



Evidence, Knowledge, Confidence

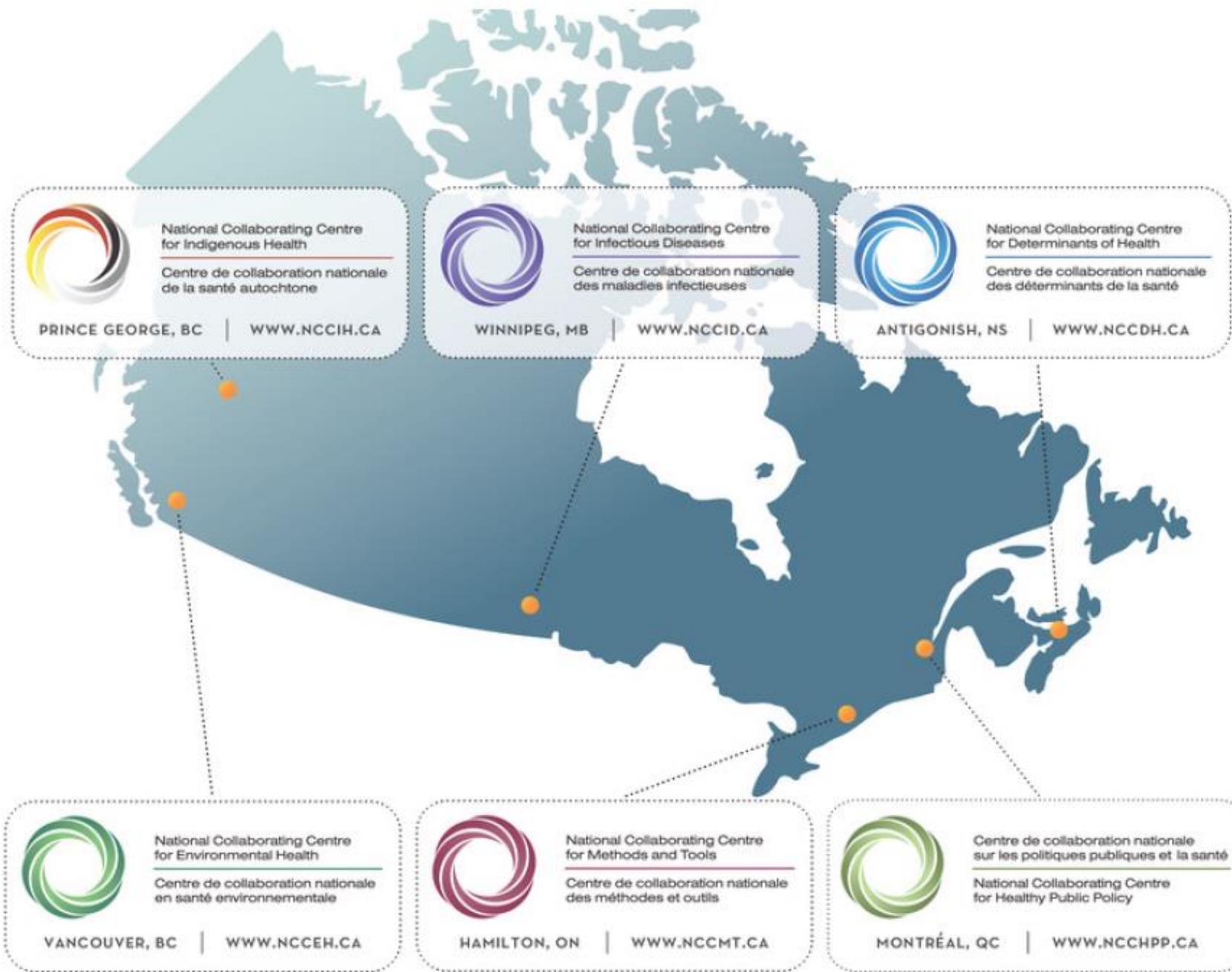
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Teachers and Developers

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National Collaborating Centres
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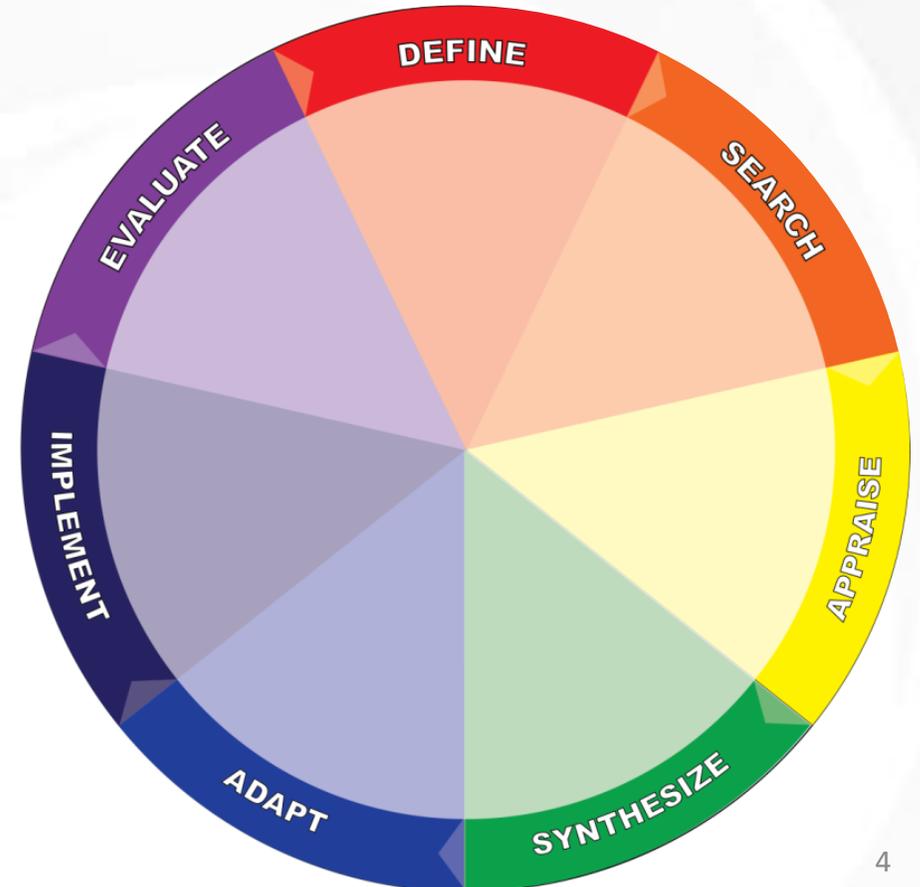
What is Evidence-Informed Public Health?

The process of **distilling** and **disseminating** the best available evidence from research, context and experience, and using that evidence to **inform** and **improve** public health practice, programs and policy. (Brownson, 2009; Dobbins 2010; Ciliska, 2012)





Evidence-Informed Decision Making





Aims

- Public health practitioners use best available evidence to inform decisions
- Public health organizations integrate best available evidence into programs and policy
- Improve health and well-being of Canadians



Methods: Training and Mentoring

- Based on decade of experience working with public health organizations
- Engages all levels within organization
 - Management and senior leadership
 - Frontline and program staff
- Knowledge Broker Mentoring Program



Management and Leadership

- Focus group to identify needs and priorities



PART ONE: ACQUIRE

1.1 ARE WE ABLE TO ACQUIRE RESEARCH?

RATING

1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree

- We have **skilled staff** for research.
- Our staff has **enough time** for research.
- Our staff has **the incentive** to do research (it is used in our decision-making).
- Our staff has **the resources** to do research.
- We have **arrangements with external experts** who search for research, monitor research, or do research for us.

PART TWO: ASSESS

2.1 CAN WE TELL IF THE RESEARCH IS VALID AND OF HIGH QUALITY?

RATING

1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree

- Staff in our organization has **critical appraisal skills and tools** for evaluating the **quality** of methodology used in research.
- Staff in our organization has the **critical appraisal skills** to evaluate the **reliability** of specific research by identifying related evidence and comparing methods and results.
- Our organization has **arrangements with external experts** who use **critical appraisal skills and tools** to assess methodology and evidence reliability, and to compare methods and results.

PART THREE: ADAPT

3.1 CAN WE SUMMARIZE RESULTS IN A USER-FRIENDLY WAY?

RATING

1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree

- Our organization has enough skilled staff with **time, resources, and skills** to present research results in accessible language.

PART FOUR: APPLY

4.1 DO WE LEAD BY EXAMPLE AND SHOW HOW WE VALUE RESEARCH USE?

RATING

1 = Strongly disagree 2 = Disagree 3 = Neither agree nor disagree 4 = Agree 5 = Strongly agree

- Using **research is a priority** in our organization.
- Our organization has committed **resources** to ensure **research is accessed, adapted, and applied** in making decisions.
- Our organization ensures **staff is involved in discussions on how research evidence** relates to our main goals.

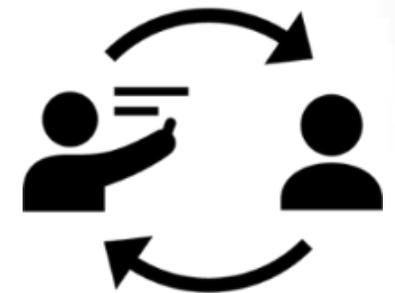
Is research working for you?

A self-assessment tool and discussion guide for health services management and policy organizations



Frontline and Program Staff

- Large and small group problem-based learning
 - In person workshops, online webinars
- Completion of rapid review evidence synthesis
- Change management mentoring
 - Regular coaching from NCCMT knowledge broker





Results

“We really try to bring to the table as much as possible scientific expertise and EIDM. [The training] was absolutely helpful in making sure that whatever decision making framework we came up with, and what we have in front of us right now, includes that evidence part of it.”

– Senior Executive

“The knowledge we've learned is going to last for years. It's going to really improve the quality of work we're producing. It's going to be an invaluable addition to the Health Unit.”

– Participant

“It gave me the confidence in supporting other people to follow that cycle and mentor people or support them in going through the steps to incorporate evidence in their work.”

– Participant



Limitations

- Program must be tailored to specific needs of organizations
 - Challenge for program evaluation
- Limited capacity of NCCMT to provide training
 - Time, number of knowledge broker mentors
- Barriers to participation: cost, travel



Conclusions

- Training and mentoring programs tailored to the needs of specific organizations positively impacts public health decision making
- Participants gain knowledge and skill
- Organizations integrate evidence-informed decision making



Thank you!

For more information
visit nccmt.ca or
contact nccmt@mcmaster.ca

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