State and national initiatives focused on supporting evidence informed policy and practice

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Global Evidence and Implementation Summit

October 22, 2018

Objectives

- Describe evidence and implementation activities of two national and one state organizations
- Demonstrate impact on policy and practice
- Discuss lessons learned

Format

- Opening remarks
- Three 15 minute presentations from each organization
- 10 minutes for Q&A
- Wrap up

saxinstitute

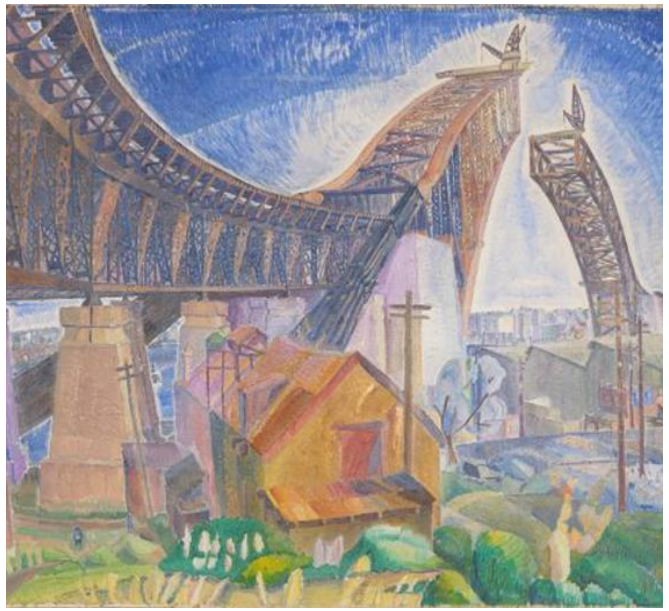
The Global Evidence and Implementation Summit 2018

Dr Martin McNamara
Deputy CEO
Sax Institute
23 October 2018

To improve health and wellbeing by driving the use of research in policies, programs and services

- Not for profit, governance Board
- Infrastructure funding from NSW Ministry of Health
- Independent from any university or research group; 48 member organisations
- Work with around 70 policy and program agencies
- Systems and services developed and tested over more thirteen years

www.saxinstitute.org.au



‘The bridge in curve’ Grace Cossington Smith

Evidence informed policy

- Research Platforms
- Connecting and exchanging existing knowledge
- Dynamically developing new knowledge

Research platforms

Partnerships for change: SEARCH

- Long term study of the health of urban Aboriginal children (established 2005)
- Partnership between 4 ACCHSs, AH&MRC, researchers and Sax Institute
- Includes 1600 children and their carers; self report every five years, clinical and linked administrative data

Can we mobilise these data to improve outcomes?
Governance, partnerships, focus on outcomes,
Aboriginal knowledge broker

Using the data to deliver outcomes

- Funds of $4M for accelerated specialist services; approximately 200 ENT surgeries and 6000 occasions of speech therapy delivered – relies on SEARCH partnerships
- Trial of a housing improvement program
- Funding for additional ACCHS programs e g: $1M for smoking cessation program; new positions for speech therapists established
- Changes to ACCHS eg community gardens, fruit and vegetable delivery, changes to food served at ACCHS
- Impact on wider community e.g. schools and hospitals

Using what we know

Beyond reviews….

- 200 commissioned reviews through our rapid review program
- Successful in that : nearly all were used and on average for three purposes; high levels of satisfaction and return users

Moore G, Redman S, D'Este C, Makkar S, Turner T. Does knowledge brokering improve the quality of rapid review proposals? A before and after study. Systematic Reviews. 2017 Jan 28;6(1):23. doi: 10.1186/s13643-017-0411-0.PMID: 28129795. https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-017-0411-0

Moore G, Redman S, Rudge S, Haynes A. The use of rapid reviews: interviews with health policymakers in an Australian rapid review program (submitted)

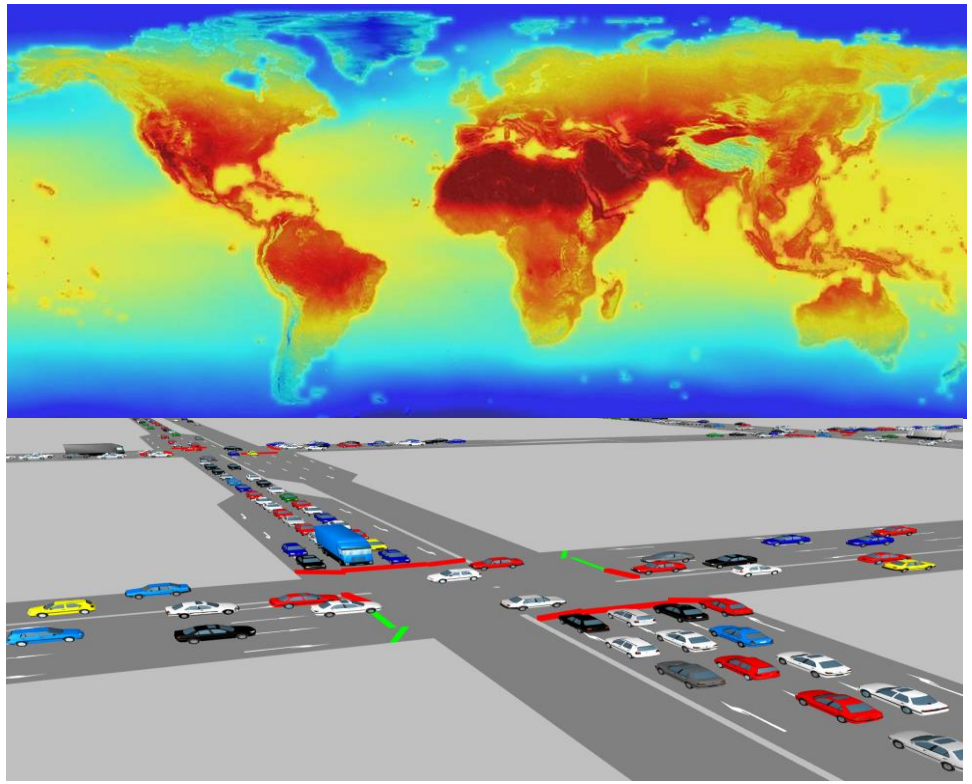
But are they useful in choosing between policy options? What happens when the evidence is incomplete or where research comparisons are between single options?

New knowledge for today's challenges

Synthesis for action

Dynamic simulation modelling:

- Integrates **diverse evidence sources** (incl. practitioner knowledge)
- A **'what-if' tool** to enable policy makers to explore the impact of combinations of interventions / policy responses
- **Interactive** - can help build consensus among stakeholders with diverse views



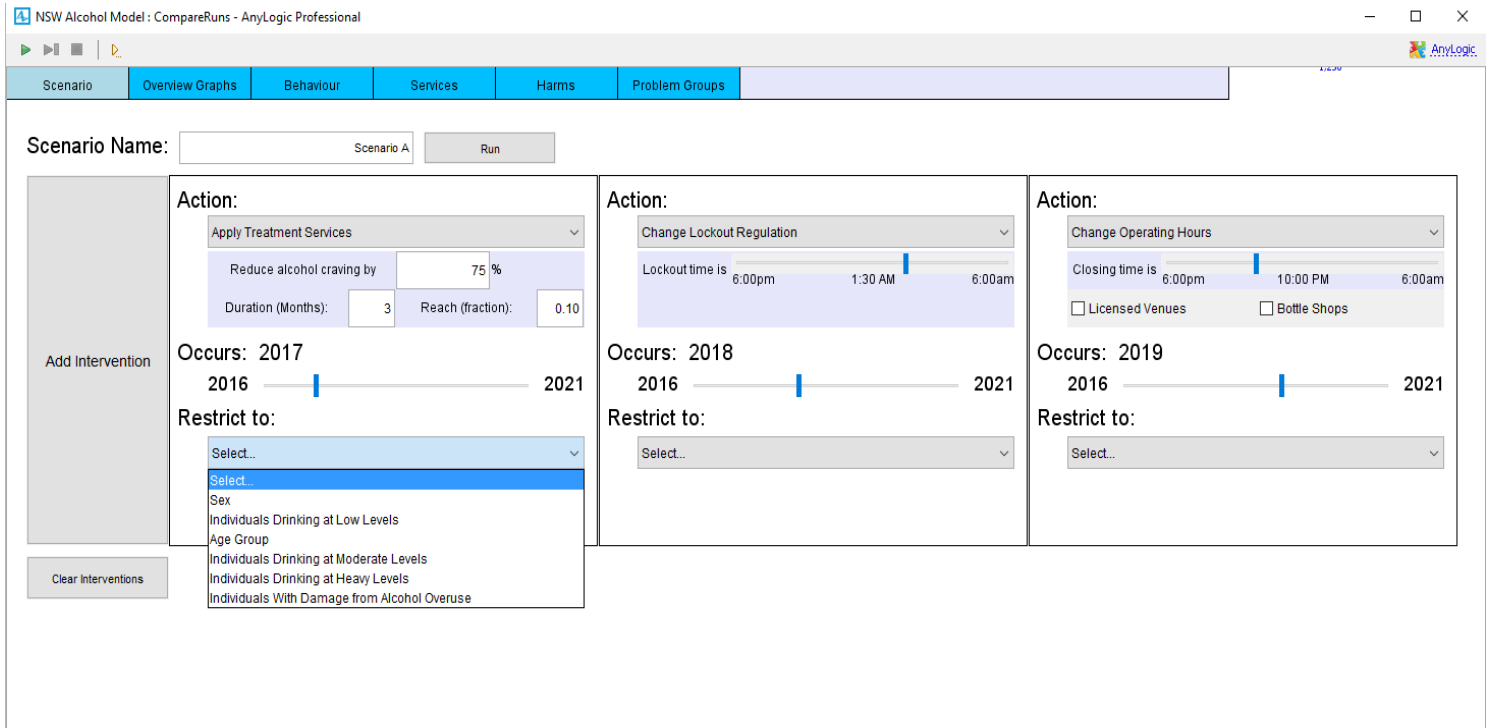
Atkinson J Public Health Res Pract. 2017;27(1):e2711707.
Atkinson, J et al Harnessing advances in computer simulation to inform policy and planning to reduce alcohol-related harms. Under editorial review.

Alcohol policy is contentious

Many determinants, many interventions, strong public views, evidence is incomplete

The model

- Highly transparent model, assumptions explicit
- Includes published data, local data, expert opinion
- Alcohol: agent based model examining impacts on chronic and binge drinking, hospitalisation



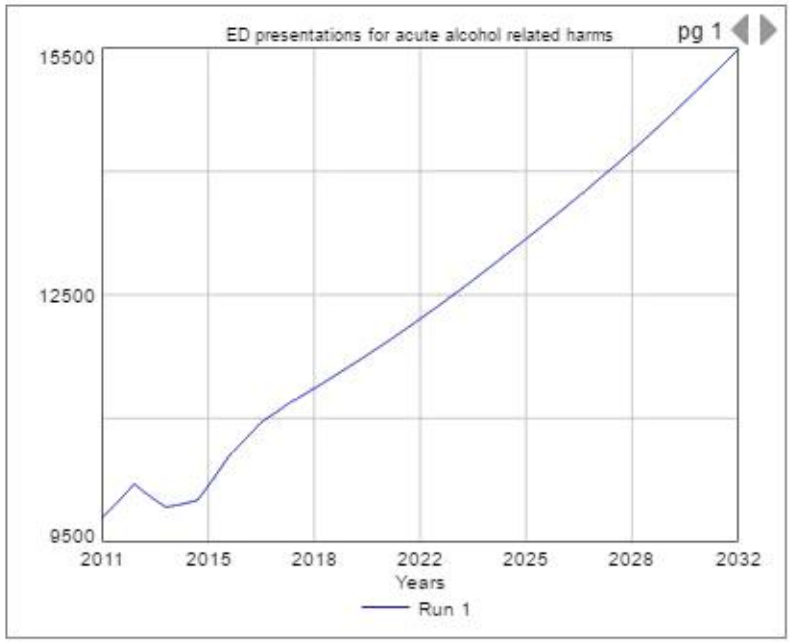
Tasmanian Government

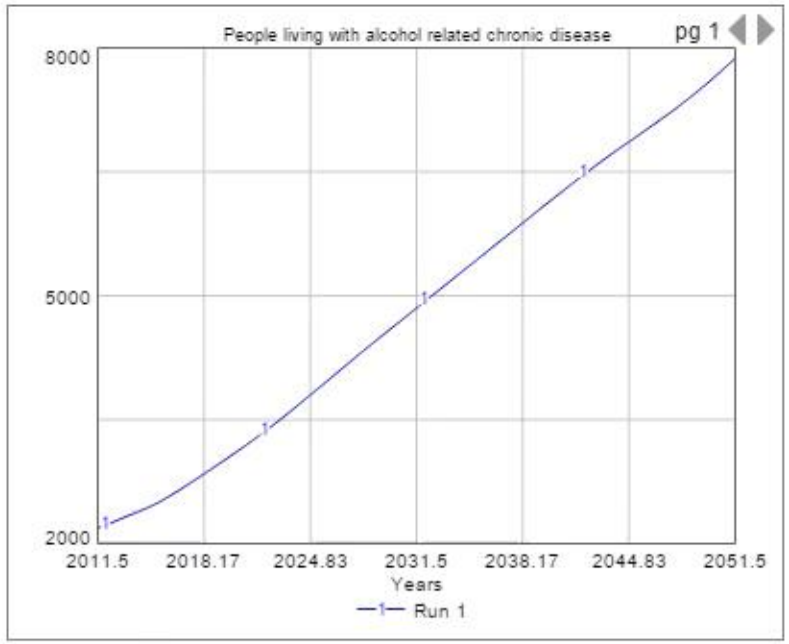
Modelling strategies to address alcohol-related harms in Tasmania

The Australian Prevention Partnership Centre
Systems and solutions for better health

nstitute

Background	Key Population and Harms Structures in the Model	Key Assumptions and definition of outputs	Explore Interventions	Unfurl model structure of alcohol consumption





Random Breath Testing

- RBTs reduced 50%
- RBTs current levels
- RBTs increased 20%
- RBTs increased 50%

Real Mates Off/On

Zero BAC to 25yrs

Density Restrictions Off\On

4.4

Baseline annual Licence Growth Rate

Intervention levers

Uniform Minimum Pricing Off/On

Good sports Level 3 mandatory Off/On

Early Cosing Off/On

3

New Closing Time (a.m.)

Scale up treatments for dependent drinkers

2.6k

Services target (from current capacity of 1400)

Brief Interventions Off/On

80

Target % reach of BI

Tas Alc model V770 27 Oct 2017

Release Notes

Tasmanian Government

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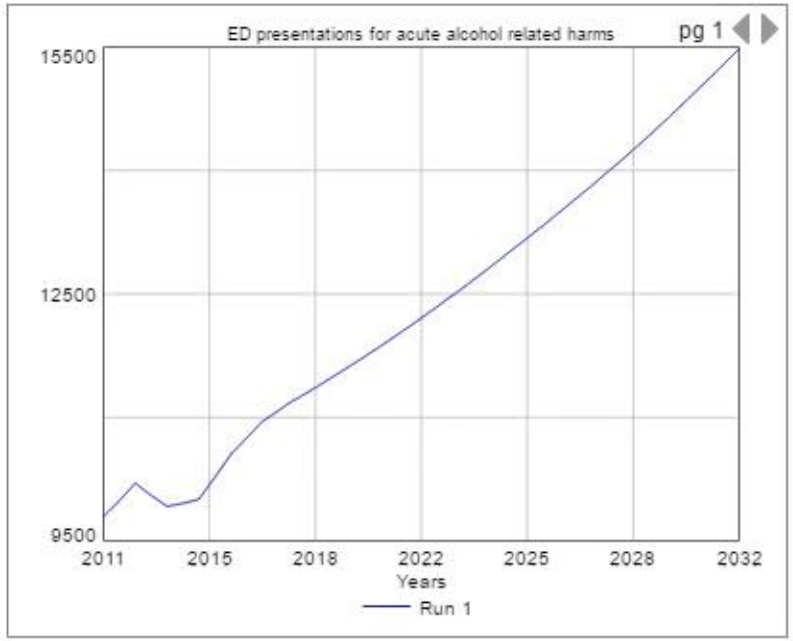

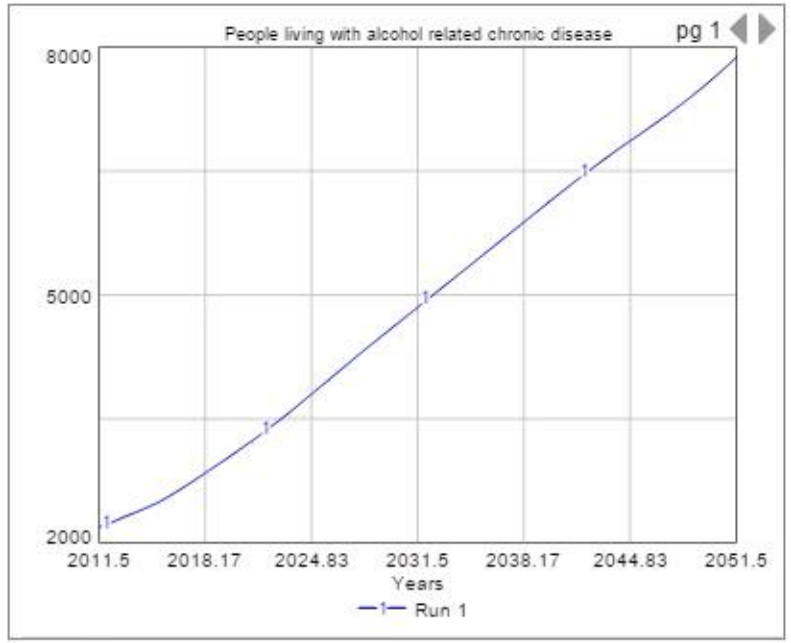

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Challenges and innovation

- Beyond reviews – the development of what if tools
- Partnerships for change – improving Aboriginal health
- Building capacity in policy agencies to engage with research

Australian Government
Australian Institute of Family Studies

Discovering what works for families

Building capacity for KT

Dr Rebecca Armstrong
Executive Manager, Knowledge Translation & Impact

GEIS 2018

Acknowledgements

- AIFS Executive, Communications Team
- Jack Brockhoff Child and Wellbeing Program, University of Melbourne
- Cochrane

Where we began…

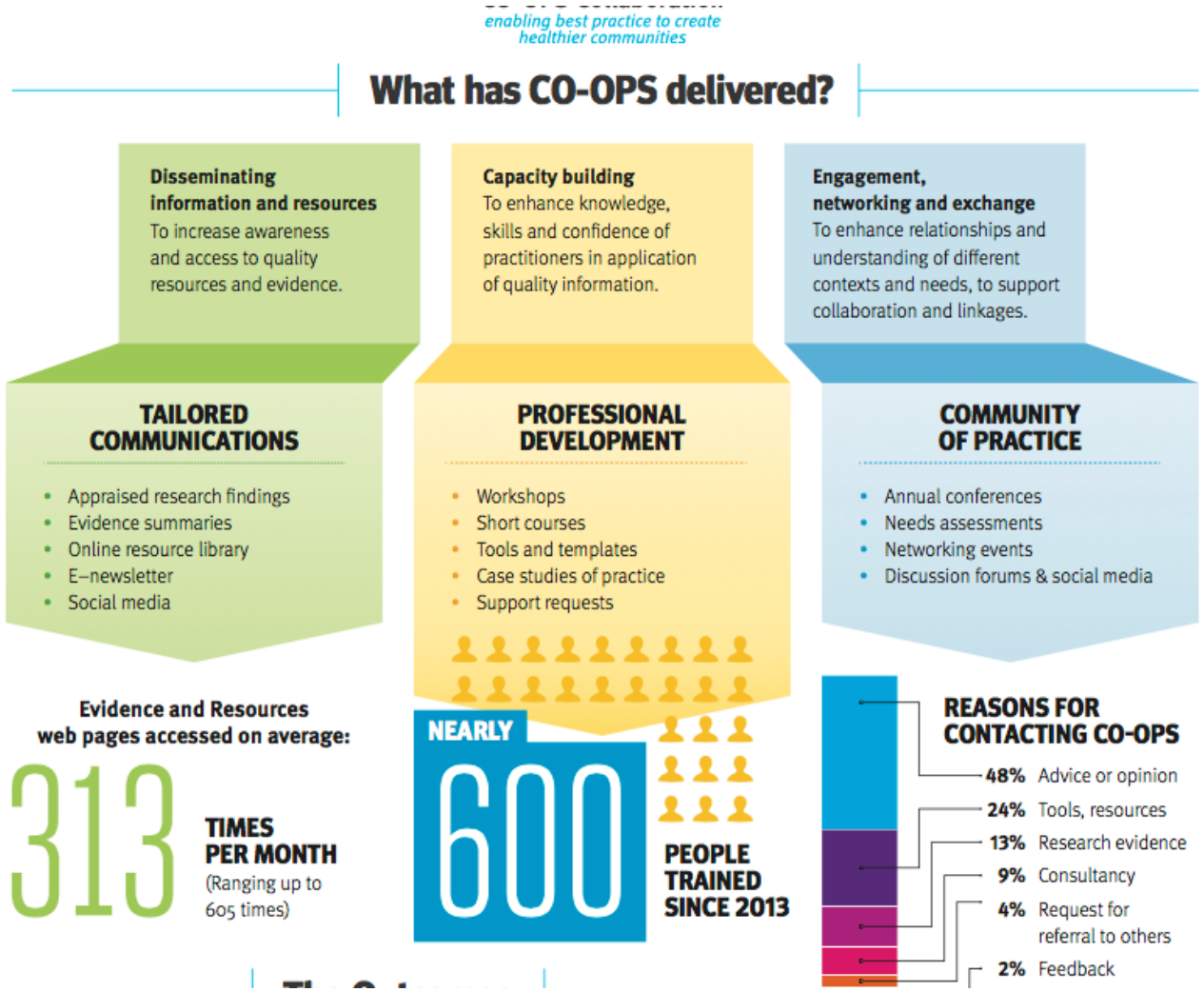
- Started with teaching systematic review methods
- Very limited transition between training and SR authorship
- What was the real issue?
  - Limited evidence literacy
  - Varied understanding of evidence
  - Limited relevance of systematic reviews
  - Link between research and practice questionable
  - Limited use of systematic reviews

Public Health Insight

PublicHealthInsight

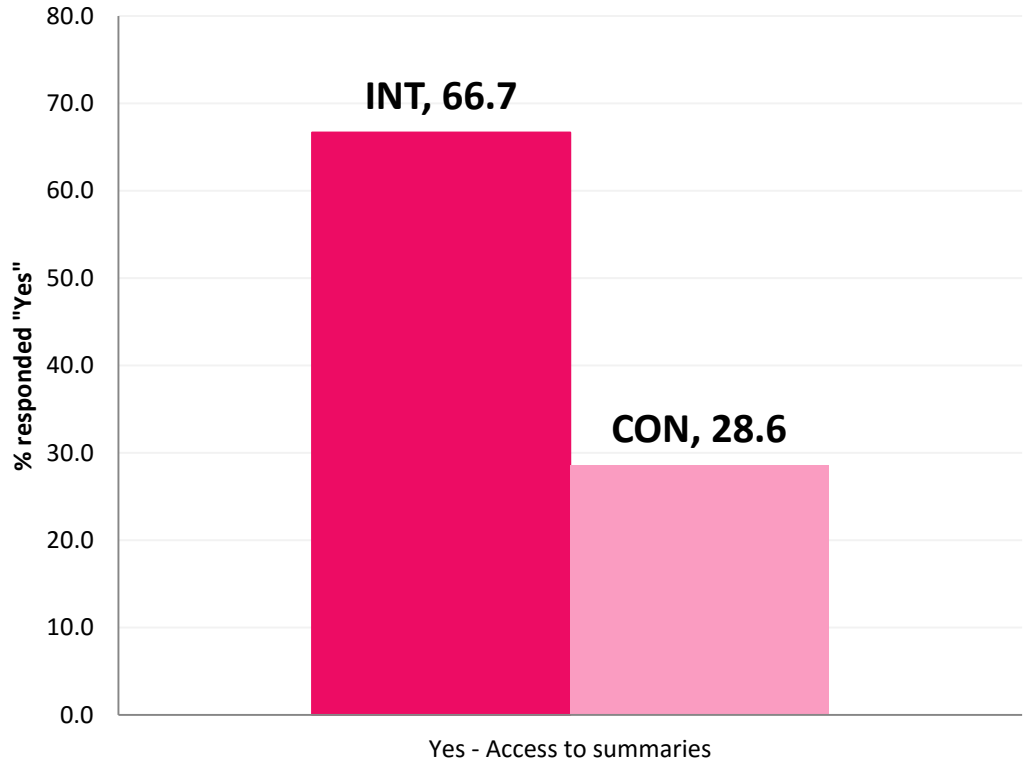
Inclusive research for healthier decisions

Evaluating KT interventions

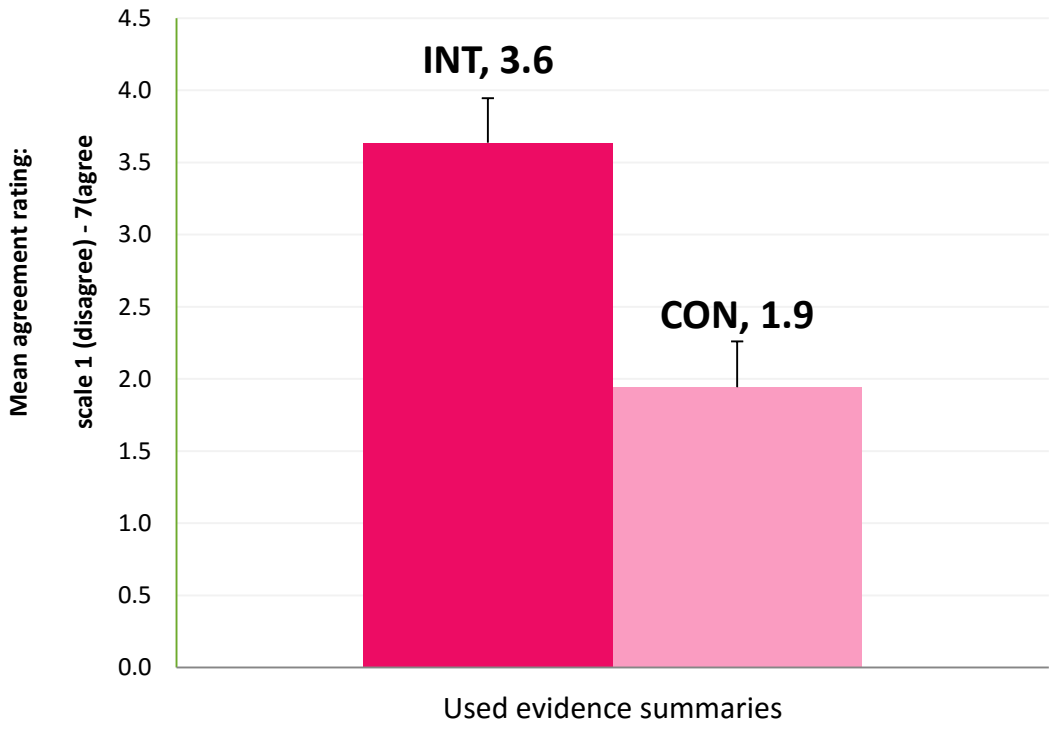


KT4LG: Evaluating KT interventions

Have had access to the evidence summaries developed for the project



Have used the evidence summaries developed for the project to inform local program decisions



Building capacity

Building capacity for **evidence-informed decision-making**

- Rationale: Pressure to practice ‘evidence-informed public health’
- Audience: practitioners, decision-makers
- Evidence informed public-health

Building capacity for **knowledge translation**

- Rationale: Pressure to produce KT Plans & undertake engaged research
- Audience: researchers
- KT4Researchers

Cochrane Public Health

- Early adopter of KT
- Dissemination plans for reviews
- KT strategy within Cochrane

Discovering what works for families

Cochrane
Public Health

KT at AIFS: a national perspective

1. **Working from the inside out**
   Building organisational capacity for KT
2. **Integrated Knowledge Translation**
3. **Communications KT joint planning**

AIFS KT Strategy

OUR PURPOSE: CREATE AND COMMUNICATE KNOWLEDGE TO ACCELERATE POSITIVE OUTCOMES FOR FAMILIES

OUR STRATEGIC PILLARS

CREATE KNOWLEDGE

We work with key stakeholders to set priorities and respond to emerging needs

COMMUNICATE FOR IMPACT

Our work leads national conversations about what matters most to families

COLLABORATE AND CONNECT

We build and maintain networks to ensure knowledge about families is shared and utilised

ACTIVATE SUSTAINABILITY

We build internal capacity so that we achieve impact in our work

OUR KNOWLEDGE TRANSLATION OBJECTIVES

How we made this happen

Senior leadership support

International and local networks

Being ready

Understanding policy and practice contexts

How this work has made a difference?

aifs.gov.au

Rebecca.Armstrong@aifs.gov.au

The National Collaborating Centre for Methods and Tools

Maureen Dobbins, RN, PhD (Scientific Director, NCCMT)

Andrew Papadopoulos, PhD (Chair, NCCMT Advisory Group)

National Advisory Group Meeting

October 29, 2018

National Collaborating Centre for Methods and Tools

Centre de collaboration nationale des méthodes et outils

NCCMT's Mission

- Enhance *evidence-informed public health* in practice, programs and policy in Canada
- Provide leadership and expertise in supporting the uptake of what works in public health

Conceptualizing EIDM

Figure 1: A Model for EIDM in Public Health

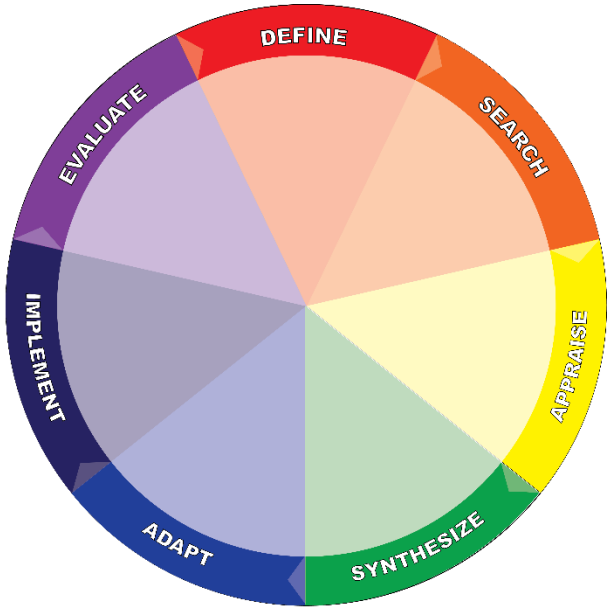
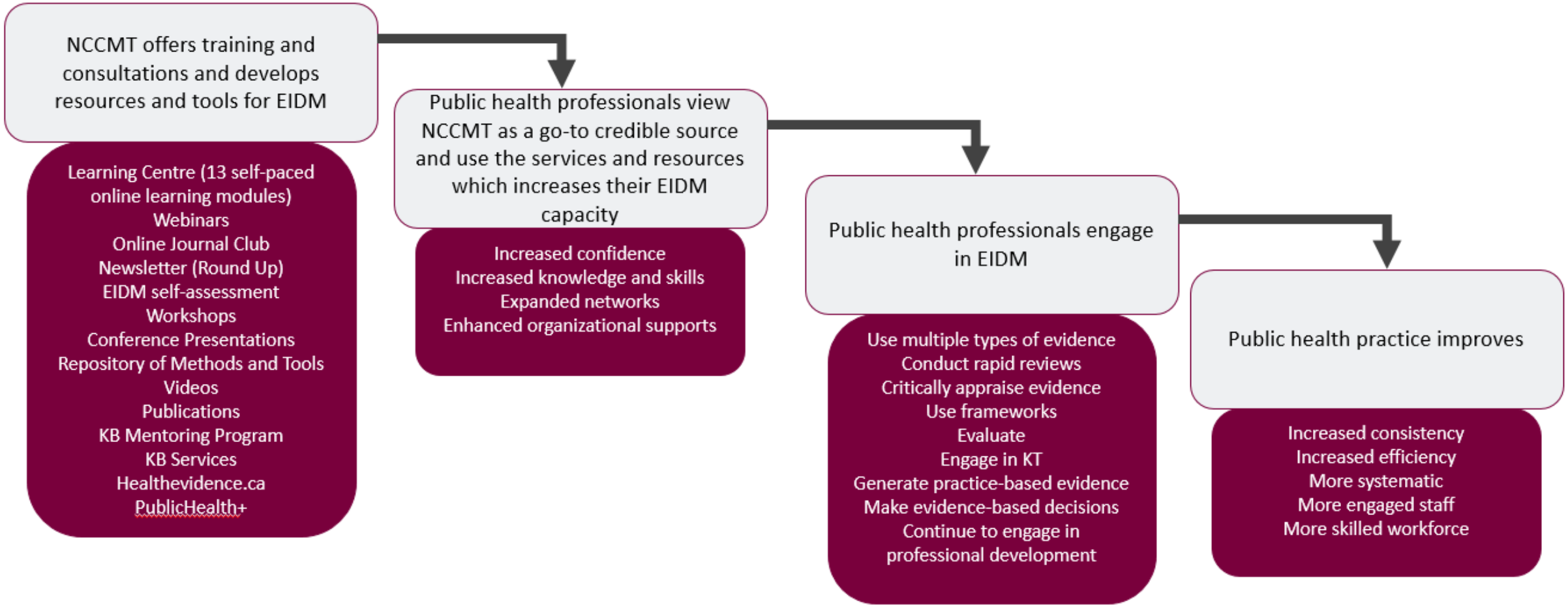


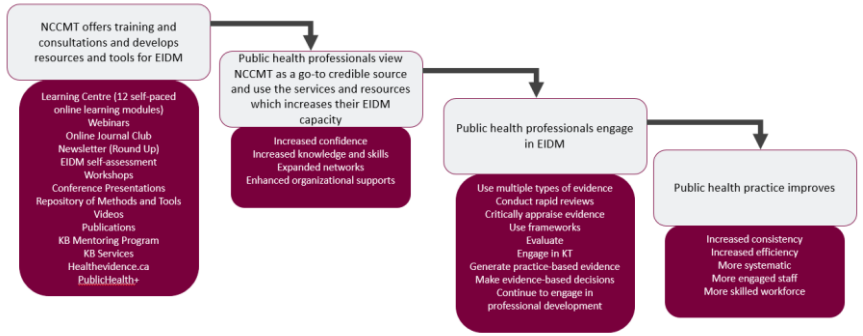
Figure 2: EIDM Steps

In order to demonstrate NCCMT's impact on EIDM, EIDM needs to be operationalized. NCCMT defines EIDM as using a variety of forms of evidence (Figure 1) and engaging in the seven EIDM steps (Figure 2).

NCCMT Pathway to Change



NCCMT's Impact on EIDM



- **NCCMT creates resources & tools** and **offers services** to **build** public health professional's **capacity to do EIDM**
- Public health professionals view NCCMT products and services as high quality, useful, and relevant and use them
- Using NCCMT's products and services ↑ capacity of public health professionals to do EIDM
- Public health professionals use their knowledge and skills and do EIDM
- **Public health practices and programs are better because of EIDM**

NCCMT Resource Use: Knowledge Repositories

NCCMT offers training and consultations and develops resources and tools for EIDM

Learning Centre (13 self-paced online learning modules)
Webinars
Online Journal Club
Newsletter (Round Up)
EIDM self-assessment
Workshops
Conference Presentations
Repository of Methods and Tools
Videos
Publications
KB Mentoring Program
KB Services
Healthevidence.ca
PublicHealth+

Knowledge Repositories	Metrics
Registry of Methods and Tools	278 KT methods and tools 1,339,083 pageviews 960,399 website sessions
Health Evidence™	5,203 quality-rated systematic reviews 21,791 registered users 1,723,438 pageviews 416,835 website sessions
Public Health+	2,569 pre-appraised studies 21,932 pageviews

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	2017-18	2018-19 (to date)
Knowledge Broker Mentoring Program	10 Health Units (all time) 55 participants (all time)	-
Workshops	149 participants 6 workshops	61 participants 4 workshop
Organizational Assessments	-	19 senior leaders 1 assessment
Webinars	1,734 participants 26 webinars	347 participants 8 webinars
Conferences	39 presentations 13 events	16 presentations 5 events

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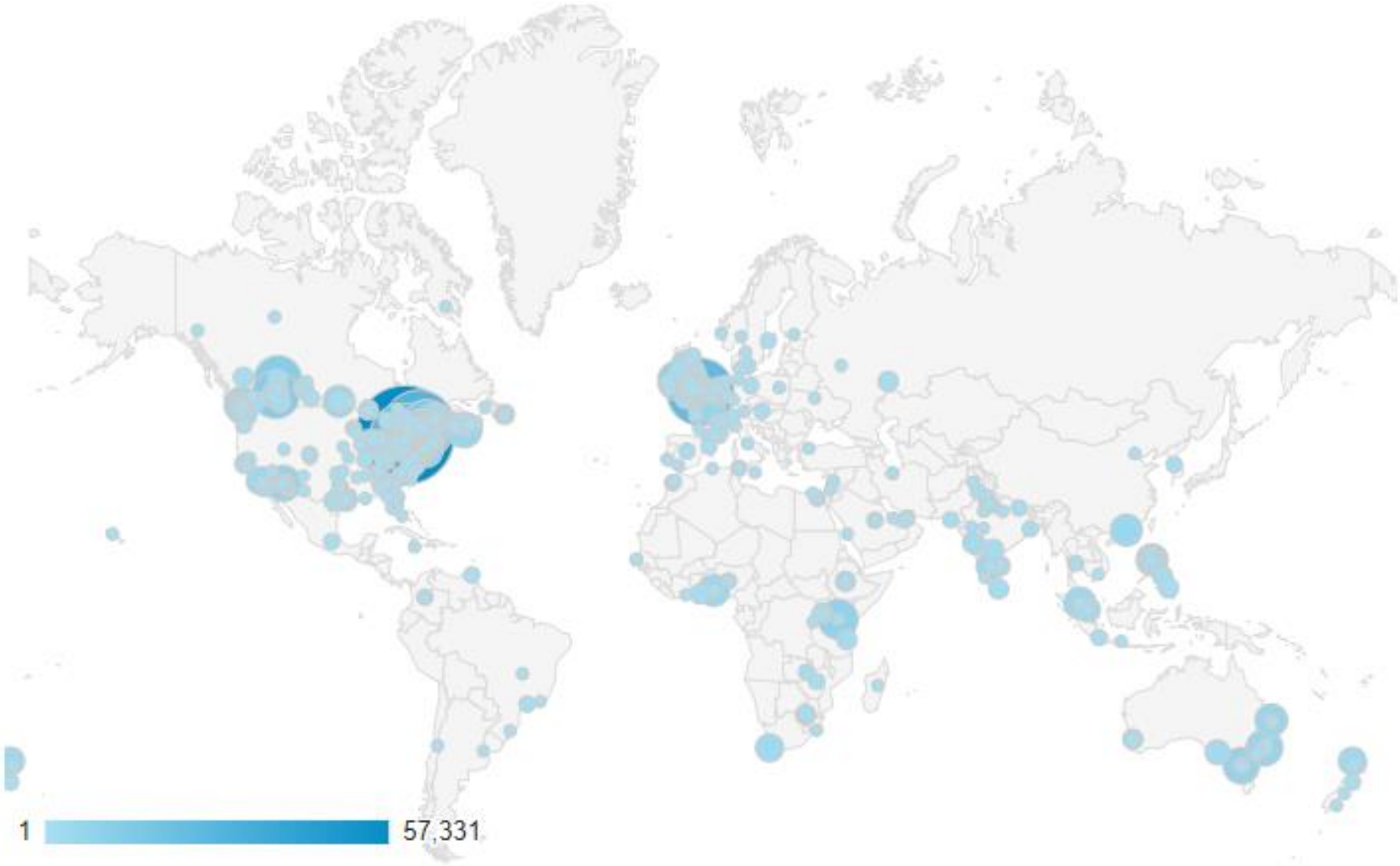
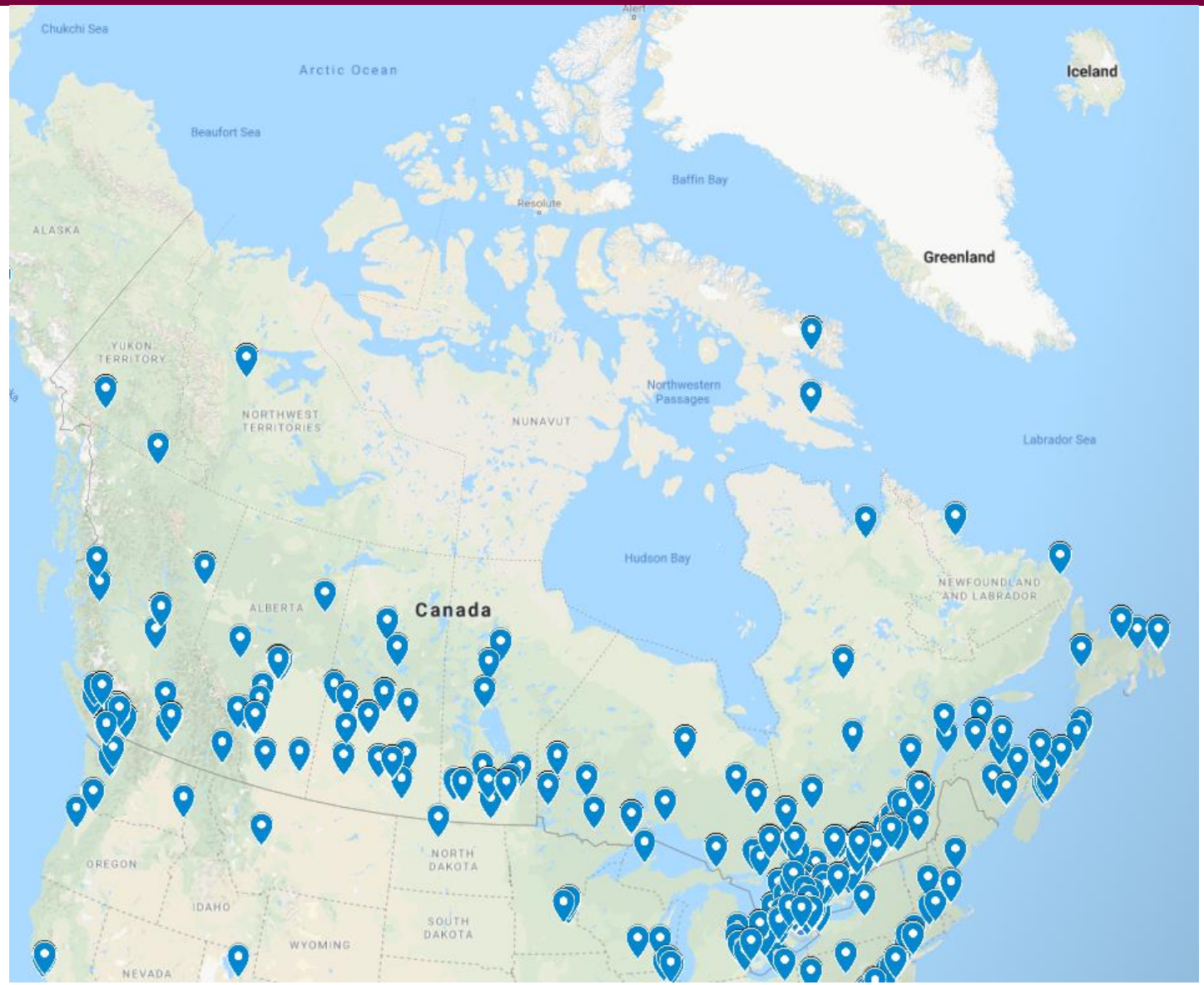
PublicHealth+

	All-Time
Online Learning Modules: # modules launched	25,654
Online EIDM Skills Assessment Tool: # times accessed (# users)	1,500 (709)
EIDM Casebook Issue 1: # page views (# downloads)	2,807 (454)
EIDM Casebook Issue 2: # page views (# downloads)	845 (159)
Rapid Review Guidebook: # page views (# downloads)	3,811 (2,343)
Core Competency Tool: # page views	1,523
NCCMT Publications Page: # page views	12,337
Understanding Research Evidence Videos: # views	97,217
Why it Matters Videos: # views	2,698

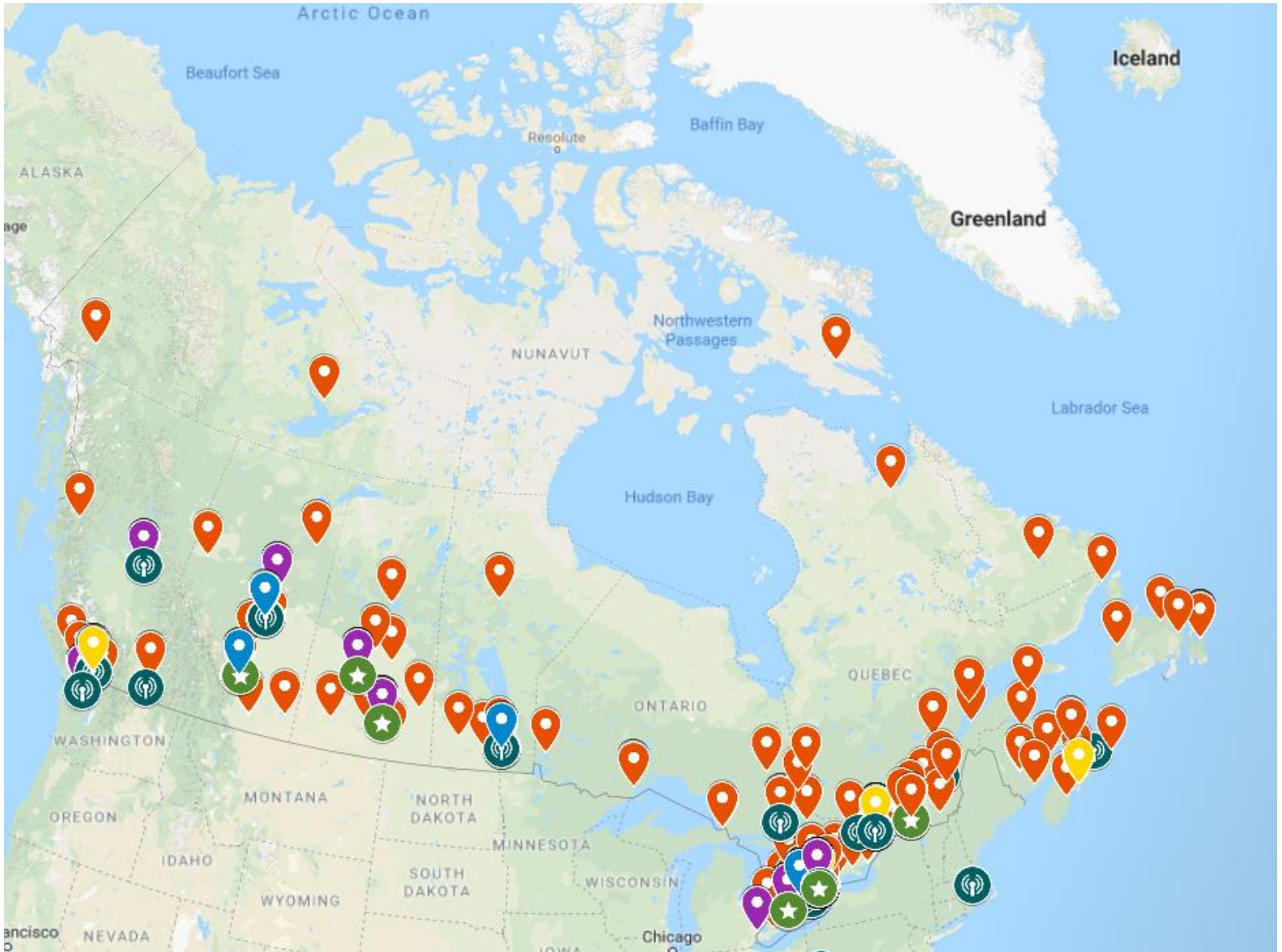
The NCCMT website sessions, 2011-date



NCCMT contacts



NCCMT Outreach Efforts



NCCMT increases public health professionals' capacity for EIDM

Confidence

"I definitely felt more confident in understanding the uses of different critical appraisal tools."

"It gave me 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."

With NCCMT

Within health units

Between health units

With academics

Connections

Knowledge and Skills

- Awareness of steps
- Value of data
- Critical appraisal
- Range of evidence needed
- Refining questions
- Statistics
- Systematic literature searches
- Doing rapid reviews
- Tools and resources for EIDM
- Knowledge of NCCMT

NCCMT Improves the Public Health System

Public health practice improves

Increased consistency
Increased efficiency
More systematic
More engaged staff
More skilled workforce

- More systematic processes
- More efficient operations and programs
- Higher visibility and more buy-in for EIDM

"I think the best benefit really is applying that systematic approach, so giving people all the steps to be able to follow these things because they are complicated. It gives people just a road to follow. So that has been good."

"Because of the training, the organization felt it was at a place where it could move forward with some organizational-wide work, because people had the skills and the knowledge to be able to do evidence-informed decision making."

Lessons Learned

- Partnerships with stakeholders/decisions makers is key
- Capacity development both in generating and using evidence AND changing practice (implementing change)
- Can’t focus solely on individuals; organizational change is required
- Understand policy and practice contexts
- Requires long-term commitment and strategic priority