Knowledge Translation Resources

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Strategies for Supporting Evidence-Informed Decision-Making

Registry of Methods and Tools

Online Learning Opportunities

Knowledge Brokering

Multimedia

Workshops

Knowledge Repositories

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Online Learning: Modules and Pyramids

Learning Modules By Steps of EIDM

MODULES BY STEPS

Estimated Time To Complete

Learners who complete these modules and achieve at least 75% on the final tests earn certificates of competence for each module completed.
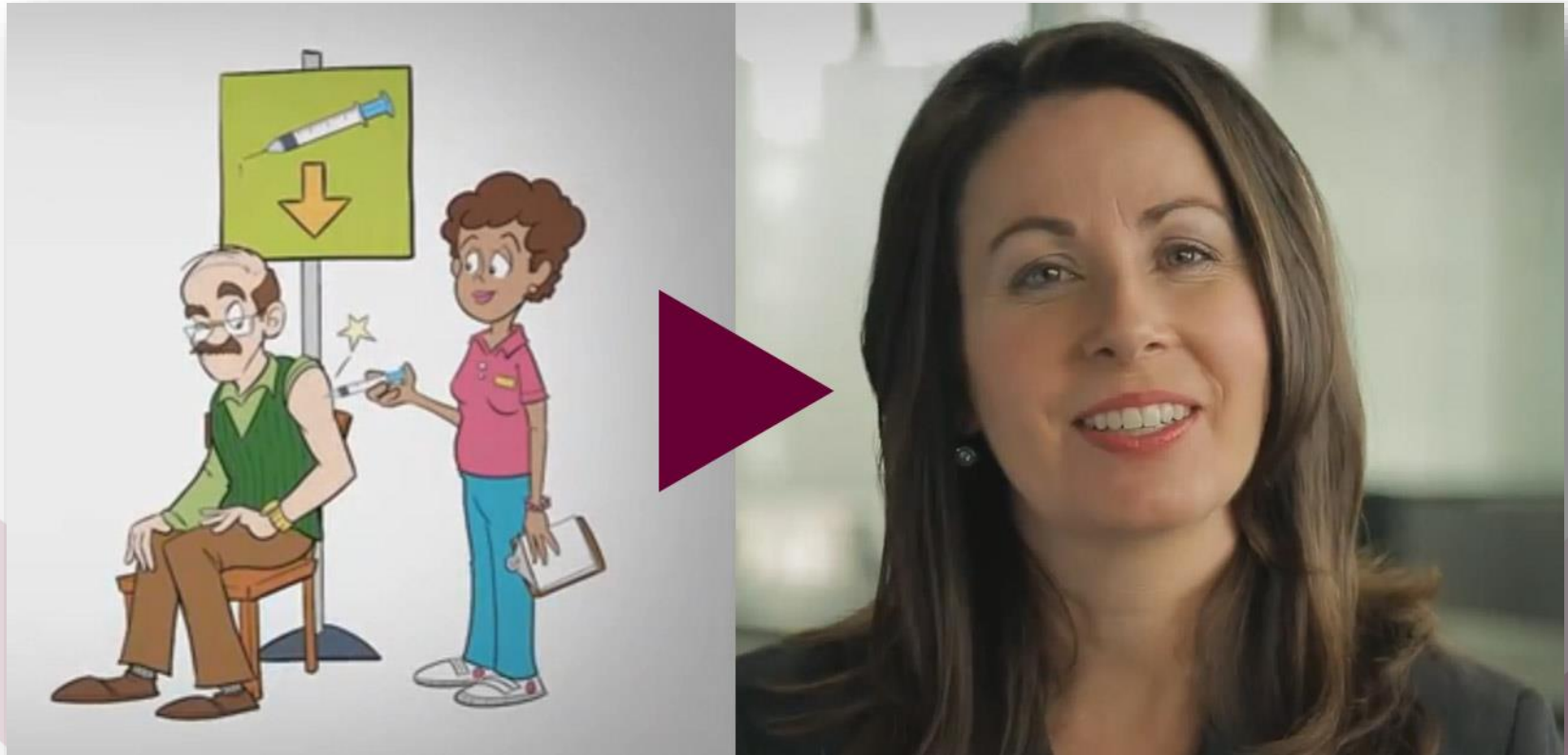
		DEFINE	SEARCH	APPRAISE	SYNTHESIZE	ADAPT	IMPLEMENT	EVALUATE
Introduction to Evidence-Informed Decision Making	4-5 hours	●	●	●	●	●	●	●
Quantitative Research Designs 101	4-5 hours	●	●					
Searching for Research Evidence in Public Health	5-6 hours		●					
Critical Appraisal of Guidelines	6-8 hours			●	●			
Critical Appraisal of Systematic Reviews	6-8 hours			●	●			
Critical Appraisal of Qualitative Studies	6-8 hours			●	●			
Critical Appraisal of Intervention Studies	6-8 hours			●	●			
Assessing the Applicability and Transferability of Evidence	3-4 hours					●		
Implementing KT Strategies in Public Health	3-4 hours						●	
Evaluating KT Strategies in Public Health	3-4 hours							●

The following are non-certificate modules. Learners who complete these modules will receive a statement of completion.

EIDM Essentials: Key issues in evidence informed decision making	1 hour	●	●	●	●	●	●	●
Introduction to Evidence-Informed Decision Making for Managers	1 hour	●	●	●	●	●	●	●

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Understanding Research Evidence

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The Rapid Review Guidebook

Step 1: Define a Practice Question

Step 2: Search for Research Evidence

Step 3: Critically Appraise the Information
    Sources

Step 4: Synthesize the Evidence

Step 5: Identifying Applicability and
    Transferability Issues for Further
    Consideration

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Health Evidence™
Helping public **health** use best **evidence** in practice

Briefing Note #:

Insert briefing note number or other identifier

Date:

Health departments are welcome to adapt this tool. Requirements for adapting this tool include: Health Evidence and Peel Health are acknowledged for tool development; and adapted tool cannot be used for profit (not to be sold).

Issue:

- ☐ Explain in one or two lines why the briefing note matters to the reader.
- ☐ Sets out, in the form of a question or statement, what the rest of the note is about.

Background:

- ☐ Gives a brief summary of the history of the topic and other background information and provides details the reader needs in order to understand what follows
  - How a situation arose
  - Previous decisions/problems
  - Actions leading up to the current situation

- ☐ What led up to this problem or issue? How has it evolved?
- ☐ Do not repeat information that you're including in the Current Status section.

Current Status:

- ☐ Describes only the current situation, who is involved, what is happening now, the current state of the matter, issue, situation, etc.
- ☐ What are we currently doing on this topic?

Key Considerations

The subsections below provide a summary of important facts, considerations, developments—everything that needs to be considered now. While you will have to decide what to include and what to leave out, this section should be as unbiased as possible. Your aim is to present all the details required for the reader to be informed or to make an informed decision. Keep the reader's needs uppermost in your mind when selecting and presenting the facts.

The Evidence:

- ☐ **Research evidence**
  - Indicate results of literature search conducted based on 6-step pyramid in _Levels & Sources of Public Health Evidence_. See _Evidence-Informed Decision Making (EIDM) Checklist_
    - → What **do** we know from the evidence?
      - – What works to address the issue?
      - – What does not work?
      - – What factors are associated (e.g. barriers and facilitators)?
    - → What **don't** we know?

- ☐ **Colloquial evidence**
  - Environmental scan evidence (evidence from other health units)
    - → What are other health units doing?
    - → Results of outcome and/or process evaluations
    - → Expertise, views and realities of stakeholders
    - → Partner or other in-kind resources
- ☐ **Expert (practice/research) consultation evidence**
- ☐ **Political evidence**
  - Public attitudes towards proposed policies, media reaction

It worked there. Will it work here?
a *tool* for assessing Applicability and Transferability of Evidence

A: When considering **starting a new program**

Purpose and target audience

To help public health managers and planners use evidence to choose appropriate programs for their community.

Where does this fit?

This tool helps you with the fifth step in the evidence-informed public health process: **Adapt** the information to a local context.

You may have found evidence about an intervention that worked, but can you apply that evidence to your situation? Do you need to adapt the intervention for your population? ... your community? ... your team?

This tool gives you a process and criteria to assess the applicability (feasibility) and transferability (generalizability) of evidence to public health practice and policy.

How to use this tool

At this stage, you will have already completed the first four steps in the evidence-informed public health process. You have defined your question (step 1), found (step 2) and appraised (step 3) the research evidence relevant to your question. You have also formed some recommendations based on the evidence that you found (step 4). (*See www.nccmt.ca/eiph for more information.*)These are all necessary steps, but you are not yet ready to decide whether to introduce, continue, or end a program or intervention in **your** local community.

1. Decide who will be involved in the decision. Consider including partners from other sectors, disciplines and client groups. (*The remaining steps are done in collaboration with this entire group.*)

2. Orient group members to the process; establish time lines.

3. From the following list of criteria, choose the most important applicability and transferability assessment questions for the intervention of interest and the local context. Are these criteria equally important or should they be weighted differently? If so, choose what weights to assign. Not all criteria are relevant all the time. The group may decide that some criteria are more important than others at a particular time period and in a particular community.

4. Decide how final scoring will be done: Will you discuss each criterion to achieve consensus or add ratings from all group members ? In that case, you would individually rate the importance/relevance of each question on a scale of 1 to 5, where 1 is low and 5 is high. Priority would then go to the highest scoring program.

5. Be sure to document the scoring process used.

How to cite this resource

Buffet, C., Ciliska, D., & Thomas, H. (2011). It worked there. Will it work here? Tool for Assessing *Applicability and Transferability of Evidence (A: When considering starting a new program).* Hamilton, ON: National Collaborating Centre for Methods and Tools.

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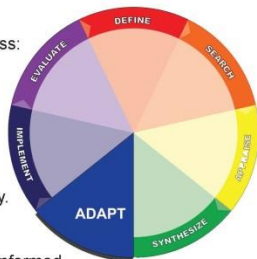
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Assessment of Applicability & Transferability

Construct	Things to consider	Questions to Ask
Applicability (feasibility) **Can the intervention we found work for us?**	Political acceptability or influence	• Will the intervention be allowed or supported in the current political climate? • Is there a potential public relations benefit for local government? • Will the public and target groups accept and support the intervention in its current format? • Is this intervention allowed/expected or required by local or provincial legislation /bylaws?
	Social acceptability	• Will my target population be interested in the intervention? • Is the intervention ethical?
	Available essential resources (human and financial)	• Who / what is essential for the local implementation? • Who will do the work? Are these people available (or are they too busy with other projects)? Do they know how? If not, is training available (and affordable)? • How much will the intervention cost? Can we afford to deliver the program (or is our budget already committed to other projects)? • How do we need to change the intervention to suit our local situation? • What are the full costs (include supplies, systems, space requirements for staff, training, technology/administrative supports, etc.)? How much will this intervention cost per unit of expected outcome? (total cost divided by number of people we expect to help) • Are there any other incremental health benefits to consider that could offset the costs of the intervention?
	Organizational expertise and capacity	• Does the intervention fit into the organization's current strategic and operational plans? • Does the intervention fit with the organization's mission and local priorities? • Does the intervention overlap, or will it compliment, existing programs? • Will this program enhance the reputation of the organization? • What barriers/structural issues or approval processes within the organization need to be addressed? • Is the organization motivated and open to new ideas? Is it a learning organization?
Transferability (generalizability) **Can we expect similar results?**	Magnitude of health issue in local setting	• Does the need exist? • How many people in my local population does this issue affect now? (i.e., what is our baseline prevalence?) How does this compare to the prevalence of the issue (risk status) described in the intervention we are considering?
	Magnitude of the "reach" and cost effectiveness of the intervention	• Will the intervention effectively reach a large proportion of the target population?
	Characteristics of target population	• Is the local population comparable to the study population? • Will any differences in characteristics (ethnicity, socio-demographic variables, number of persons affected) influence the effectiveness of the intervention locally?

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Knowledge Translation Planning Template©

INSTRUCTIONS: This template was designed to assist with the development of Knowledge Translation (KT) plans for research but can be used to plan for non-research projects. The Knowledge Translation Planning Template is universally applicable to areas beyond health. Begin with box #1 and work through to box #13 to address the essential components of the KT planning process.

(1) Project Partners	(2) Degree of Partner Engagement	(3) Partner(s) Roles	(4) KT Expertise on Team
☐ researchers ☐ consumers - patients/families ☐ the public ☐ decision makers ☐ private sector/industry ☐ research funding body ☐ volunteer health sector/NGO ☐ practioners ☐ other	☐ from idea formulation straight through ☐ after idea formulation & straight through ☐ at point of dissemination & project end ☐ beyond the project Consider: Not all partners will be engaged at the same point in time. Some will be collaborators, end users or audiences, or people hired to do specific activities.	*(1) What do the partner(s) bring to the project?* *(2) How will partner(s) assist with developing, implementing or evaluating the KT plan?* Action: Capture their specific roles in letters of support to funders, if requested. ▶	☐ scientist(s) with KT expertise ☐ consultant with KT expertise ☐ knowledge broker/specialist ☐ KT supports within the organization(s) ☐ KT supports within partner organization(s) ☐ KT supports hired for specific task(s)

NOTES

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NCCMT Resources Mapped to the Core Competencies for Public Health

About the Tool

The Public Health Agency of Canada (PHAC) has outlined what they call the "basic building blocks of public health education and professional development" in their list of skill areas known as core competencies.

The NCCMT's PHAC Core Competency Mapping Tool was developed to help busy practitioners find the many resources available from the NCCMT that support PHAC's Core Competencies for Public Health in Canada. Use this tool to plan professional development activities tailored to you and your team's needs.

How to Use the Tool

Select a category to see a list of core competencies. Click on the "ⓘ" icon for a description. Select any combination of core competencies to generate a list of NCCMT resources that can help you develop your skills in these areas.

Some resources are housed within the NCCMT's Learning Centre. Log in with a free NCCMT account to access these resources.

Click here for more information on PHAC's Core Competencies for Public Health.

Competencies   Expand All ▼

☐ 1. Public Health ∧ ⓘ   Select a filter on the left to show results

  ☐ 1.1 - Health knowledge ⓘ

  ☐ 1.2 - Health system knowledge ⓘ

  ☐ 1.3 - Apply public health sciences ⓘ

  ☐ 1.4 - Use evidence and research ⓘ

  ☐ 1.5 - Lifelong health learning ⓘ

☐ 2. Assessment and Analysis ∨ ⓘ

☐ 3. Policy and Program Planning Implementation and Evaluation ∨ ⓘ

www.nccmt.ca/resources/phac-mapping

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Health Evidence™

Helping public health use best evidence in practice

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⊕ Share / Save ⧓

Find Evidence: Search healthevidence.org for access to 3,964 quality-rated systematic reviews evaluating the **effectiveness of public health interventions**. We search the published literature and compile public health relevant reviews -- eliminating your need to search and screen individual databases.

Use Evidence: Our consultation services assist individuals, teams, divisions and organizations in interpreting research evidence and applying it to program and policy decisions. Our tools support you along the way.

New from Health Evidence™

Health Evidence™ @HealthEvidence 5h
RT @TOPHCtweets: "In exactly three weeks we kick off #TOPHC2014 - what are you most excited for?" - Excited to share what works in #EIPH!
Expand

NCCDH | CCNDS 11 Mar
@NCCDH_CCNDS
Here's a list of our #sdoh presentations at #TOPHC2014!

NCCMT Registry of Methods and Tools for Knowledge Translation

Search the Registry »

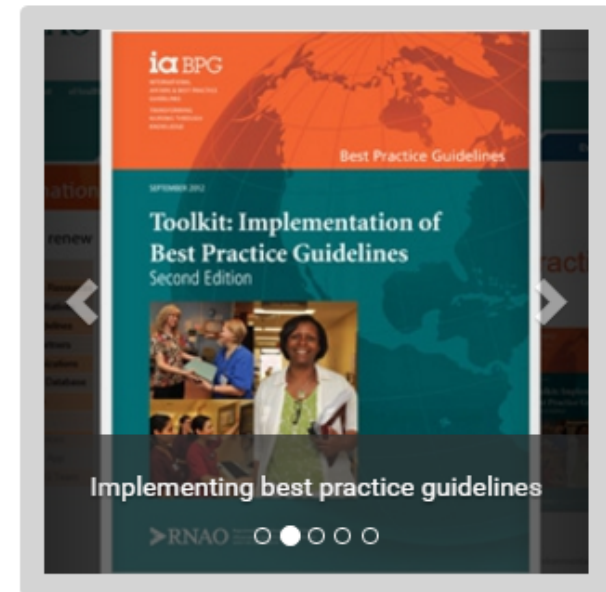## Knowledge translation methods and tools for public health

The Registry is a searchable, online collection of evidence-informed methods (processes) and tools (instruments) for knowledge translation in public health. The Registry's goals are to help public health practitioners:

- communicate new knowledge to clients and colleagues;
- support innovation uptake in their organization;
- synthesize and appraise public health related research;
- apply a new technique for working with community partners; and
- summarize relevant evidence for public health policy decisions.

The Registry contains summary statements of knowledge translation methods and tools to help busy practitioners use evidence in their practice. The Registry identifies and describes effective resources for knowledge translation, making them easier for you to find and use.

» Search the Registry

Go to About the Registry for more information.

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Toolkit: Implementation of Best Practice Guidelines
Second Edition

Implementing best practice guidelines

> RNAO ○ ● ○ ○ ○ ○

🖥 Webinar Summaries »

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For more information and assistance in finding and using methods and tools for Evidence Informed Public Health, contact us at **nccmt@mcmaster.ca**

Watch our **webcasts** about the seven steps of EIPH
http://www.nccmt.ca/resources/multimedia-eng.html

See our suite of **online learning modules**, including *An Introduction to Evidence-Informed Decision Making in Public Health*
http://www.nccmt.ca/learningcentre

Doing More with Program Evaluation: A Toolkit for Conducting Program Evaluation
http://www.nccmt.ca/registry/view/eng/68.html

The Good Indicators Guide: Understanding How to Use and Choose Indicators
http://www.nccmt.ca/registry/view/eng/73.html

Developing an Efficient Search Strategy Using PICO
http://www.nccmt.ca/registry/view/eng/138.html

Searching for Research Evidence for Public Health: The 6S Pyramid
(See reverse)

RNAO Toolkit: Implementation of Best Practice Guidelines
http://www.nccmt.ca/registry/view/eng/163.html

Scientist Knowledge Translation Planning Template
http://www.nccmt.ca/registry/view/eng/131.html

The Online Health Program Planner Tool
http://www.nccmt.ca/registry/view/eng/36.html

Critical Appraisal Tools to Make Sense of Evidence
http://www.nccmt.ca/registry/view/eng/87.html

Critically Appraising Practice Guidelines: The AGREE II Instrument
http://www.nccmt.ca/registry/view/eng/100.html

Tool to Assess the Methodological Quality of Systematic Reviews: AMSTAR
http://www.nccmt.ca/registry/view/eng/97.html

Tool for Assessing Applicability and Transferability of Evidence (A&T Tool)
http://www.nccmt.ca/registry/view/eng/24.html

Briefing Note: Decisions, Rationale and Key Findings Summary
http://www.nccmt.ca/registry/view/eng/137.html

From Research to Practice: A Knowledge Transfer Planning Guide
http://www.nccmt.ca/registry/view/eng/42.html

Tools to Get Started with Evidence-Informed Public Health

DEFINE • SEARCH • APPRAISE • SYNTHESIZE • ADAPT • IMPLEMENT • EVALUATE

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Knowledge Broker Mentoring
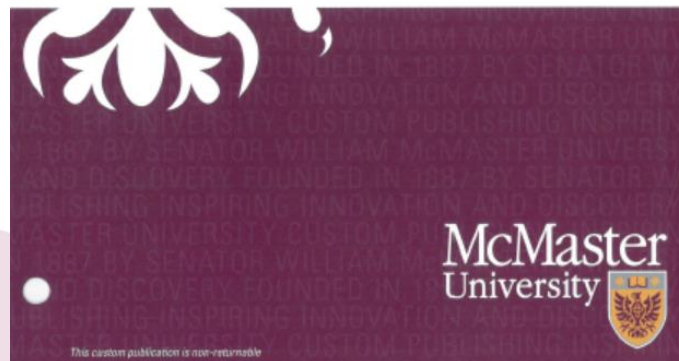
For more information about the National Collaborating Centre for Methods and Tools:

NCCMT website www.nccmt.ca

Contact: nccmt@mcmaster.ca

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