GAMBLING RESEARCH EXCHANGE ONTARIO

DRIVING KNOWLEDGE INTO ACTION

Assessing Empirical Evidence for KTE Readiness: End of Grant Readiness Tool

Travis Sztainert, PhD
Knowledge Broker, Content Specialist
November 9, 2016

Background

My Interest in KTE

- Carleton University
  - Post-doctoral Fellow
  - Gambling Researcher (11+ Years)
- Interested in KTE
  - Break silos, ivory tower, academic womb 0
  - What can/should I do with my research?
- Need for clarity!
  - But KTE is often muddy…
- SO…

Searching for Clarity - Leeds Brokering Model

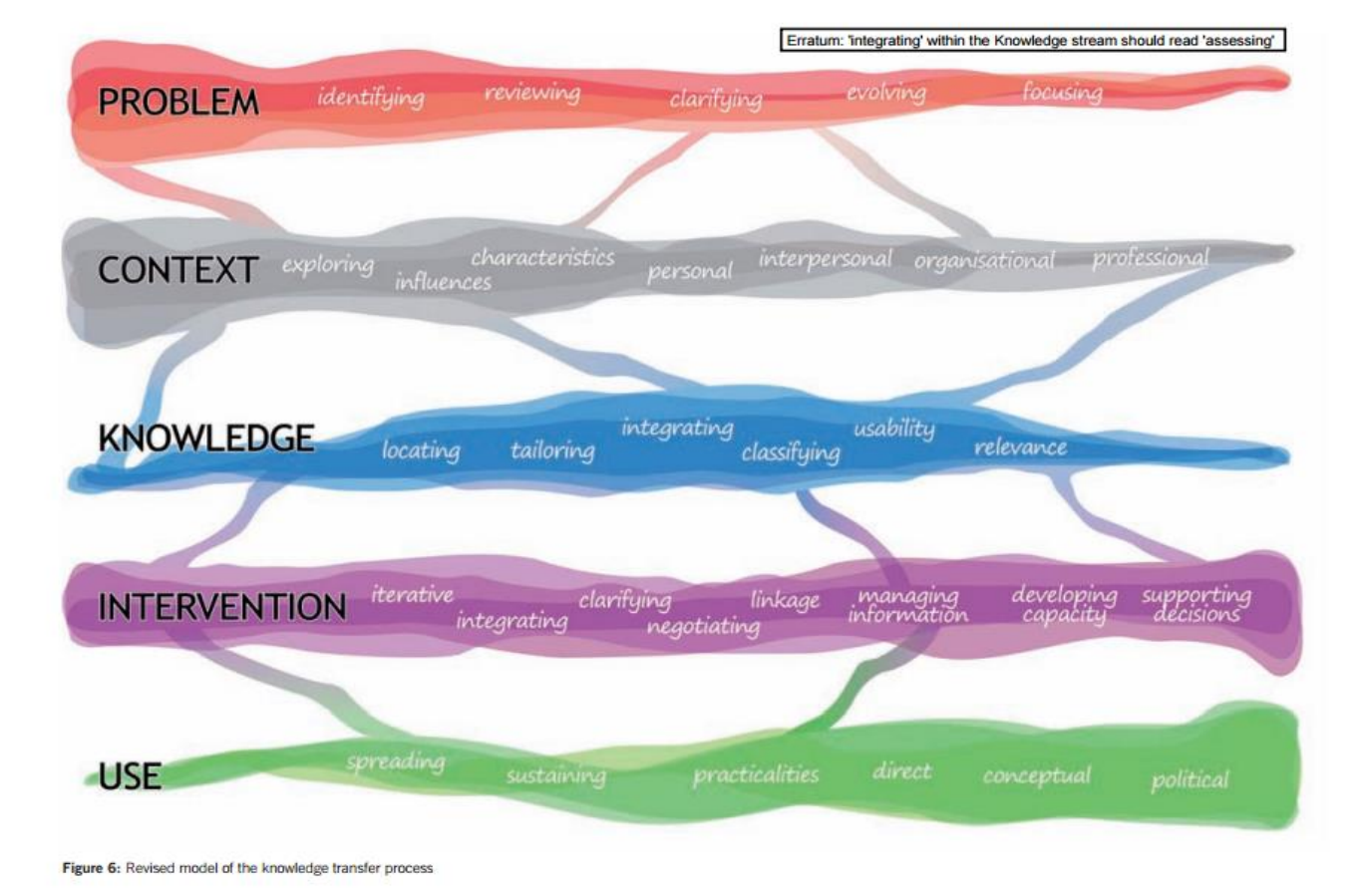
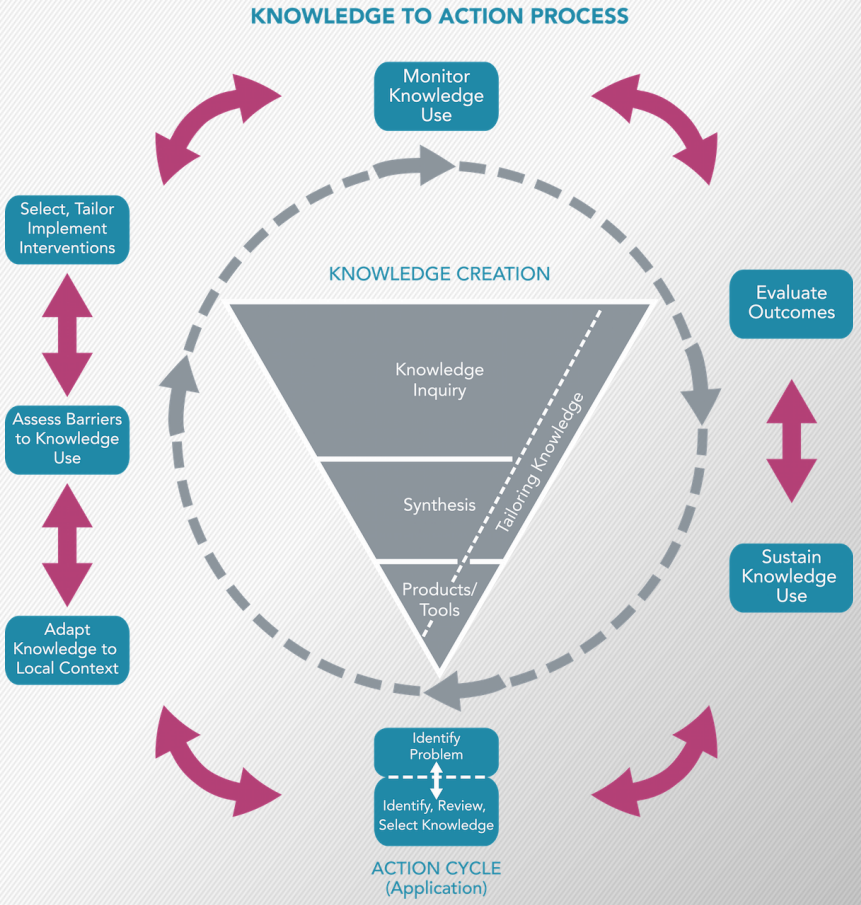


Figure 6: Revised model of the knowledge transfer process

Ward, V. L., House, A. O., & Hamer, S. (2009). Knowledge brokering: exploring the process of transferring knowledge into action. *BMC health services research*, *9*(1), 12.

Searching for Clarity – K2A Cycle



Searching for Clarity – KT Planning Template

Knowledge Translation Planning Template©

Scientist Knowledge Translation Training™ | Knowledge Translation Professional Certificate™

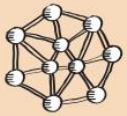
INSTRUCTIONS: This template was designed to assist with the development of Knowledge Translation (KT) plans for research but can be used to plan for non-research projects. The Knowledge Translation Planning Template is universally applicable to areas beyond health. Begin with box #1 and work through to box #13 to address the essential components of the KT planning process.

(1) Project Partners

- ☐ researchers
- ☐ consumers - patients/families
- ☐ the public
- ☐ decision makers
- ☐ private sector/industry
- ☐ research funding body
- ☐ volunteer health sector/NGO
- ☐ practioners
- ☐ other

NOTES

(2) Degree of Partner Engagement



- ☐ from idea formulation straight through
- ☐ after idea formulation & straight through
- ☐ at point of dissemination & project end
- ☐ beyond the project

Consider: Not all partners will be engaged at the same point in time. Some will be collaborators, end users or audiences, or people hired to do specific activities.

(3) Partner(s) Roles

(1) What do the partner(s) bring to the project?

(2) How will partner(s) assist with developing, implementing or evaluating the KT plan?

Action: Capture their specific roles in letters of support to funders, if requested.

►

(4) KT Expertise on Team

- ☐ scientist(s) with KT expertise
- ☐ consultant with KT expertise
- ☐ knowledge broker/specialist
- ☐ KT supports within the organization(s)
- ☐ KT supports within partner organization(s)
- ☐ KT supports hired for specific task(s)

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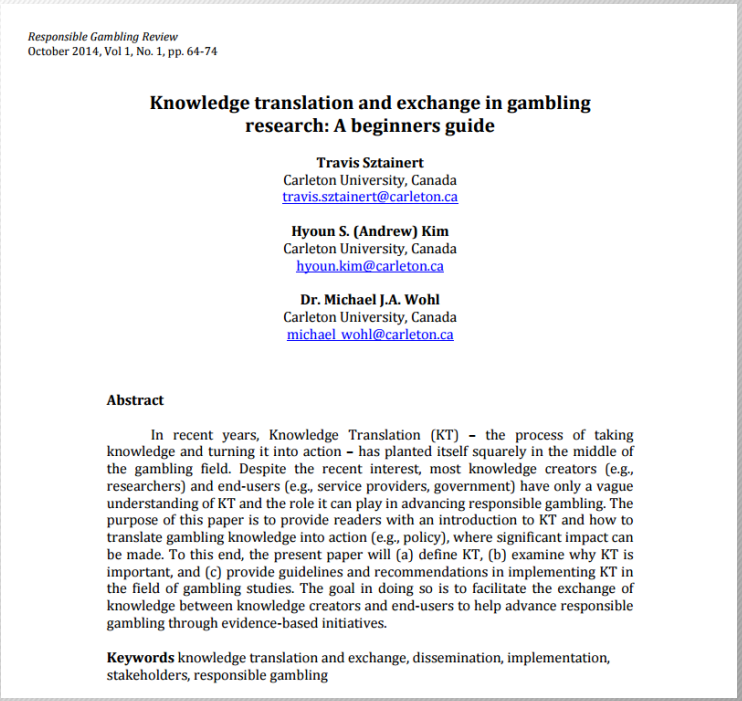
Searching For Clarity

- Plethora of Frameworks and Models
  - Some based on iKTE, some focus on End-of-Grant
- Summarized my findings for my field:
- Need a path through the swamp
- What I needed was a flowchart!
  - Something with a ‘start’ and ‘finish’
  - Carleton University GREaT HUB
  - I did what any researcher would do….



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Knowledge translation and exchange in gambling research: A beginners guide

Travis Sztainert
Carleton University, Canada
travis.sztainert@carleton.ca

Hyoun S. (Andrew) Kim
Carleton University, Canada
hyoun.kim@carleton.ca

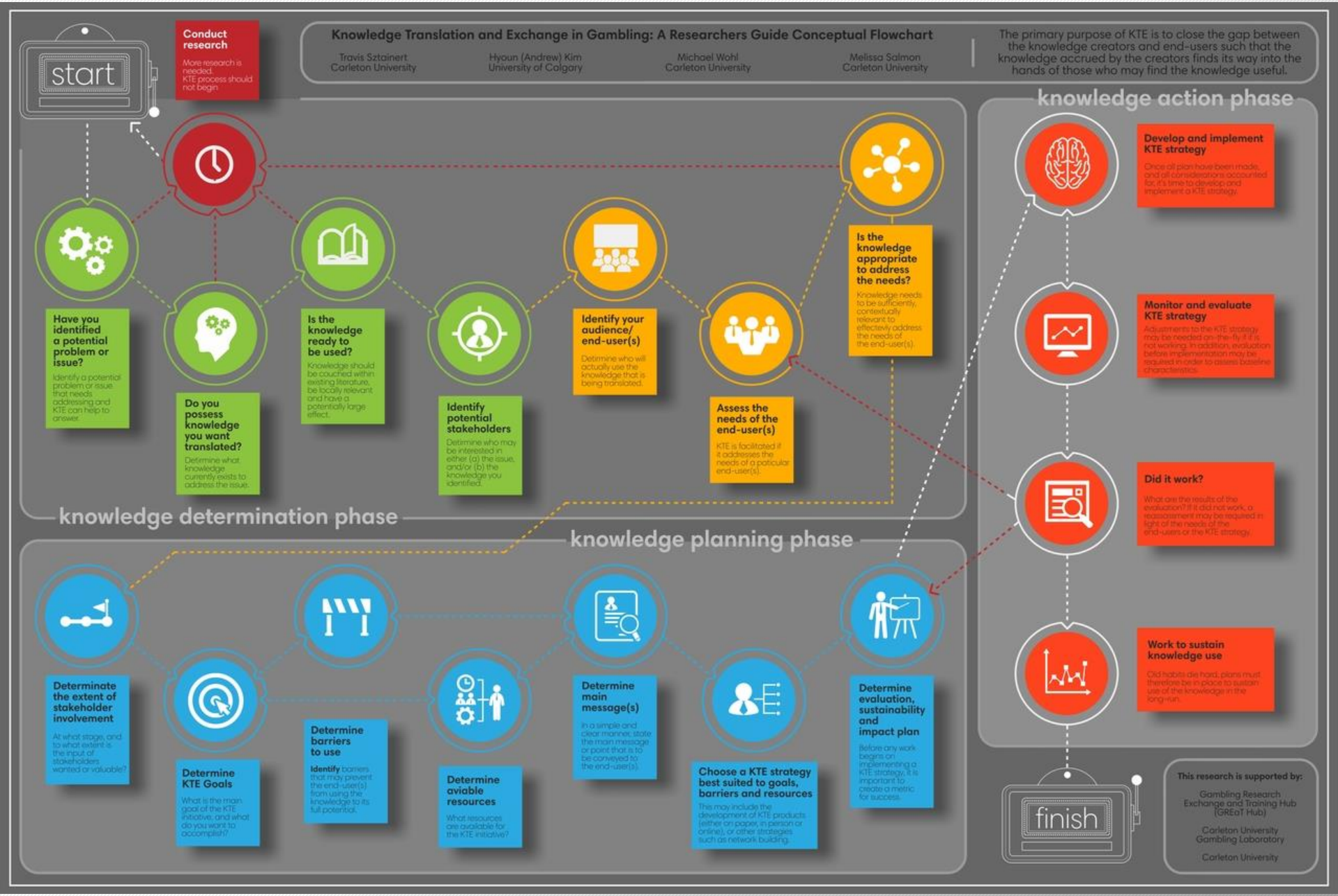
Dr. Michael J.A. Wohl
Carleton University, Canada
michael_wohl@carleton.ca

Abstract

In recent years, Knowledge Translation (KT) – the process of taking knowledge and turning it into action – has planted itself squarely in the middle of the gambling field. Despite the recent interest, most knowledge creators (e.g., researchers) and end-users (e.g., service providers, government) have only a vague understanding of KT and the role it can play in advancing responsible gambling. The purpose of this paper is to provide readers with an introduction to KT and how to translate gambling knowledge into action (e.g., policy), where significant impact can be made. To this end, the present paper will (a) define KT, (b) examine why KT is important, and (c) provide guidelines and recommendations in implementing KT in the field of gambling studies. The goal in doing so is to facilitate the exchange of knowledge between knowledge creators and end-users to help advance responsible gambling through evidence-based initiatives.

Keywords knowledge translation and exchange, dissemination, implementation, stakeholders, responsible gambling

http://rgreview.org/index.php/%20RGR/article/view/12/32


start
Conduct research
More research is needed. KTE process should not begin
Knowledge Translation and Exchange in Gambling: A Researchers Guide Conceptual Flowchart
Travis Sztainert
Carleton University
Hyoun (Andrew) Kim
University of Calgary
Michael Wohl
Carleton University
Melissa Salmon
Carleton University
The primary purpose of KTE is to close the gap between the knowledge creators and end-users such that the knowledge accrued by the creators finds its way into the hands of those who may find the knowledge useful.
knowledge action phase
Develop and implement KTE strategy
Once all plan have been made, and all considerations accounted for, it's time to develop and implement a KTE strategy.
Monitor and evaluate KTE strategy
Adjustments to the KTE strategy may be needed on-the-fly if it is not working. In addition, evaluation before implementation may be required in order to assess baseline characteristics.
Did it work?
What are the results of the evaluation? If it did not work, a reassessment may be required in light of the needs of the end-users or the KTE strategy.
Work to sustain knowledge use
Old habits die hard, plans must therefore be in place to sustain use of the knowledge in the long-run.
finish
Have you identified a potential problem or issue?
Identify a potential problem or issue that needs addressing and KTE can help to answer.
Do you possess knowledge you want translated?
Determine what knowledge currently exists to address the issue.
Is the knowledge ready to be used?
Knowledge should be couched within existing literature, be locally relevant and have a potentially large effect.
Identify potential stakeholders
Determine who may be interested in either (a) the issue, and/or (b) the knowledge you identified.
Identify your audience/ end-user(s)
Determine who will actually use the knowledge that is being translated.
Assess the needs of the end-user(s)
KTE is facilitated if it addresses the needs of a particular end-user(s).
Is the knowledge appropriate to address the needs?
Knowledge needs to be sufficiently, contextually relevant to effectively address the needs of the end-user(s).
knowledge determination phase
knowledge planning phase
Determinate the extent of stakeholder involvement
At what stage, and to what extent is the input of stakeholders wanted or valuable?
Determine KTE Goals
What is the main goal of the KTE initiative, and what do you want to accomplish?
Determine barriers to use
Identify barriers that may prevent the end-user(s) from using the knowledge to its full potential.
Determine aviable resources
What resources are available for the KTE initiative?
Determine main message(s)
In a simple and clear manner, state the main message or point that is to be conveyed to the end-user(s).
Choose a KTE strategy best suited to goals, barriers and resources
This may include the development of KTE products (either on paper, in person or online), or other strategies such as network building.
Determine evaluation, sustainability and impact plan
Before any work begins on implementing a KTE strategy, it is important to create a metric for success.
This research is supported by:
Gambling Research Exchange and Training Hub (GREaT Hub)
Carleton University Gambling Laboratory
Carleton University

A Researchers Guide Conceptual Flowchart

- Available at http://drszt.ca/knowledge-translation.html
- Additional companion handout
  - Time to start filling it out!

Knowledge Translation and Exchange in Gambling: A Researchers

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More research is needed. KTE process should not begin

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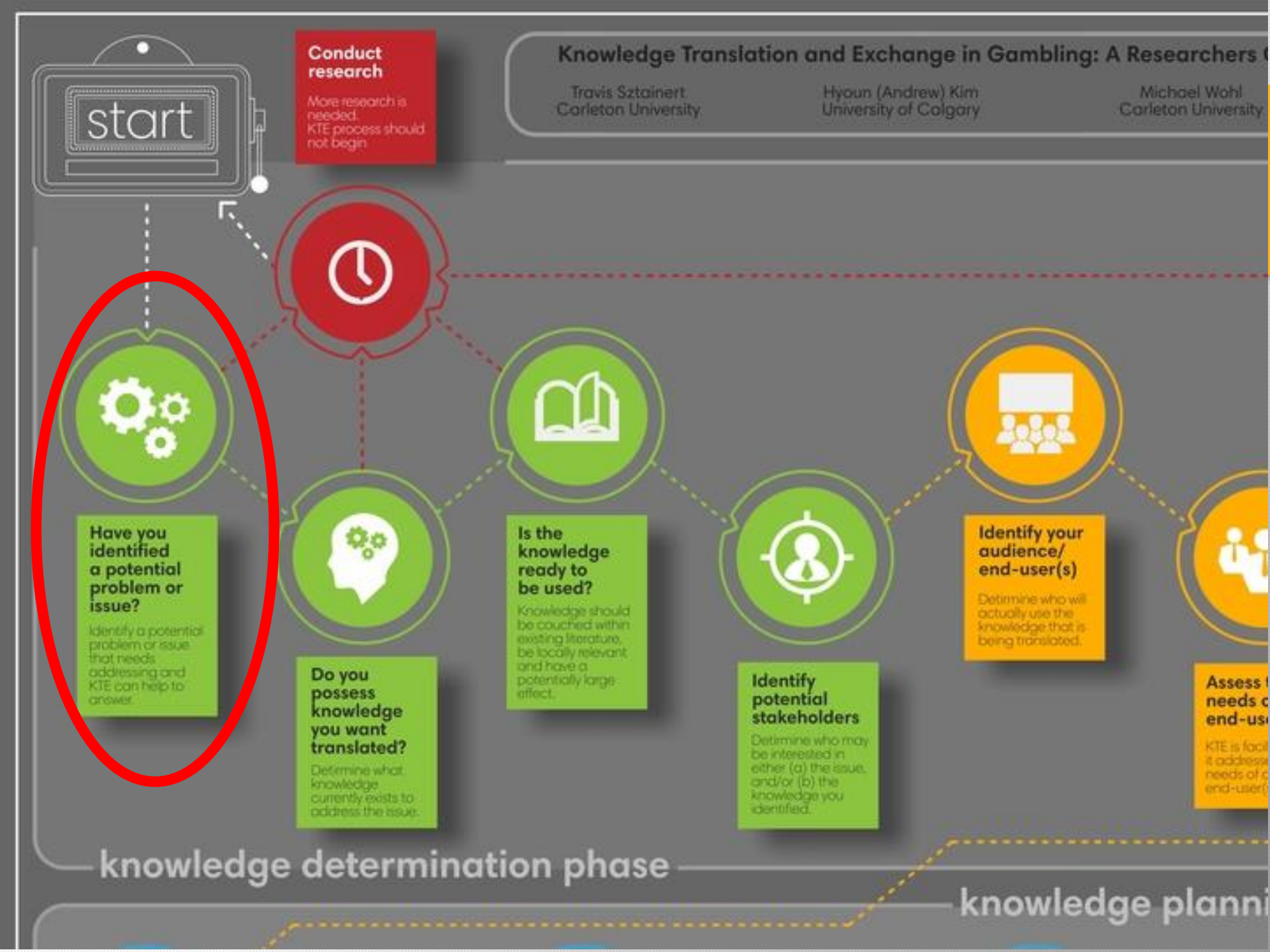
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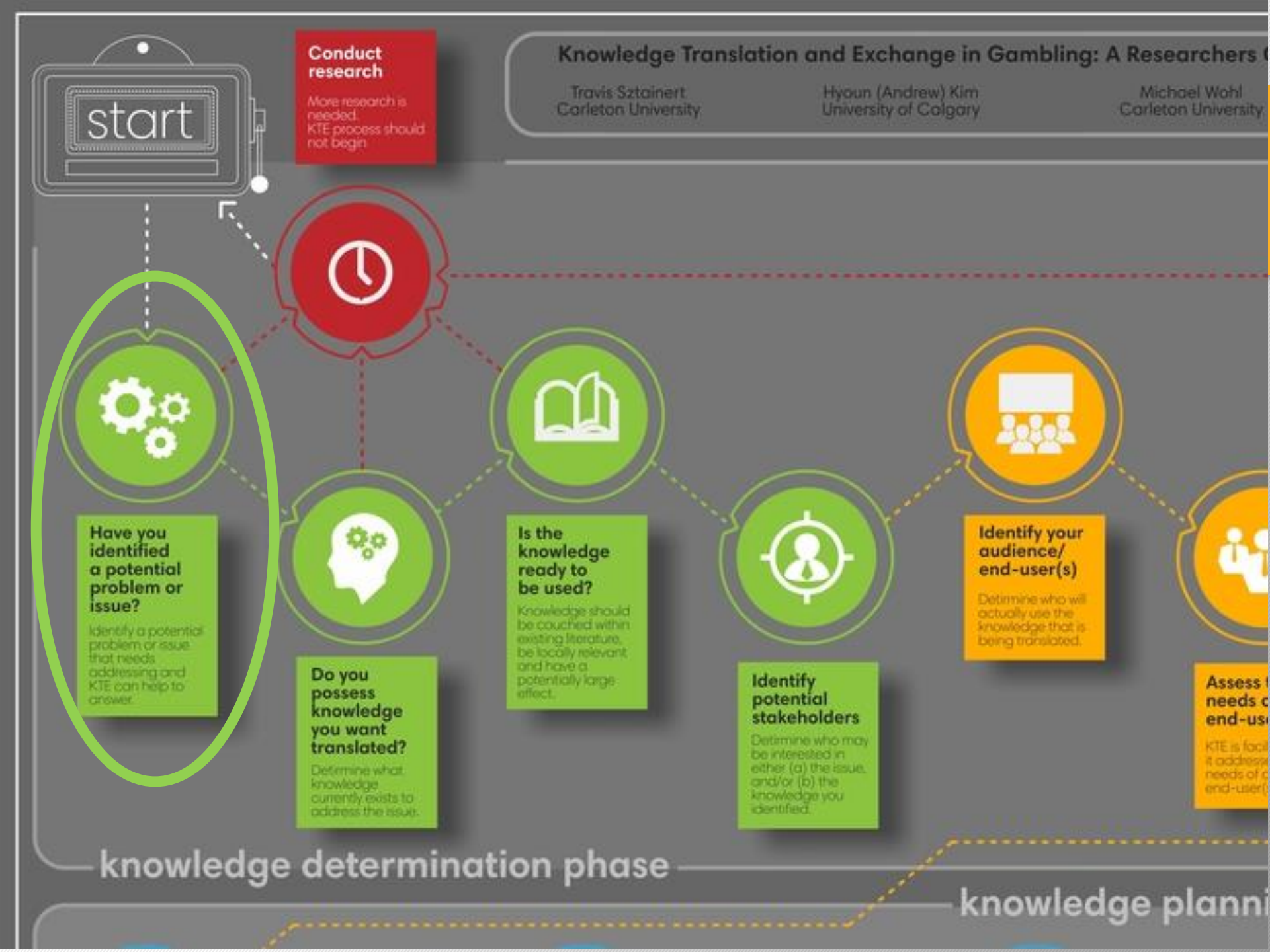
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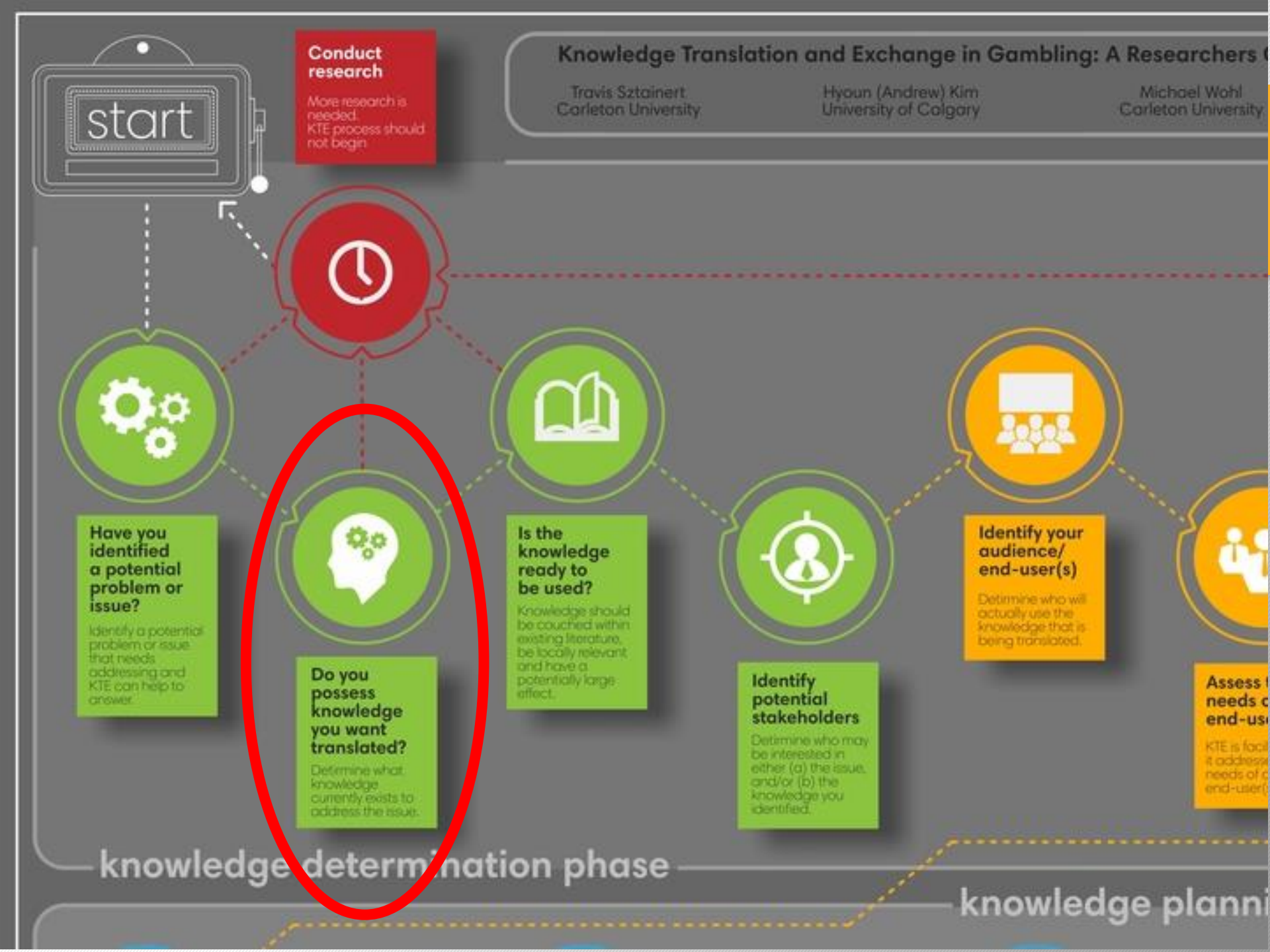
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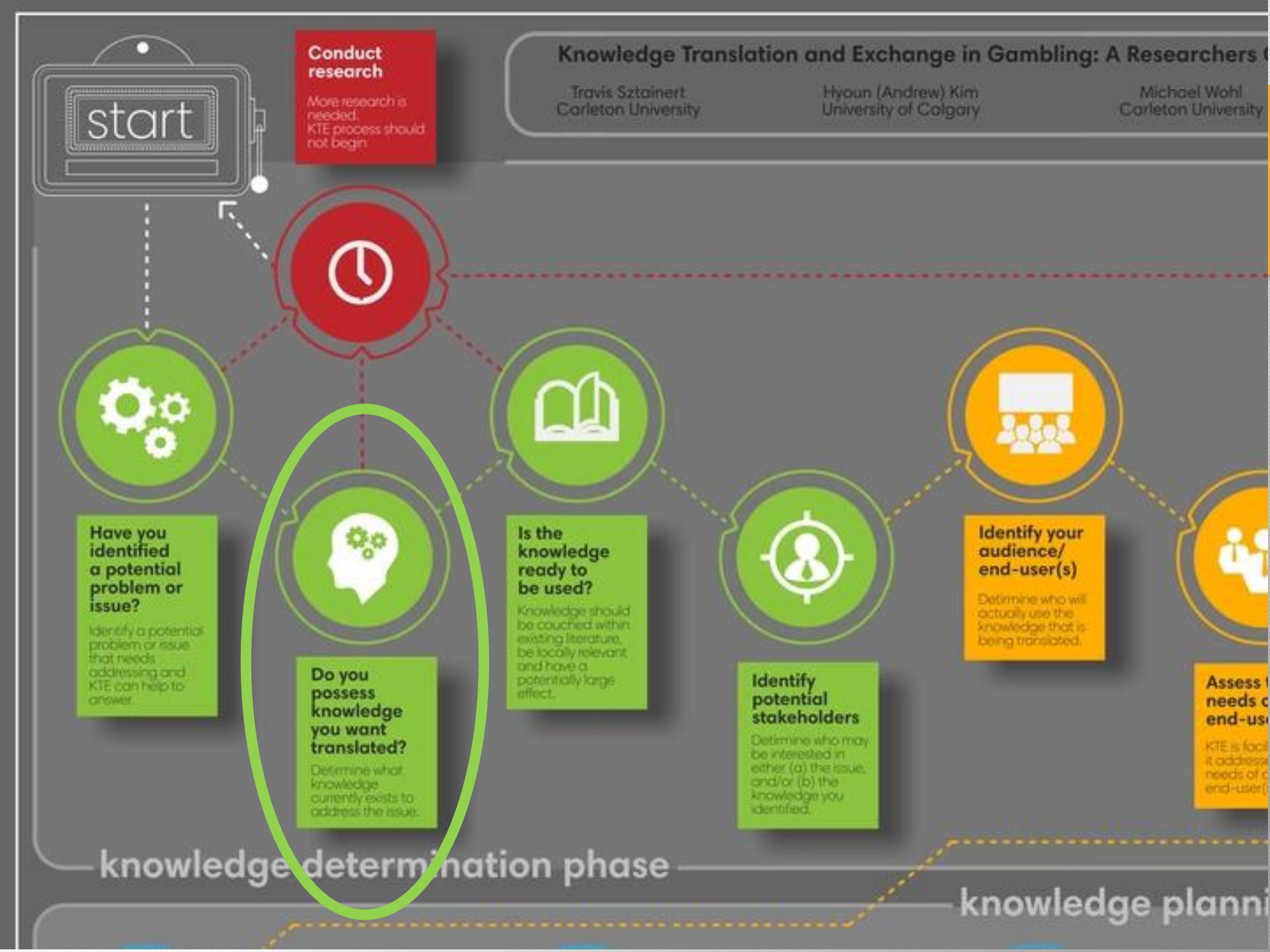
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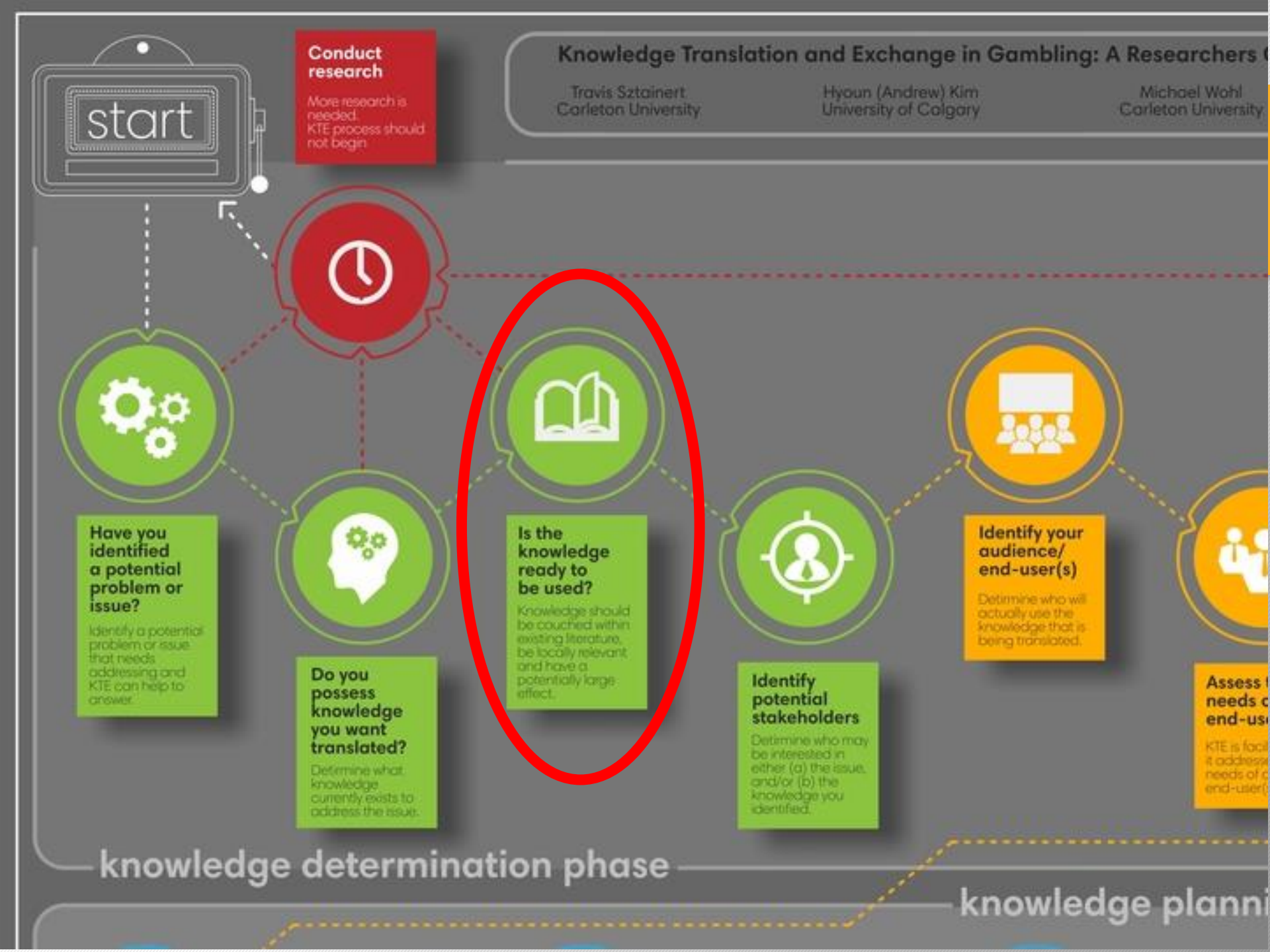
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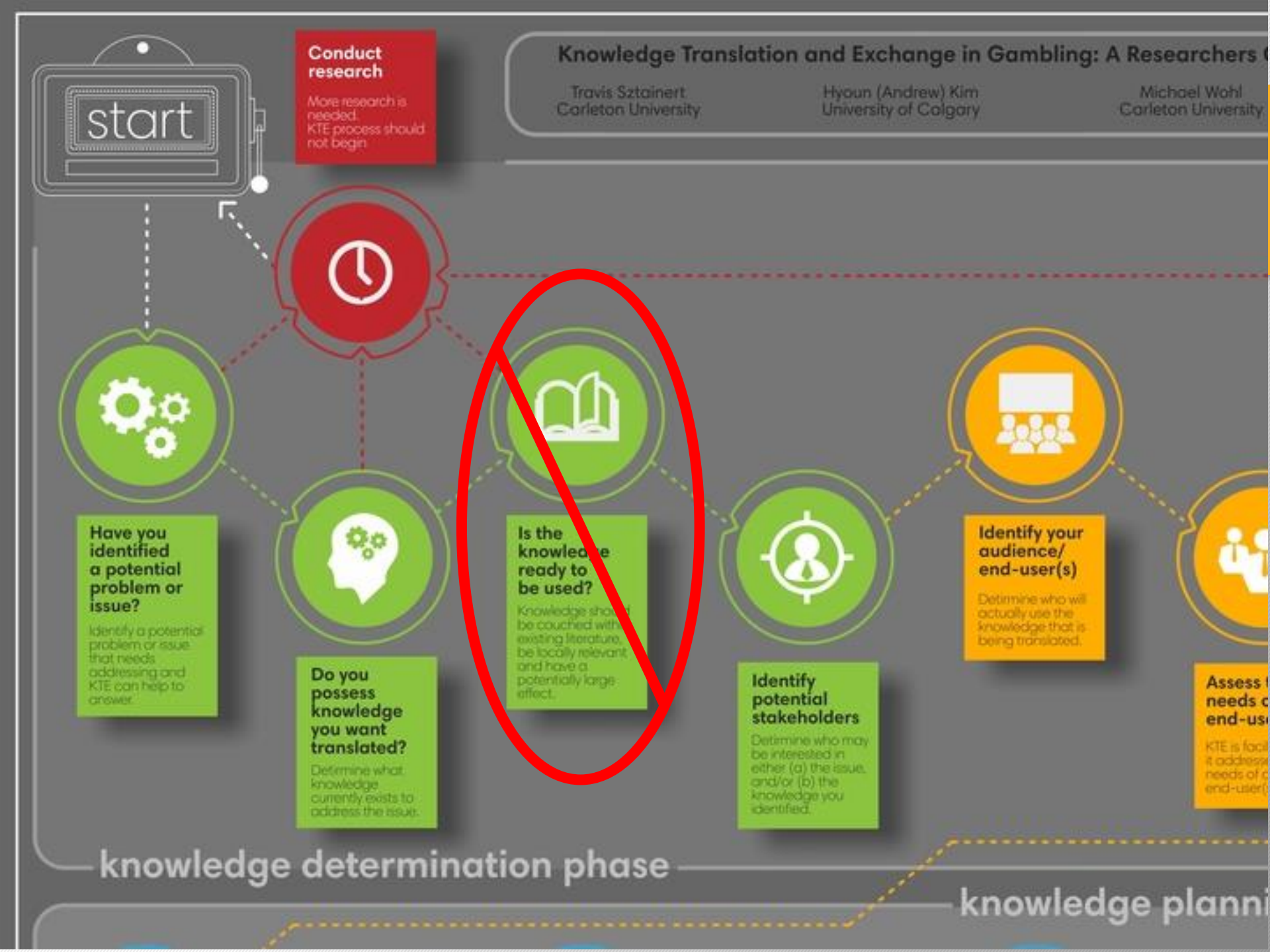
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Searching for Clarity (part 2)

- Not all knowledge is born equal - it exists on a continuum of readiness for use.
  - Thus, even though knowledge may exist to address an identified problem, it may not be ready for use.

- Contact different KTE organizations, see if they have any systematic way of determining if research is ready to use….

Searching for Clarity (part 2)

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  - Thus, even though knowledge may exist to address an identified problem, it may not be ready for use.

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Identified Need

- There is (as far as I'm aware), no systematic way for individuals or organizations to assess "KTE Readiness"

- Some sort of checklist or tool is needed

KTE Readiness Tool – Initial Draft

Literature?

- *Knowledge translation in health care: Moving from evidence to practice* (Straus, Tetroe & Graham, 2013)
  - "When considering end of grant KT activities, it is critical to consider the strength of the evidence and its significance and tailor our strategies as appropriate."
  - "The strength and significance of the research findings should determine the magnitude and extent of the knowledge translation (KT)"
  - "Decisions about the extent and ambitiousness of KT plans should be guided by the reliability, validity, strength, and significance of research findings."

Overarching Criteria

1. **The evidence in-hand is couched within a larger body of work, and exists within a solid foundation of valid, high-quality theory and research.**
   - Do not place excessive emphasis on the results of single small studies, studies of poor methodological quality, or ones where the strength of the evidence is low
     - Helps to address cherry-picking and media-bias
   - Important that the knowledge (be it from a primary study or systematic review) be of high quality
     - What is knowledge?
       - Rigor vs. Relevance
       - Research vs. Practice Based Evidence → What happens if the disagree
   - Some authors argue that knowledge synthesis (systematic reviews) should be considered the base unit of knowledge translation
     - I disagree. Decisions often need to be made (especially from pull models). Better to make a decision on what evidence is available, even if it is limited, than none.

Overarching Criteria

2. **The evidence is relevant/appropriate for the targeted domain of use.**
   - Evidence should be considered of major significance to knowledge users
   - Evidence should be locally relevant and adaptable to its targeted domain of use

3. **The evidence will have a significant impact on the knowledge-users or system.**
   - If evidence has the opportunity to greatly impact the health or well-being of the knowledge users, it is worth furthering KT efforts
     - Especially true if the knowledge has potential impact to save lives or reduce mortality rates (either directly, or via changes to systems)

Tool Layout

- Two distinct factors
  - (1) the strength/quality of the evidence
  - (2) the significance of the evidence
- Therefore, tool is divided into two sections:
  - QUALITY AND STRENGTH OF EVIDENCE
  - SIGNFICANCE OF EVIDENCE
- Each section contains scoring criteria, which is then summed and results in one of three readiness outcomes

Caveats

- Tool is designed to be used by:
  - Researchers who want to assess the KT readiness of their own research, or others research
  - Research funders who want to assess in what capacity KT can be applied to completed research
  - KT organizations who wish to assess completed research to determine in what capacity they can move forward with it
- Current checklist deals with “empirical evidence” (health and social science perspective).
  - Initial considerations of the basis of empirical evidence are based of the evidence-pyramid.
  - This section can/should be adapted to meet the needs of your organization
- It is ugly! This is just a ‘blueprint’

END-OF-GRANT READINESS TOOL		
INITAL CONSIDERATION		**POINTS**
What is the empirical basis of (i.e. evidence for) the knowledge?	**Knowledge Synthesis**	
	Meta-analysis	**10**
	Systematic Review	**8**
	Critically Appraised Synthesis	**6**
	Primary Research	
	Randomized Controlled Trial	**4**
	Cohort, case-controlled or epidemiological	**2**
	Observational	**1**
QUALITY AND STRENGTH OF EVIDENCE		
Is the empirical evidence high quality (methodologically or otherwise)?	**YES**	**Up to +10**
	NO	**Up to -10**
Is the evidence in line with an existing body of knowledge, or couched within an existing literature?	**YES**	**+5**
	LIMITED	**0**
	NO	**-5**
What is the estimated effect size of the outcome? Thresholds Compute	**LARGE**	**+7**
	MEDIUM	**+4**
	SMALL	**0**
	UNKNOWN	**-2**
Was the sample size adequate to detect the discovered effect size? Power analysis	**MORE**	**+5**
	ADAQUATE	**+1**
	UNKNOWN/LESS	**-5**
Is the evidence ecologically valid?	**YES**	**+3**
	NO	**0**
	UNKNOWN	**-1**
SIGNIFICANE OF EVIDENCE **Note: You may need to consult stakeholders or knowledge-users to help you answer some of these questions.**		
Does the evidence fill a KU knowledge 'gap' or 'need'?	**YES,** determined via a specific request	**+15**
	YES, determined via needs assessment or formal consultation	**+8**
	YES, determined via local opinion	**+6**
	NO	**-15**
Can the evidence be applied to the target population?	**YES**	**+5**
	MAYBE - Can be adapted	**+4**
	NO	**-2**
Does the evidence directly address the desired change (in beliefs, attitudes, behaviour etc.)?	**YES**	**+5**
	TANGENTALLY	**0**
	NO	**-5**
Does the evidence provide a new, novel or innovative way to address a desired change?	**YES**	**+5**
	NO	**0**

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	TANGENTALLY	0
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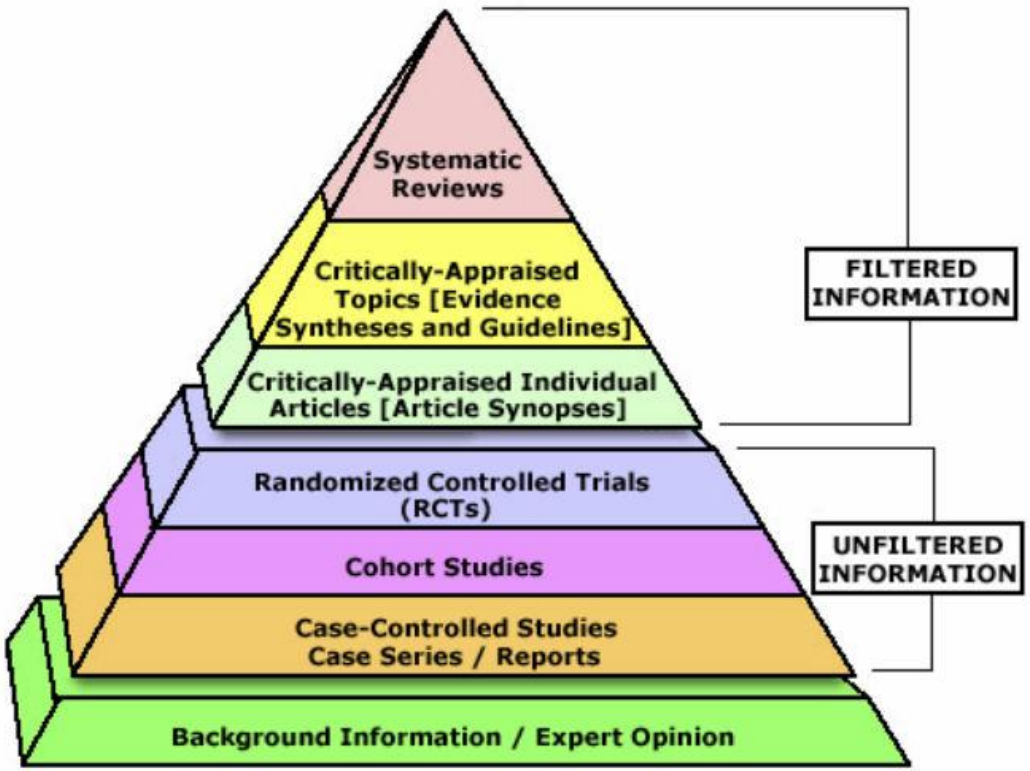
	NO	0

Empirical Basis of Knowledge

	POINTS
Knowledge Synthesis	
Meta-analysis	10
Systematic Review	8
Critically Appraised Synthesis	6
Primary Research	
Randomized Controlled Trial	4
Cohort, case-controlled or epidemiological	2
Observational	1

Evidence Pyramid



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	Observational	1
QUALITY AND STRENGTH OF EVIDENCE		
Is the empirical evidence high quality (methodologically or otherwise)?	**YES**	**Up to +10**
	[illegible]	**Up to -10**
Is the evidence in line with an existing body of knowledge, or couched within an existing literature?	**YES**	**+5**
	LIMITED	**0**
	NO	**-5**
What is the estimated effect size of the outcome? Thresholds Compute	**LARGE**	**+7**
	MEDIUM	**+4**
	SMALL	**0**
	UNKNOWN	**-2**
Was the sample size adequate to detect the discovered effect size? Power analysis	**MORE**	**+5**
	ADAQUATE	**+1**
	UNKNOWN/LESS	**-5**
Is the evidence ecologically valid?	**YES**	**+3**
	NO	**0**
	UNKNOWN	**-1**
SIGNIFICANE OF EVIDENCE **Note: You may need to consult stakeholders or knowledge-users to help you answer some of these questions.**		
Does the evidence fill a KU knowledge 'gap' or 'need'?	YES, determined via a specific request	+15
	YES, determined via needs assessment or formal consultation	+8
	YES, determined via local opinion	+6
	NO	-15
Can the evidence be applied to the target population?	YES	+5
	MAYBE - Can be adapted	+4
	NO	-2
Does the evidence directly address the desired change (in beliefs, attitudes, behaviour etc.)?	YES	+5
	TANGENTALLY	0
	NO	-5
Does the evidence provide a new, novel or innovative way to address a desired change?	YES	+5
	NO	0

GREO Quantitative Evidence Evaluation Tool (QuanEET)

A. Study Design (Q1)
Q2. Were selected participants likely to be representative?
Q3. What % of selected individuals agreed to participate?
B. Selection Bias (Q2-Q3)
Q4. Were groups similar at baseline?
Q5. What % of relevant confounders were controlled?
C. Confounders (Q4-Q5)
Q6. Were participants blinded to question or assignments?
Q7. Were data collectors blinded to assignments?
Q8. Were providers/personnel blinded to assignments?
D. Blinding (Q6-Q8)
Q9. Were data collection instruments and sources valid?
Q10. Were data collection instruments and sources reliable?
E. Data Collection (Q9-Q10)
Q11. What % of participants completed the study?
Q12. Were withdrawals/drop-outs reported and explained?

F. Attrition (Q11-Q12)
Q13. What % of participants had complete intervention/exposure?
Q14. Was the intervention delivered as intended and consistently?
Q15. Was the study free of contamination and co-interventions?
G. Intervention Integrity (Q13-Q15)
Q16. Were the statistical tests appropriate?
Q17. Were analyses performed by allocation status?
H. Analyses (Q16-Q17)
Q18. Any other important biases or problems?
I. Other Biases/Problems (Q18)
GLOBAL RATING

GREO Qualitative Evidence Evaluation Tool (QualEET)

1. Study Design	
Q1. What was the study design?	Choo
2. Credibility	
Q2. How confident are you that the procedures and/or information for ensuring the credibility of the study have been demonstrated and/or communicated?	Choo
3. Transferability	
Q3. How confident are you that the procedures and/or information for ensuring the transferability of the study have been demonstrated and/or communicated?	Choo
4. Dependability	
Q4. How confident are you that the procedures and/or information for ensuring the dependability of the study have been demonstrated and/or communicated?	Choo
5. Confirmability	
Q5. How confident are you that the procedures and/or information for ensuring the confirmability of the study have been demonstrated and/or communicated?	Choo
6. Other Concerns	
Q6. Were there any other serious concerns?	Choo
7. Global Quality Rating	
Q7. What is the global quality rating for this study?	Choo

END-OF-GRANT READINESS TOOL		
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	Systematic Review	8
	Critically Appraised Synthesis	6
	Primary Research	
	Randomized Controlled Trial	4
	Cohort, case-controlled or epidemiological	2
	Observational	1
QUALITY AND STRENGTH OF EVIDENCE		
Is the empirical evidence high quality (methodologically or otherwise)?	**YES**	**Up to +10**
	NO	**Up to -10**
Is the evidence in line with an existing body of knowledge, or couched within an existing literature?	**YES**	**+5**
	LIMITED	**0**
	NO	**-5**
What is the estimated effect size of the outcome? Thresholds Compute	**LARGE**	**+7**
	MEDIUM	**+4**
	SMALL	**0**
	UNKNOWN	**-2**
Was the sample size adequate to detect the discovered effect size? Power analysis	**MORE**	**+5**
	ADAQUATE	**+1**
	UNKNOWN/LESS	**-5**
Is the evidence ecologically valid?	**YES**	**+3**
	NO	**0**
	UNKNOWN	**-1**
SIGNIFICANE OF EVIDENCE **Note: You may need to consult stakeholders or knowledge-users to help you answer some of these questions.**		
Does the evidence fill a KU knowledge 'gap' or 'need'?	YES, determined via a specific request	+15
	YES, determined via needs assessment or formal consultation	+8
	YES, determined via local opinion	+6
	NO	-15
Can the evidence be applied to the target population?	YES	+5
	MAYBE - Can be adapted	+4
	NO	-2
Does the evidence directly address the desired change (in beliefs, attitudes, behaviour etc.)?	YES	+5
	TANGENTALLY	0
	NO	-5
Does the evidence provide a new, novel or innovative way to address a desired change?	YES	+5
	NO	0

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	MEDIUM	+4
	SMALL	0
	UNKNOWN	-2
Was the sample size adequate to detect the discovered effect size? Power analysis	MORE	+5
	ADAQUATE	+1
	UNKNOWN/LESS	-5
Is the evidence ecologically valid?	YES	+3
	NO	0
	UNKNOWN	-1
SIGNIFICANE OF EVIDENCE **Note: You may need to consult stakeholders or knowledge-users to help you answer some of these questions.**		
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	NO	**-2**
Does the evidence directly address the desired change (in beliefs, attitudes, behaviour etc.)?	**YES**	**+5**
	TANGENTALLY	**0**
	NO	**-5**
Does the evidence provide a new, novel or innovative way to address a desired change?	**YES**	**+5**
	NO	**0**

Readiness Outcomes

- Sum the score, and compare to the outcomes table:

- Low readiness = More research + Passive dissemination
  - Diffusion, Letting it Happen
- Moderate readiness = Active dissemination
  - Helping it Happen
- Higher readiness = Implementation
  - Application, Making it Happen

Readiness Outcomes

- Low readiness to translate
  - The evidence is not yet ready to be translated.
  - More, high quality, highly significant research needs to be conducted.
  - Passive dissemination (also called diffusion) strategies are appropriate.
  - In addition, stakeholders should be consulted to make sure results of future research will be of value.

- Examples:
  - Presentations at academic conferences, or sharing the knowledge on research-centered media
  - Hold a focus group to with knowledge-users and stakeholders to try and determine what their most pressing, upcoming issues are

Readiness Outcomes

- Moderate readiness to translate
  - Ready for more active approaches to dissemination.
  - Targeting audiences other than researcher may be useful. Examples include clinicians, funders, members of the public or policy makers.
- Active dissemination approaches may include:
  - “tailoring the message and medium to the specific audience; linking researchers and knowledge users through linkage and exchange mechanisms, such as small workshops focused on the dissemination of a synthesized body of knowledge or those focused on developing a user-driven dissemination strategy; engaging media; using knowledge brokers; or creating networks or communities of practice involving both researchers and knowledge users.”

Readiness Outcomes

- High readiness to translate
  - The evidence may be highly useful, and therefore should go beyond the regular means of dissemination.
    - Consider implementation of evidence into practice.
  - For implementation, you need to decide if you want to use the knowledge to promote change in attitudes, behavior or influence decision making.
- Examples:
  - You may want to start with a small scale pilot project, targeting a population in a local setting. Make sure to get early involvement of knowledge-uses and stakeholders.

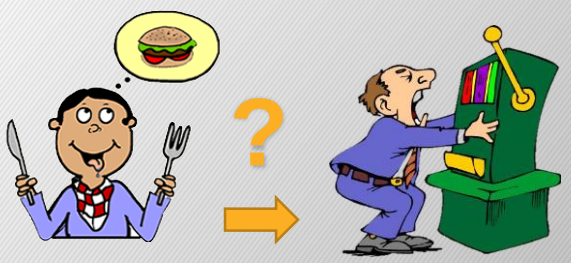
KTE Readiness Tool – Example

PhD & Post-doctoral Research

- Series of 3 studies examining the role of craving & hunger on gambling behaviour

Study 1

1. Hungry gamblers played longer in the face of loss
2. Gamblers who craved played longer in the face of loss
3. Craving did not exacerbate the effect of hunger



Study 2

1. Hungry gamblers played longer in the face of loss
2. Gamblers why craved played longer in the face of loss
3. If hungry AND craving, they played especially long in the face of loss

Study 3

1. Among participants exposed to gambling cues, those in the hunger condition had significantly higher Ghrelin levels compared to those in the not-hungry condition
2. Ghrelin levels prior to engaging in play predict persistence in the face of continued loss

So…what can/should I do?

- There's some evidence that hunger may cause problem gambling behaviour
  - Results are relatively preliminary…
  - But the research has easy to implement, low-cost implications that could help improve the welling being of gamblers
    - 'Feed yourself before the machine'
    - Eating breaks
    - Cheap/free healthy foods at casinos?

- Let's go through the checklist, and see what my research would score.

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	Systematic Review	**8**
	Critically Appraised Synthesis	**6**
	Primary Research	
	Randomized Controlled Trial	**4**
	Cohort, case-controlled or epidemiological	**2**
	Observational	**1**
QUALITY AND STRENGTH OF EVIDENCE		
Is the empirical evidence high quality (methodologically or otherwise)?	**YES**	**Up to +10**
	NO	**Up to -10**
Is the evidence in line with an existing body of knowledge, or couched within an existing literature?	**YES**	**+5**
	LIMITED	**0**
	NO	**-5**
What is the estimated effect size of the outcome? Thresholds Compute	**LARGE**	**+7**
	MEDIUM	**+4**
	SMALL	**0**
	UNKNOWN	**-2**
Was the sample size adequate to detect the discovered effect size? Power analysis	**MORE**	**+5**
	ADAQUATE	**+1**
	UNKNOWN/LESS	**-5**
Is the evidence ecologically valid?	**YES**	**+3**
	NO	**0**
	UNKNOWN	**-1**
SIGNIFICANE OF EVIDENCE **Note: You may need to consult stakeholders or knowledge-users to help you answer some of these questions.**		
Does the evidence fill a KU knowledge 'gap' or 'need'?	**YES,** determined via a specific request	**+15**
	YES, determined via needs assessment or formal consultation	**+8**
	YES, determined via local opinion	**+6**
	NO	**-15**
Can the evidence be applied to the target population?	**YES**	**+5**
	MAYBE - Can be adapted	**+4**
	NO	**-2**
Does the evidence directly address the desired change (in beliefs, attitudes, behaviour etc.)?	**YES**	**+5**
	TANGENTALLY	**0**
	NO	**-5**
Does the evidence provide a new, novel or innovative way to address a desired change?	**YES**	**+5**
	NO	**0**

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	NO	**-5**
What is the estimated effect size of the outcome? Thresholds Compute	**LARGE**	**+7**
	MEDIUM	**+4**
	SMALL	**0**
	UNKNOWN	**-2**
Was the sample size adequate to detect the discovered effect size? Power analysis	**MORE**	**+5**
	ADAQUATE	**+1**
	UNKNOWN/LESS	**-5**
Is the evidence ecologically valid?	**YES**	**+3**
	NO	**0**
	UNKNOWN	**-1**
SIGNIFICANE OF EVIDENCE **Note: You may need to consult stakeholders or knowledge-users to help you answer some of these questions.**		
Does the evidence fill a KU knowledge 'gap' or 'need'?	**YES,** determined via a specific request	**+15**
	YES, determined via needs assessment or formal consultation	**+8**
	YES, determined via local opinion	**+6**
	NO	**-15**
Can the evidence be applied to the target population?	**YES**	**+5**
	MAYBE - Can be adapted	**+4**
	NO	**-2**
Does the evidence directly address the desired change (in beliefs, attitudes, behaviour etc.)?	**YES**	**+5**
	TANGENTALLY	**0**
	NO	**-5**
Does the evidence provide a new, novel or innovative way to address a desired change?	**YES**	**+5**
	NO	**0**

END-OF-GRANT READINESS TOOL		
INITAL CONSIDERATION		**POINTS**
What is the empirical basis of (i.e. evidence for) the knowledge?	**Knowledge Synthesis**	
	Meta-analysis	**10**
	Systematic Review	**8**
	Critically Appraised Synthesis	**6**
	Primary Research	
	Randomized Controlled Trial	**4**
	Cohort, case-controlled or epidemiological	**2**
	Observational	**1**
QUALITY AND STRENGTH OF EVIDENCE		
Is the empirical evidence high quality (methodologically or otherwise)?	**YES**	**Up to +10**
	NO	**Up to -10**
Is the evidence in line with an existing body of knowledge, or couched within an existing literature?	**YES**	**+5**
	LIMITED	**0**
	NO	**-5**
What is the estimated effect size of the outcome? Thresholds Compute	**LARGE**	**+7**
	MEDIUM	**+4**
	SMALL	**0**
	UNKNOWN	**-2**
Was the sample size adequate to detect the discovered effect size? Power analysis	**MORE**	**+5**
	ADAQUATE	**+1**
	UNKNOWN/LESS	**-5**
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Does the evidence provide a new, novel or innovative way to address a desired change?	**YES**	**+5**
	NO	**0**

Results

- 4+5+0+0+1+3+6+5+5+5 = 34!
- Moderate readiness to translate

- With this in mind…
  - Have presented at academic conferences
  - Will be publishing a journal article
  - Produced a plain language pamphlet

Pamphlet

Although a harmless form of entertainment for most, gambling can become a serious problem for a small but significant minority.

Research suggest there are a number of things you can do to help you gamble responsibly:

1. Set a limit & play within it.
2. Take frequent breaks.
3. Only take the cash you're willing to lose.
4. Don't chase losses.

Recently, another easy responsible gambling strategy has been suggested:

5. **Eat before play.**

Carleton University Gambling Lab (CUGL)
Dr. Michael Wohl, Director
1125 Colonel By Drive, Ottawa, ON K1S 5B6
613.520.2600 x 2908
michael.wohl@carleton.ca

[Recipient Name]
[Address]
[City, ST ZIP Code]

Hungry to Gamble?

How filling your stomach before gambling can help you fill your pockets.

Pamphlet

"Feed your stomach, before you feed the game."

What Hunger Does

When hungry, high levels of a hormone called ghrelin enhance feelings of reward, which may lead to poor impulse control.

In relation to gambling, this means that hunger may increase impulsive spending. In other words, if you are craving to gamble, it's best if you're not hungry.

Research on Hunger and Gambling

Research suggests that hungry gamblers believe they can control the outcomes of the gambling games, and also expect to win more money through gambling. These beliefs may cause the gambler to spend more money than they can afford to lose.

Indeed, in a recent study, gamblers who were both craving to gamble and hungry demonstrated poor self-control by playing for longer even in the face of loss on a slot machine.

What you can do

- In light of this research, it is recommended that you eat before entering a casino. The less hungry you are, the better.
- If you get hungry while gambling, stop to take a food break. This will allow you to 'cool down' from the gambling experience, as well as allowed you to satisfy your hunger.
- If you head to the casino for the buffet, make sure to eat before gambling.

High Caloric Healthy Foods

Not all food is created equal. Below are some foods we suggest to keep you full:

- Nuts
- Eggs
- Cheese and crackers
- Full-fat yogurt

The best snack foods are high in fat and protein, curbing hunger for longer and providing excellent nutrition.

Gambling Problems

Lastly, gambling may become harmful to ones relationships and well being, both emotionally and financially. If you think you may have gambling problems, it is suggested that you contact one of the organizations listed below. It is not a good idea to allow problems to fester, as ruminating over these problems will typically not make them go away. In addition, your family physician or counselor will may also be able to help you or to refer you to someone who can help.

- Ontario Problem Gambling helpline 1-888-230-3505 http://www.opgh.on.ca/
- Addictions and Problem Gambling Services of Ottawa **(613) 789-8941** http://www.apgso-stjpo.ca/find_eng.html
- Distress Centre: Ottawa And Region (613) 238-1089 http://www.dcottawa.on.ca

Contact Us

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Dr. Michael Wohl, Director
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Future Directions

- Still need to:
  - Pilot-test, and peer-review scoring and criteria
  - Complete glossary/user guide
  - Beautify and UX

BREAK OUT!

- Feedback wanted/needed
  - What am I missing?
  - Collaboration?

- A ‘not ready to translate’ category?

CESI's Certificate in Knowledge Mobilization launches in January 2017

- The **Certificate in Knowledge Mobilization,** developed by CESI in collaboration with Open Learning and Educational Development, will be offered entirely online as of January 2017. Through three eight-week courses, participants will learn to identify and address barriers to knowledge mobilization, and use tools and techniques to enhance the impact of research and facilitate the development of evidence-informed policy and practice.
- The program is targeted towards researchers, policy-makers, service providers and knowledge mobilization professionals looking to enhance their ability to share and use evidence relevant to the social sciences, human services, and health sectors. Courses will focus on the development of knowledge mobilization strategies tailored to each stage of the Knowledge to Action continuum:
- Inform: Processes of knowledge translation and dissemination (offered January 23 to March 19, 2017)
- Engage: Building capacity to understand and use relevant evidence (offered September 18 to November 12, 2017)
- Act: Transforming knowledge into action (offered January 22 to March 18, 2018)

Thank you!

www.greo.ca
travis@greo.ca

www.drszt.ca
Travis.szt@gmail.com