provincial and national norms or guidelines, and provides evidence-based suggestions for school-based interventions (programs and/or policies) designed to address the outcomes covered in the feedback report. (refer to: [www.compass.uwaterloo.ca](http://www.compass.uwaterloo.ca)).

Participating COMPASS schools are also provided access to a knowledge broker (KB) to connect them with relevant resources within their communities, and to guide school improvement to offer the healthiest environments possible. This technical report will describe the initial procedures used by the KB when contacting and working with COMPASS schools.

## Background

Knowledge transfer activity, such as using a knowledge broker, helps participating schools plan, link, adapt and implement relevant prevention initiatives within their school. Using a knowledge broker helps to develop stronger links and engage with participating schools, and allows knowledge use to be tracked as it unfolds from inception through decision-making, adoption, adaptation and implementation in participating schools. The goal of the KB is to engage stakeholders in reflective practice to contribute to furthering prevention science and their own evidence-based practice (i.e. *knowledge exchange*).

## Data Collection Tools

COMPASS collects data using a variety of sources. Student level data is collected using the COMPASS questionnaire (C<sub>q</sub>). Data collected from the C<sub>q</sub> pertains to obesity, physical activity, eating behaviours, tobacco, alcohol and marijuana use, sedentary behaviour, school connectedness, academic achievement and bullying. School level data is collected using the COMPASS School Policies and Practices questionnaire (SPP). The SPP is completed by the staff member most knowledgeable about the school's policies. This person is usually administration staff, however at some schools the head Physical Education teacher or Student Success teacher completes the questionnaire. The SPP measures the presence or absence of relevant programs and/or policies, and changes to school policies, practices, or resources that relate to student health for each of the behavioural domains measured in the C<sub>q</sub>. The SPP is completed before or on the same day as the student survey date.

## School Health Profile (SHP)

Within 8 weeks of participating in the COMPASS study, the school is couriered a customized School Health Profile (SHP) and summary page detailing key findings reported from the student level C<sub>q</sub>. Detailed information and a sample of the SHP have been published elsewhere [6].

## The Role of Knowledge Broker

Each participating COMPASS school is assigned a knowledge broker (KB). The role of the KB is to facilitate the interaction between the COMPASS research team, the school, and community partners, with the goal of promoting student health within the school. KBs have experience in both research and public health or education. Contact information for the school's KB is included in the school-specific SHP.

## Knowledge Broker Preparation

Before COMPASS initiated the data collections, the COMPASS team consulted with and held a teleconference with epidemiologists from all Ontario Public Health Units (PHUs). The purpose of this was to establish relationships so that when COMPASS was implemented in schools, local PHUs would already be aware of and familiar with the project and the KB would be able to link schools with their local PHU contact. PHUs were notified that they could be granted access to school data if schools agreed to share their findings.

Each year, COMPASS KBs consult relevant literature pertaining to evidence-based health promotion strategies, programs, and interventions available at the secondary school level prior to contacting schools. The purpose of this is to update the recommendations in the SHP, and to provide school contacts with suggestions to improve student health behaviours.

## Introduction of the Knowledge Broker at the School

The KB contacts the school via email within one week of receiving their School Health Profile. The purpose of the initial email communication is threefold: (1) to introduce the KB to the school contact and explain the KB role within the COMPASS project, (2) to set-up a call time in which a brief follow-up interview can be conducted, and (3) to open communication regarding the school's plans to move forward with any health-related interventions. Ideally, a school responds to this email and a phone interview is set-up. The example below shows an initial KB email communication to a school contact:

*"Thank you so much for participating in the COMPASS study this year! I wanted to let you know that I am the Knowledge Broker for your school. Part of my role is to answer any questions you may have about the School Health Profile you received after participating in COMPASS and to connect you with the appropriate resources in your community with the hope of improving your students' health behaviours.*

*You should have received your school's Profile last week via courier. I would love to set up a call to discuss your thoughts on the results and to ask you a few follow-up questions pertaining to the administrator questionnaire that you completed.*

*Please let me know when a good time might be. I look forward to hearing from you soon."*

This process is modified for schools that are participating in COMPASS for their second, third, or fourth years. Again, the KB contacts that school one to two weeks after receiving their SHP, however, the purpose is not to introduce or explain the role of the KB but to set up the call to obtain follow-up information and to discuss the schools' plans for health related improvements.

### **Communication and setting up an interview**

If the KB has not received a response from the school contact 1-2 weeks after the initial introduction email was sent, the KB follows up with another phone call or email. This process continues rotating between phone calls and email communications until an interview call is booked. While the data gathered in the follow-up interview is important, the KB stops contacting the school contact after 4 attempts if no response is received. This threshold was set as a measure to remain sensitive to the busy school climate and teacher demands. While these calls are important we do not want to jeopardize a school's data collection the following year because our KB was too insistent. Help from the KB is optional for participating schools.

### **Conducting a follow-up interview**

The follow-up interview uses a semi-structured interview guide, based on specific questions that the school contact answered on the SPP. The responses provided on the SPP determine which questions are posed. The interview allows the KB to ask the COMPASS school contact to expand on responses provided on the SPP. For example, if a school indicated that they had worked with a health organization in the past 12 months, the KB would probe to determine which organization they were involved with and what their level of involvement was. The KB also fills in any gaps (i.e., questions skipped) from the SPP. Responses from the school contact are recorded directly onto the school specific interview guide, and any relevant changes to school policies/programs are recorded in a school database.

### **Plans for health related changes**

After completing the follow-up interview, the KB opens discussion about the SHP. Prompting questions include: "What did you think of the results? Did anything stand out for you or surprise you? What do you plan to do with the results?" These questions typically lead to a discussion about the school's priorities, their connection with their local PHU, and if there will be next steps moving forward to improve student health behaviours and promote youth health. Prior to the call, the KB reviews the school's SHP and makes notes on what health behaviours should be targeted. For example, if the prevalence of youth that smoke in one particular school is substantially higher than the provincial average, this would be important to point out to the school contact. During the interview, the KB may bring these specific findings to the school contact's attention; for example, the KB may mention: "girls at your school have reported much lower levels of physical activity when compared to boys, perhaps this might be an area of interest for you to prioritize for this year's school improvement plan." Other times, the school contact and/or school staff have already determined their health priorities and want input and direction from the KB.

The KB offers the school contact PDF versions of the school profiles and summary to aid with dissemination of the findings. In some cases, the KB prepares a Powerpoint presentation for the school contact to present school findings to parent council and other school staff. School contacts are also reminded to sign and return the data release form if they are interested in sharing their data with their local PHU and School

Board. If not, the KBs cannot request support from the PHU for school improvement. All communication between the KB and the school contact are kept in a school specific contact log.

This is the general protocol for the initial KB call; further steps vary across schools depending on their priorities, their interest in moving forward, sharing results with their school board and/or Public Health Unit and/or working with external organizations to push for change.

## Conclusion

To date, knowledge brokering activities have been recognized by schools and other stakeholders as an innovative and positive tool to improve student health behaviours in schools. While engagement level varies across schools, roughly one third of participating schools have been engaged with their KB. Among these schools, school contacts have been eager to share their results with school staff and external stakeholders in order to move forward with health promotion at their school. What has become increasingly evident throughout KB work to date, however, is that there is a need for additional resources and programing ideas to offer to schools in order to enable health related improvements.

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