**Supplementary Table 1: Overview and quality assessment of included papers**

| Author (Year) | Intervention | Design | Sample selection and size | Method | Outcome measures | When outcome measures collected | Quality assessment |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Brennan et al. (2016)** | The Policy Liaison Initiative (PLI), an initiative of the Australasian Cochrane Centre and the Australian Government Department of Health and Ageing, which aimed to support the use of systematic reviews in policy work. Strategies included: a community of practice to support knowledge sharing; skill development workshops; and a tailored website and review summaries. | Post-implementation interviews with policy participants (qualitative) | Branch managers, section managers and section staff randomly selected to receive invitation to interview. Interviews conducted with n=8 branch managers (53% consent rate), 2 section managers (8% consent rate) and no staff.Volunteers from all staff (n=approx. 5,000) invited to participate in group interviews. 7 group interviews conducted with 33 participants. | Semi-structured interviews conducted using a descriptive approach to explore policy makers’ experiences and views in relation to research needs, influencing factors, and the PLI. Analysis of transcripts and (where interviews not recorded) interviewer’s notes built on themes from previous research and emergent themes from the data. | * Commitment to using research evidence to inform policy
* Use and awareness of systematic reviews
* Individual-, unit- and organisation-level capabilities to acquire, assess, interpret and apply research
* Links with researchers and other external experts to build capacity
* Content and format of research reports
* Alignment between existing research and policy makers’ needs
* Interactions with researchers to improve research supply
 | Project implemented 2003-2009. Individual interviews conducted July 2008 to March 2009. Group interviews held March 2009. | \*\*\* |
| **Brownson et al. (2011)** | Four types of policy brief about breast cancer screening:* Data-focused, state-level data
* Data-focused, local-level data
* Story-focused, state-level data
* Story-focused. local-level data
 | Random allocation of participants to receive one of four policy brief types(quantitative) | US state-level policy makers (legislative staff, legislators, and executive branch administrators) from six states, with states chosen to represent diversity in population size and dominant political party. Overall response rate 35%, with response rate of 35% among staffers (360 questionnaires sent, 125 completed), 26% among legislators (288 sent, 75 completed), and 47% among executives (192 sent, 91 completed) | Policy brief and questionnaire examining agreement with cognitive and affective responses to the brief mailed to recipients (and emailed where preferred). The two experimental conditions (data vs story and state data vs local data) were combined into a four-level variable: data/state, data/local, story/state, and story/local. Analysis of variance was performed to investigate the association of the four-level variable with likelihood of using the information in the brief and likelihood of sharing the policy brief with a colleague | * Whether the brief was understandable
* Credibility of the brief
* Likelihood that the brief would be used
* Likelihood that the brief would be shared
 | Data collected from February to December 2009 | \*\*\* |
| **Bullock et al. (2012)** | Service Delivery and Organisation (SDO) Management Fellowship program, a collaborative research program that allows NHS managers to become directly involved in research for the equivalent of 12 months full time, typically spread over the life of the research project to which they are seconded. | Post-implementation interviews with program participants (qualitative) | All SDO Fellows, Chief Investigators and co-investigators (if appropriate) at 10 case study sites participated. | Fieldwork undertaken through face-to-face semi-structured interviews. Data were analysed thematically. | * Contribution of management fellows to improving research quality and relevance
* Development of capacity in accessing, appraising and using research evidence by the collaboration
 | Not reported | \*\*\*\* |
| **Campbell et al. (2011)** | Evidence Check, a program that assists policy makers to commission high-quality rapid reviews of research. | Post-implementation interviews with rapid review commissioners and authors; random selection of 6 rapid reviews independently assessed (mixed methods) | 8 policy makers who commissioned reviews during 2007-2008 and 11 researchers who were lead authors of reviews; sample selection and consent rate not reported. 6 reviews commissioned in the same period randomly selected for assessment. | Review commissioners and authors participated in structured interviews exploring perceptions of the process and outcomes of commissioning reviews. Randomly selected reviews each sent to 2 independent examiners. | * Satisfaction with the knowledge brokering (KB) process (policy makers)
* Satisfaction with agreed review questions and parameters determined through the KB process (policy makers and researchers)
* Relevance and policy impacts of review (policy makers)
* Relevance and accuracy of commissioned reviews
 | Not reported | \*\* |
| **Dilworth et al. (2013)** | Best Practice Spotlight Organisations selected to implement best practice guidelines. The urban health unit under study focused on implementing and evaluating best practice strategies in 5 health promotion areas (e.g. prevention of childhood obesity). | Post-implementation synthesis of evaluations, survey of participants and online focus group (mixed methods) | All 5 individual evaluations of best practice guidelines appraised101 champions invited to complete survey, with 72 participating (71% response rate)‘Most’ steering committee members (n=11) participated in online focus group | 5 evaluation reports appraised and relevant data extracted using template to assess impact of guideline implementation on staff practice. Retrospective online survey of champions assessed impacts of intervention including collaboration, impacts for staff, organisational reputation, professional development and knowledge transfer. Online focus group assessed these impacts plus impacts on evidence-informed practice and system-wide changes. | * Use of evidence-informed practice
* Inter-professional and inter-program collaboration
* Sustained, system-wide changes
* Perceived impact on organisational reputation
* Opportunities for staff growth, training, and development
* Knowledge transfer opportunities and activities
 | Not reported | \*\*\* |
| **Dwan et al. (2015)** | A strategy of facilitated engagement, Australian Primary Health Care Research Institute Conversations, which provide a forum for knowledge producers to present their contextualized findings to potential knowledge users in the Australian Department of Health. | Post-implementation survey to assess events (quantitative) | Policy participants in 23 seminars and 13 roundtables completed a one-page evaluation forms. 979 evaluations were completed (52.5% response rate). | At the end of each event participants were encouraged to complete a 6-item evaluation focusing on perceived success of the presentation (effectiveness), perceived applicability of the content (relevance), and previous use of research (research receptivity). | * Perceived effectiveness of event (broadening of knowledge, stimulating thinking)
* Perceived relevance of event (applicability to work, potential to use in work)
* Research receptivity (use of academic research in work in past 12 months, perceived use of research if research more easily available)
 | Immediately after each seminar and roundtable | \*\*\* |
| **Hoeijmakers et al. (2013)** | The Academic Collaborative Centre for Public Health Limburg (ACCL), a long-term partnership involving 19 provincial municipalities, a regional public health service, and a university medical centre, funded with grants from the Netherlands Organisation for Health Research and Development, | Concurrent and post-implementation interviews and focus groups, network analysis and case studies (qualitative) | Method of sampling and response rate not reported. Interview participants included 7 PhD students, 16 MasterClass students, 5 municipal officers, 5 managers, 3 university department heads, and 2 directors. Focus group participants (6-10 people per group) included policy officials, researchers, public health professionals, managers and directors. | The evaluation used mixed methods including: regular individual debriefings with the program leader; annual group interviews with PhD students; group interviews with Masterclass participants; individual interviews; focus groups; network analysis with managers and operational staff; regular program reporting; and case studies. Manual qualitative content analysis was used for debriefing and interview data, and case study data analyses used NVivo. | * Outputs achieved in relation to program theory (e.g. studies conducted with policy/ practice involvement; structure for collaboration and exchange of knowledge; support and implementation capacity available)
* Outcomes achieved in relation to program theory (e.g. collaboration on research and grants; research skills; new products and advice; publications and presentations)
 | Data collected during last 3 years of first funding term (2007-2010) | \*\*\* |
| **Househ et al. (2011)** | Three groups working within the field of drug policy using conferencing technologies to support knowledge exchange activities. The three groups were: education task (produced research reviews); research task (evaluated physician education materials); decision making task (disseminated information on research trends). | Case study approach (qualitative) | 61 participants across three drug policy groups: education task (n=20); research task (n=14); and decision making task (n=27). Participants included researchers, decision makers, educators and health staff. | Each of the 3 groups used audio-teleconferencing, web-conferencing or both to support knowledge exchange activities. Data were collected over three years and consisted of observation notes, interviews, and meeting transcripts. Content analysis was used to analyse the data. | * Impacts of conferencing technologies on knowledge exchange
 | Data collected April 2004 to July 2007. Baseline interviews conducted with education and research task groups April to July 2004, and observational data on all three groups collected 2004 to 2006. Meeting transcripts collected March 2004 to November 2006. Post-study interviews with key stakeholders from each group conducted April to July 2007. | \*\*\*\* |
| **Jansen & Hoeijmakers (2013)** | Masterclass on Scientific Research Training for Public Health Professionals, consisting of 6 x 1 week courses delivered over 18 months, and aiming to train public health professionals and policy makers to design and conduct scientific research based on a problem in practice or policy. | Concurrent and post-implementation survey and interviews with masterclass participants (mixed methods) | Of 21 students who commenced masterclass 5 withdrew. Of 16 participants, 9 completed within intended timeframe (18 months), 5 within extended timeframe (2 years), and 2 did not complete. Evaluation forms completed by participants in each of 42 lectures. All 16 students participated in focus groups (2 groups of 8) and completed questionnaire. | Students: completed evaluation forms for each lecture; participated in focus groups to provide feedback on their experiences, expectations, and use of knowledge and skills acquired; and completed a questionnaire assessing their personal learning objectives and career prospects. | * Perceptions of teaching activities
* Participants’ experience of attending training courses
* Professional development and changes in the work environment
* Participants’ future expectations
* Use of the scientific knowledge and skills acquired
* Personal learning objectives
* Career prospects
 | Masterclass delivered January 2008 to May 2009 with evaluation forms completed for each lecture. Focus group interviews conducted after fifth course week and 6 months after completion. Questionnaire completed at end of final (sixth) course week. | \*\*\* |
| **Kothari et al. (2014)** | PreVAiL (Preventing Violence Across the Lifespan), an international and interdisciplinary violence prevention research network that provides seed grants and supports exchange among knowledge generators and users. | Post-implementation survey and interviews with network members (mixed methods) | 37 of 57 PreVAiL Network members completed the Partnership Indicators Questionnaire (65% response rate). All 22 partners representing 19 partner organisations were invited to participate in an interview, and 19 interviews (representing 17 partner organisations) were conducted (86%). | PreVAiL Network members attending the May 2011 annual meeting were invited to complete the Partnership Indicators Questionnaire during the meeting. Semi-structured interviews were conducted with partners regarding their experiences with PreVAiL, including involvement with research and use of knowledge arising through the network. | * Quality of partnerships within PreVAiL network (levels of partner involvement, quality of communication, value of network)
* Initial impacts of the partnerships on the application of knowledge to policy and practice (instrumental, conceptual)
 | Network established 2009. Questionnaire data collected May 2011 and interviews conducted from November 2011 to March 2012. | \*\*\*\* |
| **Morris et al. (2013)** | Service Delivery and Organisation (SDO) Management Fellowship program, a collaborative research program that allows NHS managers to become directly involved in research for the equivalent of 12 months full time, typically spread over the life of the research project to which they are seconded. | Case study approach (qualitative) | All SDO 11 Fellows appointed before the start of the evaluation, 10 Chief Investigators and 3 co-applicants of Fellows’ research projects, and 12 work-based line managers and other colleagues in 8 sites. | Semi-structured face-to-face interviews were conducted with Fellows, Chief Investigators and co-applicants. Telephone interviews were conducted with line managers and other colleagues. Interviews were analysed thematically. | * Extent to which the program encouraged (a) linkage, (b) engagement, (c) exchange
 | Not reported, but noted that the evaluation did not aim to provide a before-and-after analysis of impact but reflected a limited time period and did not explore dissemination of final project outputs. | \*\*\* |
| **van der Heide et al. (2016)** | A Writing on Effectiveness (WE) tool, implemented in the Dutch National Institute for Public Health and the Environment (RIVM). WE is a web-based tool developed in collaboration with policy makers that aims to facilitate communication about the effectiveness of interventions to facilitate the use of evidence by policy makers and practitioners. | Post-implementation interviews with and survey of users of WE tool (mixed methods) | ‘Knowledge workers’ in RIVM. Participants were purposively sampled. For the qualitative component, 8 knowledge workers from 5 departments were invited and 7 consented. For the quantitative component, managers from 9 departments were asked to select knowledge workers; 68 were invited to participate in a survey and 24 completed the survey (35% response rate). | For the qualitative component, interviewees were asked to use WE for a specific product (e.g. research report, scientific paper, web page), then participated in semi-structured interviews focusing on barriers and facilitators. For the quantitative component, participants completed a brief online questionnaire based on themes that emerged from the interviews. | * Barriers and facilitators during implementation of WE
 | Interviews conducted 8 to 12 weeks after interviewees were requested to use the WE tool. Timing of survey not reported. | \*\*\* |
| **Wathen et al. (2011)** | Knowledge translation and exchange (KTE) processes undertaken during a series of studies on screening women for exposure to intimate partner violence. KTE activities included collaborative key message development, stakeholder workshops and exchange forums, online community of interest. | Post-implementation survey of and interviews with workshop and forum participants (mixed methods) | Phase 1 (2006-2007): of 82 participants in stakeholder workshops, 75 completed a survey immediately post-workshop (91% consent rate), 33 completed a 3 month follow-up survey (40%), and 20 completed in-depth interviews at 6 months.Phase 2 (2008-2009): of 76 exchange forum participants, 38 completed an exit survey (50%), 21 completed a 6 month follow-up survey (28%), and 12 completed interviews at 9 to 12 months. | Phase 1: Stakeholders attending half day workshops heard research presentations then formed small groups for facilitated discussion about the implications of the findings. Data collection included workshop evaluation survey, online follow-up survey (including questions about impact of research use), and follow up interviewsPhase 2: Participants at a 1 day interactive forum heard research presentations and plenary discussions, and participated in small group discussions. Data collection included analysis of forum group discussions, forum evaluation survey, online follow-up survey, and follow-up interviews. | * Perceptions of utility of KTE strategies among recipients of research evidence
* Factors influencing the uptake, sharing and use of new knowledge
* How research findings are used
 | Phase 1 workshop follow-up survey at 3 months and interviews at 6 months.Phase 2 forum follow-up survey at 6 months and interviews at 9-12 months. | \*\*\* |
| **Yost et al. (2014)** | An intensive 5-day educational workshop on evidence informed decision making (EIDM) knowledge, skills and behaviours. | Pre- and post-test measurement of skills and behaviours, with follow up interviews (mixed methods) | A convenience sample of attendees (n=51) at the workshop was invited to participate. 40 attendees consented (78% consent rate).  | Workshop participants completed:* Demographic form (baseline)
* EIDM Skills Tool (baseline, post-test, 6-month follow up)
* EBP Implementation Scale or EBP Implementation in Public Health Scale (baseline, 6-month follow up)
* Continuing education preferences questionnaire (post-test)

Telephone interviews were conducted with 8 participants following the 6-month follow up. | * Impact on EIDM knowledge and skills
* Impact on EIDM behaviours
* Relationship between EIDM knowledge, skills and behaviours before and after workshop
* Preferences for continuing education
 | Baseline measurement on Day 1 of workshop and post-test on Day 5 (May 2010). 6-month follow-up completed November 2010. | \*\*\*\* |