

Knowledge broker mentoring program builds capacity for evidence-informed decision making in public health

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National Collaborating Centre for Methods and Tools (NCCMT)

- Providing leadership and expertise in supporting uptake of evidence in public health practice and policy
 - High-quality methods and tools for evidence use
- Target audience includes public health managers and professionals across Canada





Evidence-Informed Public Health

Community health issues, local context

Community and political preferences and actions

Public health expertise

Research evidence

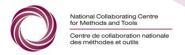
Public health resources





Knowledge Broker Mentoring Program

- Objective: advance uptake and use of evidence-informed decision making (EIDM) in public health practice at public health units
- Evidence supports a multi-faceted knowledge translation and exchange strategy
 - Decision-maker involvement
 - Prioritization by organization
 - Staff training
 - Infrastructure support





Knowledge Brokering

- Facilitate knowledge exchange between and among various stakeholders, including researchers, practitioners, and policy makers
- Facilitate the appropriate use of the best available research evidence in decision making
 - Enhance individual and organizational capacity to participate effectively in evidence-informed decision making





Strategy

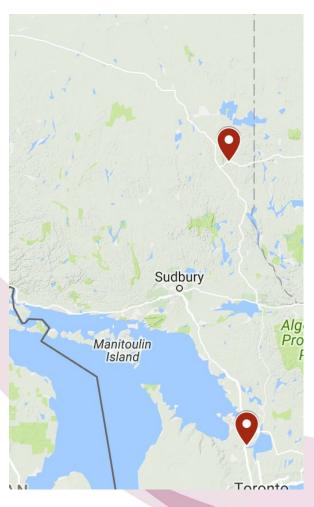
Recruit public health units to KB program

- 1. Assess organizational needs
- Build individual capacity of "internal" knowledge brokers





Participating Organizations



5 Public Health units

- Timiskaming
- Simcoe-Muskoka District
- Hamilton
- Brant County
- Middlesex-London

Phase 1: Organizational Needs



- Senior management
 - Individual review
 - 2.5 hr team focus group
- Consensus on future directions

Is research working for you'

PART TWO: ASSESS

methodology used in research.

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PART ONE: ACQUIRE

1.1 ARE WE ABLE TO ACQUIRE RESEARCH?

1 = Strongly disagree 2 = Disagree 3 = Neither agree n

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.

Staff in our organization has critical appraisal skills and tools for evaluating the quality of

RATING

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.

1 = Strongly disagree 2 = Disagree 3 = Neither agree n

Our arganization bac arrangements with external

PART THREE: ADAPT

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

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

Our organization has enough skilled staff with time, incentives, and resources who use research communication skills to present research results concisely and in accessible language.

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

4.1 DO WE LEAD BY EXAMPLE AND SHOW HOW WE VALUE RESEARCH USE? PART FOUR: APPLY

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.

5

5



Phase 2: Individual Capacity Building

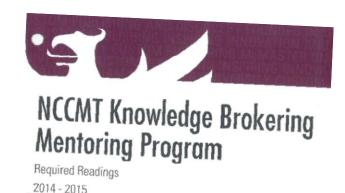
- Staff trained as knowledge brokers to help champion EIDM at health unit
- Up to 6 individuals selected by senior management
- Activities:
 - Workshops at 0, 6 and 12 months
 - Monthly webinars
 - Bi-weekly email/phone mentor support
 - Final rapid review project
- Led by senior KT experts as mentors





In-person Training Workshops

- 10 training days
 - Jan 25-30, 2015 (5 days)
 - Jun 16-18, 2015 (3 days)
 - Jan 19-20, 2016 (2 days)
- Course readings
- Lectures
- Individual and group critical appraisal practice









Monthly Webinars



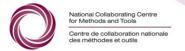
- 90-minutes; led by program mentors
- Open discussion
 - Ongoing activities, progress, concerns
- Practice critical appraisal skills





Final Rapid Review Project

- Culmination of knowledge and skills gained through curriculum
 - Develop research question
 - Search for evidence
 - Appraise evidence
 - Extract and synthesize data
 - Apply results to local context
- Topics selected with senior management team





Results: Change in EIDM Knowledge and Skills

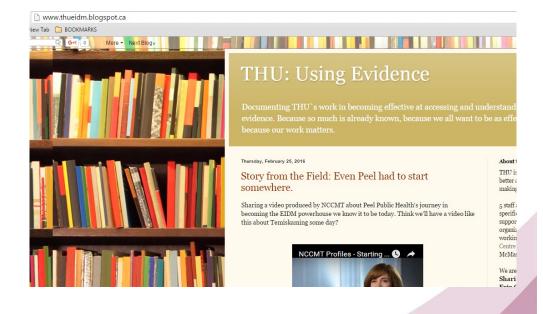
- Skills assessment administered pre- and postprogram completion
- Statistically significant improvement in performance
 - Pre-test score mean±SD = 60.7±17.5
 - Post-test score mean±SD = 77.6±9.7
 - Mean difference = 16.9, p<0.001
- Limitations: small sample size; ceiling effect





Program Impact

- Establishment or expansion of journal clubs
- Internal online forums
 - Share research findings and implementation

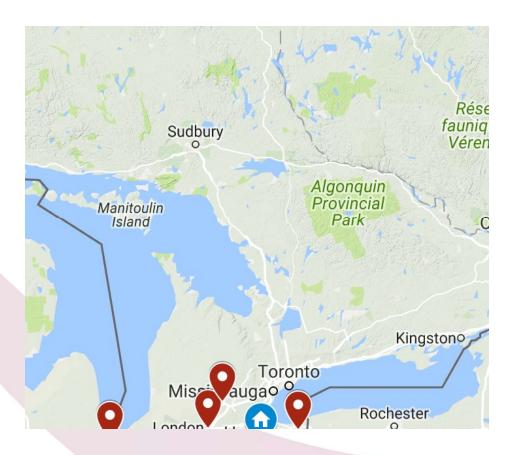


Assessment of impact is ongoing





Cohort #2 is underway!



Participating health units:

- Ottawa
- Waterloo Region
- Niagara Region
- Lambton County
- Oxford County



Cohort #2 Current Activities

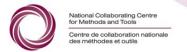
- Building individual capacity
- Contributing to health unit intranets
 - EIDM guide, adapted NCCMT tools, rapid reviews
- Facilitating collaborative activities
 - EIDM "miniseries" to share experiences
 - Liaising with management teams
 - Planning EIDM "launch" event





Next Steps

- Continue program for Cohort #2
 - Starting rapid review projects
- Correspond with Cohort #1 to measure impact
- Assess interest for program in other provinces/territories





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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