A case study of rehabilitation professionals using the Knowledge Translation Triad to collaborate with community members and policymakers to influence disability policy in a global health setting

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Background

**Policy** can be an valuable tool to improve the situation of persons with disabilities.

Zambia has made important advances in **disability policy**
- Persons with Disabilities Act (2012)

Disability policy development seems to be **most influenced by international norms**
- Role of local **research evidence** in the process?
- Disability advocates claim **minimal and irregular opportunities to engage**

Rehabilitation professionals **might have a role in promoting evidence and community involvement** to disability policy development:
- Mandate to support persons with disabilities
- Access to resources
- Social capital as professionals and foreigners

The **Knowledge translation (KT) triad** was informed by community-based participatory research processes
- The KT Triad has been developed as an idea, but has yet to be implemented
- a strategy for rehabilitation professionals to engage in disability policy?

Visual representation of KT Triad, Lencucha, Kothari & Hamel, 2010
**Methods**

**Purpose:** To identify lessons learned from a disability policy KT Triad initiative in Zambia.

**Study design:** Case-study of one part of an ongoing project.

**Participants:** Disability policy stakeholders
- Disability advocates (e.g., Disabled persons’ organization leaders)
- Policymakers (from Government of Zambia or int’l organizations)

**Activities:**
1) Individual interviews;
2) A one-day workshop;
3) Follow-up telephone interviews.

**Data collection:**
1) Audio-recording and transcription
2) Participant observation fieldnotes

**Qualitative data analysis:**
- Thematic analysis
- Discussion between project leads

**Ongoing disability research in Zambia**

Qualitative research: how is disability policy developed?

How about a KT Triad?

Involvement of PWDs? Research evidence?
Results

Decision makers
(Gov’t & Int’l Orgs)

Structure
Capital-focused (Lusaka) participation
This initiative did not create that structure, but it was hard to escape

Relationships
Pre-existing relationships key to engage participants
  e.g., more community response

Process
Policy develops through a combination of factors
Including initiatives from ext. actors

Principles
Necessary to be aware and respectful of what is in-place
Strategic pushes for change.

Utility of building upon connections
Including an awareness of power dynamics between actors

Limited perspective on the diversity and availability of research evidence
Opportunity for researchers to engage

Engaging gov’t policymakers difficult
Hierarchical approval process

Visual representation of KT Triad, Lencucha, Kothari & Hamel, 2010
Discussion

**Overall considerations**

The KT Triad brought people together to discuss evidence and disability policy

The KT Triad themes provide a structure to review the experience

Still too early to know actual effects on policy

**Rehabilitation professionals within a disability policy KT Triad**

We approached this initiative as researchers; our research activities and resources were instrumental

- As rehabilitation professionals, we also brought with us: social capital, disability awareness, and an action-orientation
- We propose that rehabilitation professionals could also engage in a KT Triad in clinical or management roles
- It is possible to think of the rehabilitation professional’s strategic advantage in encouraging community and evidence as part of the policy process

We approached this initiative as global health rehabilitation professionals, but our lessons might be transferrable to:

- Zambian rehabilitation professionals in Zambia
- Canadian rehabilitation professionals in Canada

**Conceptualized role of the rehabilitation professional in the KT Triad**

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