Building capacity in research use for public health decision-making

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Background

The use of research evidence is challenged by a range of individual and organisational factors – these have been well documented (Innvaer 2002; Orton 2011). Knowledge translation and Exchange strategies have been proposed to support evidence-informed public health (EIPH) decision-making, such as:
- Systematic reviews, evidence summaries, clearinghouses (Knowledge ‘push’)
- Capacity building (facilitating user ‘pull’)
- Relationships between decision-makers and research producers (Exchange)

Training is one capacity building strategy
- But does EIPH training in make a difference?
  - May build confidence, competence (Baker et al 2009)
  - Evidence very limited, no pre and post evaluations in public health setting

Objective: To understand impacts of workforce training in evidence-informed public health (EIPH) decision-making.

Implementation of training courses

We have delivered EIPH short-courses since 2005, responding to identified need and demand among stakeholders. EIPH short-courses are designed for professionals working in public health and health promotion policy and practice e.g. Departments of health, community health services, primary care partnerships, and more recently Local Governments and NGOs. Core components of the EIPH training are shown in the EIPH process in Figure 1.

Evaluation methods

Since 2007: evaluated experiences post-course only. Since 2012: evaluating pre and post course: experiences, impacts and core components

Results

Sample: (2011 – 2013 combined): Pre course n=45; Post course n=59; Post course follow-up n=38

Expectations are being met and exceeded based on pre-course information and post-course feedback. High ratings of course relevance, quality/overall rating and rating of facilitators’ performance, each of which has increased with increased tailoring between 2011 – 2013, informed by improved understanding of practice and policy decision-making contexts. Marked increases in confidence occurred across all five domains of EIPH assessed (Table 1). Small improvements in opinion/attitudes (Table 2), particular in relation to accessing evidence and understanding how evidence applies to participants’ own context. Attitudes towards formulating answerable questions, critical appraisal, evaluation, and incentive to use research evidence were positive at pre-course survey.

At 6-month follow up, compared to the pre-course survey, more participants reported practising EIPH in the preceding month including formulating answerable questions, searching and critical appraisal (Fig 2).

Discussion & next steps

With findings suggesting high acceptability and potential positive impacts upon practice, this evaluation informs local implementation and could also contribute to the broader evidence-base on effectiveness of training for EIPH decision-making. We plan to strengthen the evaluation design (e.g. comparison group, additional qualitative methods to triangulate findings). Further exploration and interpretation of findings within a broader knowledge translation & exchange framework is required to understand role and importance of organisational culture and systems for evidence-informed decision-making.

References

Figure 1: EIPH process

Ask an answerable question
Find the evidence to answer the question
Critically appraise the evidence
Intergrate the evidence with your expertise and values of population
Evaluation - generate evidence to contribute back to the process

Figure 2: Change in self-reported practice across EIPH domains