

Service Provider Perspectives Regarding Knowledge Sharing Activities in Community-Based Services

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ABSTRACT

Evaluation of knowledge mobilization (KM) activities in community-based mental health and social service organizations is needed. Our objective was to understand how service providers want to access and share knowledge, in order to improve KM practices to better support adults with intellectual disabilities. We distributed information about five strategies for supporting friendships; this included strategy descriptions, outcomes of strategy evaluations, and practical implementation considerations. We distributed information through a conference presentation, online presentations, and online modules. Service providers completed questionnaires and phone interviews. We present findings on their perspectives regarding the format and content of the material, which can inform future KM efforts.

Keywords: intellectual disabilities, knowledge mobilization, community mental health, community-based supports, friendship

RÉSUMÉ

L'évaluation des activités de mobilisation des connaissances dans le secteur des services sociaux communautaires et de santé mentale est nécessaire. Notre objectif était de comprendre comment les fournisseurs de services veulent avoir accès et partager les connaissances afin d'améliorer les pratiques de soutien aux personnes présentant une déficience intellectuelle. Nous avons diffusé de l'information à propos de

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cinq stratégies de soutien à l'amitié incluant les descriptions des stratégies, les résultats de l'évaluation de ces stratégies et les considérations pratiques pour leur implantation. Nous avons diffusé l'information à la faveur d'une présentation lors d'une conférence, en ligne, ainsi que sous forme de modules d'apprentissage également en ligne. Les fournisseurs de services ont répondu à un questionnaire et participé à une entrevue téléphonique. Nous présentons leurs points de vue au sujet du format et du contenu du matériel, permettant ainsi de documenter les prochains efforts de mobilisation des connaissances.

Mots clés : déficience intellectuelle, mobilisation des connaissances, santé mentale communautaire, soutien communautaire, amitié

Over the past four decades there has been increased engagement in knowledge mobilization (KM) within mental health and social services (Goldner et al., 2011). There is greater recognition of the importance of knowledge sharing and knowledge co-creation amongst stakeholders, rather than prioritizing scientific knowledge to inform change (Goldner et al., 2011). KM is a process that connects researchers, practitioners, and stakeholders who have experiential knowledge (Bennet et al., 2007). It involves the multi-directional flow of knowledge between stakeholders to achieve social impact, and can lead to improvements in policy and practice (Abma et al., 2017; Government of Canada, 2012).

KM entails a number of activities, including knowledge dissemination and exchange (Government of Canada, 2012). Knowledge dissemination refers to the intentional communication of key findings to relevant stakeholders, in a user-friendly manner (Government of Canada, 2010). Knowledge exchange refers to co-learning that occurs when stakeholders collaborate and share knowledge (Government of Canada, 2016). There is a need to evaluate KM in community-based settings to develop more effective strategies, as it is understudied in these settings (Hardwick, Anderson, & Cooper, 2015).

Community-based organizations are a crucial resource for facilitating friendships for adults with intellectual disabilities (ID), which is important because high quality friendships are associated with better quality of life outcomes (Friedman & Rizzolo, 2018). Service providers who support individuals with ID play a central role in KM efforts (Kersten, Taminiau, Schuurman, Weggeman, & Embregts, 2018). They are often knowledgeable about the community's needs and understand how to work with community members (Shooshtari et al., 2014). However, they have indicated that they require more user-friendly research outputs and stronger relationships with researchers to better support individuals with ID (Shooshtari et al., 2014).

Our research objective was to understand how service providers at community-based organizations want to access and share knowledge in order to improve KM practices to support adults with ID. We sought to answer three research questions: (1) What knowledge (i.e., scientific, practice-based, experiential) should be disseminated to service providers? (2) How should knowledge be disseminated and exchanged with service providers? and (3) What factors need to be considered when sharing knowledge with and adapting knowledge for service providers in different contexts?

METHODS

Context

Prior to the methods outlined below, we conducted a systematic literature review of friendship support strategies for adults with ID (Fulford, Ressel, & Cobigo, unpublished manuscript). We then partnered with a community-based organization that supports adults with ID. We conducted focus groups with service users with ID and family caregivers to gain their perspectives on the reviewed strategies and discuss implementation considerations (Fulford & Cobigo, manuscript submitted for publication). We then developed an evidence brief, which is a report that summarizes the best available research on a given topic to inform decisions among key stakeholders (The SURE Collaboration, 2011). The evidence brief included summaries of the reviewed strategies and focus group findings (Fulford, Cobigo, & Ressel, 2018). The content included in the evidence-brief was used to develop a conference workshop, online presentation, and online information modules.

Ethics approval was obtained from the Social Sciences and Humanities Research Ethics Board at the University of Ottawa prior to beginning data collection.

Participant Recruitment

Phase 1: Questionnaires. We recruited participants using three professional intervention methods for effecting change (Grol, Bosch, & Wensing, 2013). The three methods included a large-scale educational meeting, distribution of educational materials, and e-learning (i.e., online presentation), all directed toward service providers who support adults with ID. We conveyed equivalent information across all three modalities. We used content from the evidence-brief; we discussed the reviewed friendship support strategies for adults with ID, presented the perspectives of adults with ID and family caregivers regarding these strategies, and discussed factors that should be considered when community-based organizations adapt and/or implement friendship strategies to support their service users.

Large scale educational meeting. In April 2018, the authors presented a workshop at a provincial conference (Fulford & Cobigo, 2018d). The presentation lasted 45 minutes and was followed by 30 minutes of discussion. Following the presentation, we provided consent forms and paper questionnaires about the workshop. Approximately 40 individuals attended the workshop and 25 completed the questionnaires.

Distribution of educational materials. In June 2018, a newsletter was sent to individuals who were part of an electronic communication network that was developed by researchers who aim to provide research evidence to improve social inclusion for individuals with ID (Multidimensional Assessment of Providers and Systems, 2016). Recipients primarily included service providers who work at community-based organizations within Ontario. The newsletter contained a link to online educational modules (Fulford & Cobigo, 2018c). The modules were developed using Articulate Rise 360, software used for developing online courses (Articulate, 2019). The online course consisted of 12 modules and altogether took approximately 30 minutes to read. The newsletter and the educational modules contained a link to a consent form and questionnaire about the modules. The electronic newsletter was delivered to 388 individuals, 153 people opened the email, 16 people opened the link to the modules, and one person completed the questionnaire.

In September 2018, the recruitment information was sent out again. The email was delivered to 378 individuals, 155 people opened the email, 33 people opened the link to the English information modules, and 19 people completed the English questionnaire. A link to French educational modules (Fulford & Cobigo, 2018b) was also included in the recruitment material (note: this was not included in the first wave). Three individuals opened the link to the French modules, and none completed the questionnaire. Across the two waves, 20 individuals completed the English questionnaire.

E-learning. In August 2018, an advertisement for a French online presentation was sent through subscribers to a network that provides professional training to individuals that support persons with ID (Valor & Solutions, 2017). The advertisement was electronically delivered to 1,700 individuals, 260 of whom opened the email. The information was again distributed in September 2016 and at that time 314 individuals opened the advertisement. Individuals from 10 organizations that support individuals with ID attended the French session (Fulford & Cobigo, 2018a). We cannot report exact numbers of participants attending, as organizations did not indicate the number of employees attending the presentation. The presentation was 45 minutes in length. At the end of the presentation, we provided a link to the consent form and online questionnaire about the presentation. No attendees completed the questionnaire.

In October 2018, an advertisement for an English version of the online presentation was sent to 100 service providers. Recipients were encouraged to forward this advertisement to their colleagues and networks. Service providers from eight organizations attended the English presentation (Fulford & Cobigo, 2018e). Two individuals completed the post-presentation questionnaire.

Phase 2: Interviews. At the end of the questionnaire, participants were asked if they were interested in participating in a semi-structured follow-up phone interview. Nineteen expressed interest. They were all invited to participate in a phone interview. Ultimately six participated.

Participant Demographics

Participant demographic information for both phases are included in Table 1. Table 2 provides detailed demographic information for each participant that participated in Phase 2.

Materials

Phase 1: Questionnaires. The questionnaire included questions regarding basic demographics, the utility of the content presented, clarity of the format, improving content, and preferred distribution methods. It consisted of multiple choice, five-point Likert-scale questions, and open-ended questions.

Phase 2: Interviews. Semi-structured interviews were conducted over the phone, lasted approximately half an hour, and were audio-recorded. The focus of the interviews was to understand how service providers at community-based organizations can use research knowledge to adapt practices. Unique follow-up questions were asked to participants based on their responses to open-ended items on the questionnaire. We then asked questions about the factors that participants thought had the biggest impact on how the information presented in Phase 1 was perceived by other service providers. We transcribed each audio recording.

Table 1
Participant Demographics

Demographics	Phase 1 (N = 47)	Phase 2 (N = 6)
Age	$M = 42.03$ ($SD = 13.34$)	$M = 38.00$ ($SD = 15.22$)
Job Position	Director/manager = 32% Direct support staff = 15% Clinician = 15% Case manager/worker = 17% Other = 15% No answer = 6%	Director/manager = 16.75% Direct support staff = 16.75% Clinician = 16.75% Case manager/worker = 16.75% Other = 16.75% No answer = 16.75%
Years in ID field	$M = 16.14$ ($SD = 11.03$)	$M = 11.50$ ($SD = 12.01$)

Table 2
Breakdown of Phase 2 Demographics and Intervention Methods for Each Participant

Pseudonym	Age	Job Position	Years in ID field	Intervention Method
Jordan	No answer	Other (developmental services)	10	Conference workshop
Kira	27	Direct support staff	2	Conference workshop
Sarah	28	Director/manager	5	Online modules
Manuela	42	Case manager/worker	8	Online modules
Danielle	63	No answer	35	Online modules
Zara	30	Clinician	10	Online presentation

Analysis

Phase 1: Questionnaires. Frequencies for Likert-scale questions were calculated. Qualitative thematic analysis was used to identify recurring responses to open-ended questions (Riger & Sigurvinsdottir, 2015). We first used deductive methods; we developed an a priori coding structure based on the research questions and applied it to the data. We then used inductive methods, by flexibly adapting the coding structure to reflect participant responses (Braun & Clarke, 2006; Miles, Huberman, & Saldana, 2013). This consisted of an iterative process to cluster related ideas together to identify themes relevant to each research question. The primary author and a research assistant met regularly to review and adapt the coding structure. Summaries of the clustered responses relevant to each research question are presented.

Phase 2: Interviews. We imported all interview transcripts into QSR NVivo 11, which was used to organize the data and facilitate analysis. We conducted a qualitative thematic analysis of the data to identify recurring ideas (Riger & Sigurvinsdottir, 2015). First cycle coding consisted of deductive and inductive analysis (Miles et al., 2013). We reviewed all raw data and developed a list of deductive (i.e., a priori) codes

(Braun & Clarke, 2006; Miles et al., 2013), informed by the research questions. We then conducted inductive coding; we used the a priori list of codes and revised the list to better fit the data as needed (Braun & Clarke, 2006; Miles et al., 2013). During second cycle coding, we used an iterative process to cluster related codes to identify the main themes. The primary author wrote analytic memos throughout data analysis to facilitate data synthesis and theme identification (Miles et al., 2013). The authors reviewed and adapted the coding structure to better fit the data.

RESULTS

Research Question 1: What knowledge should be disseminated?

Phase 1: Questionnaires. The majority of participants indicated that the information provided (i.e., descriptions of researched strategies, outcomes, views of service users and family caregivers regarding these strategies, and implementation considerations) would be useful for adapting practices within their organizations (see Table 3). In response to the open-ended questions about how the content could be used to change practices, participants indicated that the information led participants to reflect on the importance of the topic and stimulated ideas about how to support their service users. Furthermore, they noted that the information could be used within their organizations to emphasize the importance of specific services, facilitate discussions regarding practices, adapt existing practices, and implement new strategies.

The majority of individuals also indicated that the content provided new information relevant to supporting their service users (see Table 3). However, in response to open-ended questions, they noted that more practical information regarding strategy implementation was required. Participants also wanted more

Table 3
Questionnaire Items Regarding Content Distributed and Response Frequencies According to Distribution Method

Question	Response Option Frequencies by Intervention Method			
	Conference Workshop (n = 25)	Online Modules (n = 20)	Online Presentation (n = 2)	Total (N = 47)
The content could be used to adapt practices ¹	Disagree = 0% Neutral = 4% Agree = 96% No response = 0%	Disagree = 0% Neutral = 5% Agree = 90% No response = 5%	Disagree = 0% Neutral = 0% Agree = 50% No response = 50%	Disagree = 0% Neutral = 4% Agree = 92% No response = 4%
The content included new information regarding support strategies.	Disagree = 12% Neutral = 16% Agree = 72% No response = 0%	Disagree = 0% Neutral = 25% Agree = 60% No response = 15%	Disagree = 0% Neutral = 0% Agree = 100% No response = 0%	Disagree = 6% Neutral = 19% Agree = 69% No response = 6%

¹For ease of reading we have collapsed Strongly Disagree and Slightly Disagree into Disagree. We have also collapsed Strongly Agree and Slightly Agree into Agree.

details regarding research findings from the original articles and data from case and site studies. They also expressed a desire for more practice-based knowledge from other service providers regarding the strategies. Finally, they noted that a personal element, such as videos and quotes from participants and service users (i.e., experiential knowledge) would be appreciated.

Phase 2: Interviews. In the follow-up interviews, participants elaborated on the importance of including experiential knowledge.

Zara (online presentation): I find that people integrate knowledge best when there's a lot of personally relevant examples and I think you really [should] try to highlight using the words [that] people have given you about what works and what didn't work.

Participants also indicated the importance of having concrete examples about how to implement researched strategies.

Danielle (online modules): It's important that anything that's out there [research findings] be transformed into something that's more understandable, but it needs concrete examples.

Research Question 2: How should knowledge be disseminated and exchanged?

Phase 1: Questionnaires. See Table 4 (next page) for participant views about the format in which information was distributed. The majority of participants indicated that multiple methods for disseminating knowledge would be beneficial. When responding to open-ended questions, participants highlighted the benefits and challenges of different knowledge dissemination and exchange methods. Some participants noted that online information modules and videoconferencing allow people to access information from different locations and at different times, making knowledge more accessible. Furthermore, they said that electronic information or documents that they could share with their colleagues would be useful. However, they said that these online methods do not foster exchange of ideas amongst service providers or offer opportunities to seek clarification. During the online presentation, no participant asked a question, whereas during in-person sessions participants were very engaged and many wanted more discussion time. They appreciated being able to share their experiences and ideas and liked having the opportunity to seek clarification about the strategies. They also indicated that presentations that took place within their organizations would be beneficial for facilitating changes in practices.

Phase 2: Interviews. In the interviews, participants emphasized that service providers' interests would impact their inclination to seek out knowledge on a given topic, indicating the importance of researchers understanding service provider's existing knowledge and interests.

Sarah (online modules): ...your past experiences ... would definitely play a role in if you would even bother accessing the information and how you would view the information.

Jordan (conference workshop): It was an interesting topic. Obviously that's why I selected it, because I had a curiosity...

Participants also indicated the role of staff within an organization would impact how the research knowledge would be used to adapt practices. They noted that for more wide scale changes to occur, information would need to be directed at leadership, while providing research knowledge to front-line workers could serve as more direct training.

Table 4
Questionnaire Items Regarding Format of Distribution and Response Frequencies According to Distribution Method

Question	Response Option Frequencies by Intervention Method			
	Conference Workshop (n = 25)	Online Modules (n = 20)	Online Presentation (n = 2)	Total (N = 47)
The format was clear and easy to understand. ¹	Disagree = 0% Neutral = 0% Agree = 100% No response = 0%	Disagree = 0% Neutral = 0% Agree = 75% No response = 25%	Disagree = 0% Neutral = 0% Agree = 100% No response = 0%	Disagree = 0% Neutral = 0% Agree = 89% No response = 11%
What would be the most useful format for distributing the content? ²	In-person presentation = 56% Online presentation = 64% Document sent online = 36% Website = 28% Other (agency workshops) = 4% No response = 0%	In-person presentation = 50% Online presentation = 50% Document sent online = 35% Website = 40% Other (downloadable re-sources, phone app) = 10% No response = 20%	In-person presentation = 50% Online presentation = 100% Document sent online = 0% Website = 100% Other = 0% No response = 0%	In-person presentation = 53% Online presentation/webinar = 60% Document sent online = 32% Website = 36% Other = 4% No response = 9%

¹For ease of reading, we have collapsed Strongly Disagree and Slightly Disagree into Disagree. We have also collapsed Strongly Agree and Slightly Agree into Agree.

²Respondents could select multiple options.

Sarah (online modules): It depends who is reading it. If it's someone in a leadership role, they have to turn around and think how they are going to implement the change in how things are done.

Manuela (online modules): I'm just thinking of more like front line staff. They're going to be probably... focusing on the individual [service user]...they have the direct contact with the families.

Participants also expressed the importance of being able to exchange research-based and practice-based knowledge through discussion in order to co-create knowledge and improve practices.

Danielle (online modules): It [in-person presentation and discussion] would also offer a way to understand how service workers are figuring this out right now. So the personal presentation gives the presenter the opportunity to hear little glitches [experienced by service providers].

Research Question 3: What factors need to be considered when adapting knowledge and implementing it in different contexts?

Phase 1: Questionnaires. Although many participants thought the content was informative for changing practices, they indicated that their organizations may not have the resources (time, money, relevant knowledge) to adapt or implement strategies. Some participants noted that service users have varying abilities and needs, so different strategies may be relevant to different service users. Finally, some noted that the focus of the strategies may be beyond the scope of their organizations.

Phase 2: Interviews

Available research and training. It was evident that many service providers had not received in-depth training on how to support their service users' needs.

Kira (conference workshop): Most staff members are just going off of their personal experience... everyone kind of just tries to tackle it in their own way...there's nothing for us to lean back on...

Indeed, the articles identified and summarized for this study provided few concrete details on how to implement strategies. As noted above, many participants valued learning from the practice-based knowledge of other service providers.

Organizational factors. Participants indicated that an organization's vision or culture would impact the way in which research knowledge is perceived.

Sarah (online modules): The current expectations within an organization are going to colour the way that people see the new suggestions... Some will literally just walk away from it because it isn't part of the culture at that point.

In addition to the research knowledge having to align with the organization's scope of practice, resources can impact how likely a strategy is to be implemented.

Kira (conference workshop): ... funding is a huge thing too...How much time and research can we allocate to certain strategies? ... Everyone is on a tight budget.

Service user characteristics. Participants noted that service users' characteristics will dictate which strategies are most relevant to supporting them.

Kira (conference workshop): Absolutely every single person has their strengths and weaknesses. And how you approach [supporting them] is completely different for each person.

Participants also indicated that the service users' life situations will impact their ability to make use of services.

Zara (online presentation): There's kind of an implicit assumption here that the organizations that are able to implement these strategies have clients who are at a place in their life where their basic needs are met. Like they're not dealing with an immediate crisis or an immediate mental health concern or housing issue, et cetera, right?

This indicates the importance of tailoring strategies to service users who have diverse needs and life situations. Given that not all strategies will be applicable to all service users, participants suggested having a variety of strategies to choose from or combining aspects of relevant strategies, depending on service user needs and abilities.

Kira (conference workshop): I think a combination approach would be [helpful]. Maybe having different options, and then picking what's best for the person.

DISCUSSION

Service providers working at community-based organizations indicated that it is important to share research knowledge, practice-based knowledge informed by workers' experiences, and experiential knowledge of service users. Regardless of how knowledge was disseminated to them, the majority of service providers recommended that knowledge should be shared using multiple formats (e.g., online and in person). They also emphasized that KM is affected by factors that are unique to each organization (e.g., focus of services, available resources, and service user characteristics), so KM activities need to be adapted to be more relevant.

Sharing Different Types of Knowledge

Consistent with previous findings, service providers wanted more detailed practical information regarding how to implement the reviewed strategies (Ward, House, & Hamer, 2009). Unfortunately, many of the original articles that we reviewed, did not include details necessary to inform implementation, which commonly impedes the KM process (Hering, 2016). When we contacted the authors from the reviewed studies, we could not obtain enough detailed information to replicate all the reviewed strategies (Fulford & Cobigo, manuscript submitted for publication). Researchers should provide practical information to knowledge users in a timely fashion, so that research knowledge is available to inform practices.

Service providers also noted that they could learn from others working in their field, regarding what practices have or have not been successful. Because clinicians and service providers tend to incorporate research and practice-based knowledge into their decision making, both types of knowledge should be shared in tandem (Kislov, Wilson, & Boaden, 2017). If practice-based knowledge is not shared, knowledge users will likely be less engaged in the KM process (Kislov et al., 2017). Service providers also emphasized the importance of hearing experiential knowledge of service users in the form of quotes or personal stories.

KM research in the mental health field indicates that when service providers take client perspectives into account, clients are more likely to adhere to interventions (Goldner et al., 2011). Furthermore, integrating multiple perspectives can facilitate practice changes that have a social impact and reduce power imbalances between stakeholder groups (Abma et al., 2017).

Scientific research is often not viewed as contextually relevant in community-based settings. (Hardwick et al., 2015; Ungar et al., 2015). There tends to be a greater emphasis placed on experiential and practice-based knowledge, because there is less available research on community-based interventions (Owczarzak, 2012). It has been suggested that participatory action methods should be used to engage in KM with organizations that provide community-based mental health and social services, as this strategy takes into account multiple perspectives in decision making (Ungar et al., 2015).

Formats for Dissemination and Exchange

Service providers' roles and interests impact what information they seek and how they use the available knowledge (Grol & Wensing, 2013), so it is important to tailor content to their needs and goals (Levac, Glegg, Camden, Rivard, & Missiuna, 2015). Participants wanted knowledge to be shared using a variety of formats. They said that online dissemination methods are more accessible, across time and location, and allow information to be more easily shared with colleagues. However, online distribution of materials is a passive approach and it does not capture the attention of all intended knowledge users (Grol & Wensing, 2013). Despite sending online newsletters and advertisements to more than 2,000 service providers (although some may have received the content in multiple formats), less than one quarter opened the emails, and far fewer read the material or attended the online presentation. Because many service providers ask for information from their peers, targeting respected and knowledgeable professionals to become opinion leaders who can disseminate information to their colleagues would also be an important dissemination strategy (Grol & Wensing, 2013). Dissemination efforts must involve presenting information in a variety of ways, over an extended period of time, to ensure that knowledge reaches the target audience (Grol et al., 2013; Grol & Wensing, 2013).

Service providers recommended that knowledge exchange activities should occur in-person, as this facilitates discussion amongst stakeholders. Furthermore, active participation increases stakeholder engagement in KM (Wensing, Fluit, & Grol, 2013). Face-to-face knowledge exchange activities tend to offer more opportunities for stakeholders to interact; this allows them to better recognize whether or not shared information is being understood and accepted by others, and also offers opportunities for stakeholders to provide additional information as needed (Hwang, Singh, & Argote, 2015). When disseminating information to service providers in community-based settings, in-person meetings should be held to facilitate knowledge exchange, and discuss practical recommendations and implementation considerations for practice change.

Adapting KM Activities to the Local Context

When engaging in KM, it is crucial to consider environmental characteristics (within and outside the organization), the different stakeholders involved and how they interact with one another, and intervention characteristics (Damschroder et al., 2009). Community-based organizations have different mandates, varying

resources, and service users with different needs. Therefore, KM activities will need to be tailored to the specific community-based context (Bennet et al., 2007; Harrison, Legare, Graham, & Fervers, 2010). An intervention may need to be modified when implementing it within a setting with a smaller budget and fewer resources (Gaglio & Glasgow, 2017) or when supporting service users who receive different amounts of funding (Davies, Powell, & Nutley, 2015). Service providers in this study indicated that community-based organizations tend to have limited budgets and individuals with ID who access these organizations have varying amounts of funding to spend on services (Government of Ontario, 2018), both of which impact strategy implementation. Interventions or practice changes should be tailored to meet the needs and goals of affected stakeholders, which is why it is crucial to integrate research, practice-based, and experiential knowledge (Bowen & Graham, 2013; Damschroder et al., 2009)

Limitations

Due to the recruitment strategy, there were varying numbers of participants across the different dissemination methods. Specifically, 25 service providers who attended the workshop, 20 who reviewed the online modules, and two who attended the online presentation completed the questionnaire. These differences may have occurred because we used different networks to recruit participants. The individuals who make up the different networks may have had varying levels of interest in supporting friendships for adults with ID, which would highlight the importance of directing knowledge toward individuals who are invested in the subject matter.

Another limitation is that no individual who received the content in French (online modules and on-line presentation) participated in the study. Attention to ethno-cultural diversity might be warranted when evaluating knowledge mobilization activities in the future to determine whether they should be tailored cultural preferences.

CONCLUSION AND FUTURE DIRECTIONS

KM activities should be adapted to the local setting to foster sustained changes in practice (Spassiani, Parker Harris, & Hammel, 2016). Some methods have been proposed for adapting clinical guidelines to different contexts (e.g., Harrison, Legare, Graham, & Fervers, 2010). However, we have found no such practical tools related to adapting KM activities within community-based settings. Given that community-based settings tend to differ widely in their scope of practice, type of services offered, service provider expertise, and service users' needs, the way in which KM activities are adapted will be unique to each setting. Worton and colleagues (2017) offer a framework to evaluate KM within community-based settings. To understand how to adapt KM in different settings, we need to systematically and repeatedly evaluate KM processes and identify the activities and adaptations that are effective and ineffective in a variety of contexts (Danseco et al., 2009). By doing so, we can identify what types of adaptations tend to be useful given contextual factors.

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