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# Appendix A

## Uptake Questions: Questions for the Dissemination of Best Practices

#### SECTION 1

Awareness (I know the document exists)

1 Are you aware of the BP document?

YES (go to question 3)

NO (go to question 2)

2 Would you like to learn more about this document?

YES (discontinue questions and distribute information)

NO (discontinue questions)

**Reception** (I have a copy of the document OR know how to access the document)

3 Have you received a copy of the document?

YES (go to question 6)

NO (go to guestion 4)

4 Did you retrieve a copy of the document on your own?

YES (go to question 6)

NO (go to guestion 5)

5 Do you plan to access the document some time in the future?

YES

**MAYBE** 

NO (discontinue questions)

DON'T KNOW

6 Even before reading it, did you think the document might be useful?

YFS

MAYBE

NO.

DON'T KNOW

**Cognition** (read, digest, and understand the document)

7 Have you read the document?

FULLY (go to question 10)

PARTIALLY (go to question 10)

NOT AT ALL (go to question 8)

8 Do you plan to read the document?

YES (go to question 13)

MAYBE (go to question 13)

NO (go to guestion 9)

9 Do you have the intention of reading the document in the future?

YES (discontinue questions)

NO (discontinue questions)

10 Was the material in the document presented in a way you could understand?

YES

N0

11 Did you understand the material presented in the document?

YES

N0

DON'T KNOW

12 Have you thought about the contents of the document since you read it?

NEVER

RARELY

**SOMETIMES** 

OFTEN

**Discussion** (altering frames of reference to the new information)

13 Have you made other colleague(s) aware of this document?

YES

N0

DON'T KNOW

14 Have you discussed the document with colleagues within your organization?

YES (go to question 16)

NO (go to question 15)

15 Do you plan to discuss the document with colleagues within your organization?

YES

MAYBE

N0

Have you discussed the document with colleague(s) outside of your organization?

YES (go to question 18)

NO (go to question 17)

17 Do you plan to discuss the document with colleague(s) outside of your organization?

YES

MAYBE

N0

Have you sought the opinion(s) of other(s) who have used this document (e.g., through discussions, visits, or workshops)?

YES

N0

**Reference** (document influences action/adoption of information)

19 Have you cited this document in your own reports or documents?

YES (go to question 21)

NO (go to guestion 20)

20 Do you plan to cite this document in your own reports?

YES

**MAYBE** 

N0

DON'T KNOW

21 Has this document introduced you to a new idea/way of thinking for a currently used practice (i.e., not a practice adopted from the document)?

YES

NΩ

22 Has this document changed your beliefs about a particular approach to practice?

YES

N0

**Effort** (efforts made to favour information)

Have you favoured the results in this document over other document(s)/sources of information?

YES

NO

Have you favoured using this document over other document(s)/sources of information?

YES

N0

**Adoption** (document influences adoption of a practice/practice adopted from document)

Have you adopted a practice outlined in the document?

FULLY (go to question 28)

PARTIALLY (go to question 28)

NOT AT ALL (go to question 26)

Do you plan to adopt a practice outlined in the document?

FULLY (go to guestion 27)

PARTIALLY (go to question 27)

NOT AT ALL (discontinue questions)

NOT SURE (discontinue questions)

## If answered NOT AT ALL or NOT SURE to Question 26 proceed to Section 2.

Do you know when you will begin to use the practice you plan to adopt?

YES (discontinue questions)

NO (discontinue questions)

28 a) Was the practice you adopted a Best Practice (as defined by the document/ source)?

YES (go to question 30)

NO (go to guestion 29)

b) Was the practice you adopted a Promising Practice (as defined by the document/ source)?

YES

N0

29 Have you stopped a non-recommended practice?

YES

N0

**NOT APPLICABLE** 

30 Have you combined together the components of more than one practice?

YES

N0

#### **Implementation** (adopted information becomes practice)

Overall, in the past 1 (6, 12, 18) month(s), how fully have you used a practice recommended in the document?

NOT AT ALL

A LITTLE

AIOT

A LOT. BUT ADAPTED FROM THE ORIGINAL

32 Have you employed short-term strategies for using this practice?

YES

NO

33 Do you know the short-term effects (outcomes) from using this practice?

YFS

N0

34 Do you spend your time managing the activities of the practice?

YES

N0

35 Do you know the long-term requirements to using this practice?

YES

N0

36 Has using this practice become routine (i.e., practice runs smoothly with minimal management problems)?

YES

N0

37 Have you varied your use (i.e., made modifications) of the practice to increase its impact on your target population?

YES

N0

38 Have you collaborated with colleagues and/or other organizations targeting the same population to implement this practice?

YES (go to question 40) NO (go to question 39)

39 Do you plan to collaborate with colleagues and/or other organizations targeting the same population to implement this practice?

YES

MAYBE

N0

40 Have you explored other practices that could be used in combination with, or in place of, the current practice to improve effectiveness?

YES

N0

## Impact

I Has this practice made an impact on your target population?

YES

MAYBE

N0

DON'T KNOW

42 Has your use of this document changed a current practice or routine in your work?

YES

**MAYBE** 

N0

DON'T KNOW

43 Have you encouraged a colleague(s) to adopt this practice?

YES

N0

44 Have you persuaded a colleague(s) to adopt this practice?

YES

N0

#### Additional Comments

Are there any additional comments you would like to make about the document or practice? (Your comments do not need to be related to an adopted or implemented practice.)

#### SECTION 2: Deliberate Non-use

## This section only applies to answers NOT AT ALL or NOT SURE to Question 26.

x Please indicate ALL of the following reasons why you chose not to adopt this new source of information/document/practice/intervention/innovation.

#### Innovation Characteristics

Relative Advantage

I have an equivalent program already in place

The innovation was not perceived to be better than the current program

The innovation did not show any economic advantage from adopting it

The innovation was more time-consuming and required more effort than the current program

Compatibility

The innovation was not consistent with the current values of my program or organization

The innovation did not meet the needs of my program or organization

Complexity

The innovation was too difficult to understand

The innovation was too difficult to implement or use

Trialability

The innovation could not be implemented on a small scale to determine its advantages or disadvantages

I have not heard of any other organization(s) related to mine that have adopted this innovation Observability

I have not seen this innovation successfully implemented

## **Organizational Characteristics**

Size and Resources

My organization is too small or too large to adopt this innovation

My organization does not have enough personnel resources (staff) to adopt this innovation

My organization does not have enough financial resources to adopt this innovation

Location

My organization was not in an appropriate location to adopt or implement this innovation Hierarchy

I do not have enough decision-making authority in my position to decide to adopt this innovation I was not able to prove to my supervisor that this was an important innovation to adopt

Formalization

This innovation did not follow the rules and procedures of my organization

There was not enough research evidence that this innovation would be effective or successful

#### **Environmental Characteristics**

There is not enough collaboration or potential for networking with other organizations to be able to adopt and implement this innovation

#### Individual Characteristics

This innovation did not seem relevant to my practice

It is not an appropriate time to be adopting this innovation

This innovation does not coincide with my values or beliefs about what is effective

I have insufficient time to adopt and implement a new innovation

### Other

Other reasons not mentioned above have resulted in non-adoption of this innovation These other reasons are:

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