



National Collaborating Centre
for Environmental Health

Centre de collaboration nationale
en santé environnementale

KNOWLEDGE TRANSLATION & THE PUBLIC HEALTH INSPECTOR

BCCDC ENVIRONMENTAL HEALTH SEMINAR SERIES – JUNE 25, 2015

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Outline



- What is Knowledge Translation (KT)?
- Why is KT important to PHIs?
- Research Project
 - ▣ Methods
 - ▣ Results
 - ▣ Limitations
 - ▣ Next Steps
- Concluding Remarks

The World Health Organization estimates that approximately **50%** of all premature deaths could be prevented every year through the application of already existing and available knowledge (CCGHR, 2012).

What is Knowledge Translation?

“a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system” (CIHR, 2014)

Know



Do



(NCCMT, 2012)

Effective KT

- Research informed by best currently available knowledge
- Effective tools that meet needs/circumstances of users
- Knowledge uptake and use



Example

- Influenza immunization among nurses
 - ▣ Current rate: 55-70%
 - ▣ Canadian National Advisory Committee on Immunization recommends 90%
 - ▣ Despite widespread evidence that:
 - ↓ worker-patient transmission, morbidity & deaths

WHY? Knowledge users: attitudes, experiences & misperceptions

Barriers to KT

Research

Poor quality evidence

One-off studies

Organizational

Lack of understanding KT needs

Limited resources

Competing agendas

Individual

Lack of time

Lack of skills

Values

Staff turnover

Restrictive Policies

Lack of resources

No familiarity with
evidence

Cultural/language

differences (MSFHR, 2012)

What's being done?

□ Federally



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sur les politiques publiques et la santé
National Collaborating Centre
for Healthy Public Policy



National Collaborating Centre
for Infectious Diseases
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des maladies infectieuses



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Public Health Agency of Canada



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en santé environnementale



National Collaborating Centre
for Determinants of Health
Centre de collaboration nationale
des déterminants de la santé

What's being done?

□ Provincially

Knowledge Translation (KT)

- Health Technology Assessment and Innovation (HTAI)
- Knowledge Translation (KT)
- Back to Research Portfolio Structure

Home > Information For > Researchers > Help with Research within AHS > Research Portfolio Structure > Knowledge Translation (KT)

Knowledge Translation (KT)

The Knowledge Translation (KT) department was formed in July 2012 under the Knowledge Application area of the Research Portfolio. The Director of KT position was created reporting to the VP of Knowledge Application. Knowledge translation in Alberta Health Services will support evidence-informed decision-making through exchanging, synthesizing and applying knowledge in an ethically sound way to quickly capture the benefits of research. The department is about putting research evidence into evidence-informed practice and policy.

How are we defining Knowledge Translation?

The KT department has adopted the Canadian Institute for Health Research Definition on KT (2012): "Knowledge translation is a dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically sound application of knowledge to the improve health of Canadians, provide more effective health services and products, and strengthen the health care system."

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Hot Topics in Public Health



Charcuterie

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Tenderized
Beef

Isolation
Flotation
Tanks

Eyelash
Extensions
Lounges

Sushi Robots

Sous Vide

Why is KT important to PHIs?

- New knowledge does not impact health by itself
- More effective and cohesive public health protection
- Positive public perception



Research Objectives

- 1) Information PHIs use when making public health decisions
- 2) How PHIs go about finding the information required
- 3) Level of trust invested into each source of data

Methods

□ Google Forms

■ Qualitative data

□ Distribution

■ Social media



■ BCIT



■ CIPHI



Knowledge Translation & the Public Health Inspector - Turning Evidence Into Practice

Section II: Sources of Information Used

Knowledge Translation is the process of using research evidence to improve health. Application refers to the development and integration of programs, policies, and services based on research evidence (MSFHR, 2012). How important is this concept of application to your work as a PHI?

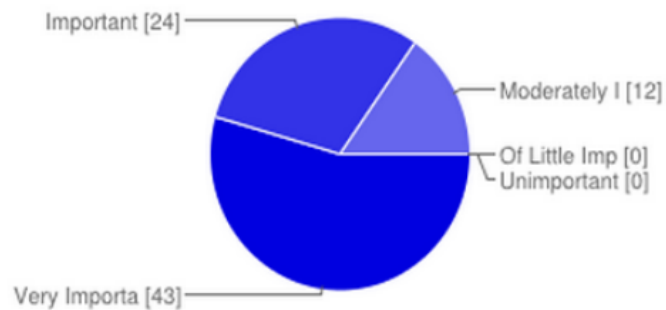
- ☐ Very Important
- ☐ Important
- ☐ Moderately Important
- ☐ Of Little Importance
- ☐ Unimportant

In daily practice, how regularly do you use evidence-based information to advise your decisions and actions?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

Results

Knowledge Translation is the process of using research evidence to improve health. Application refers to the development and integration of programs, policies, and services based on research evidence (MSFHR, 2012). How important is this concept of application to your work as a PHI?



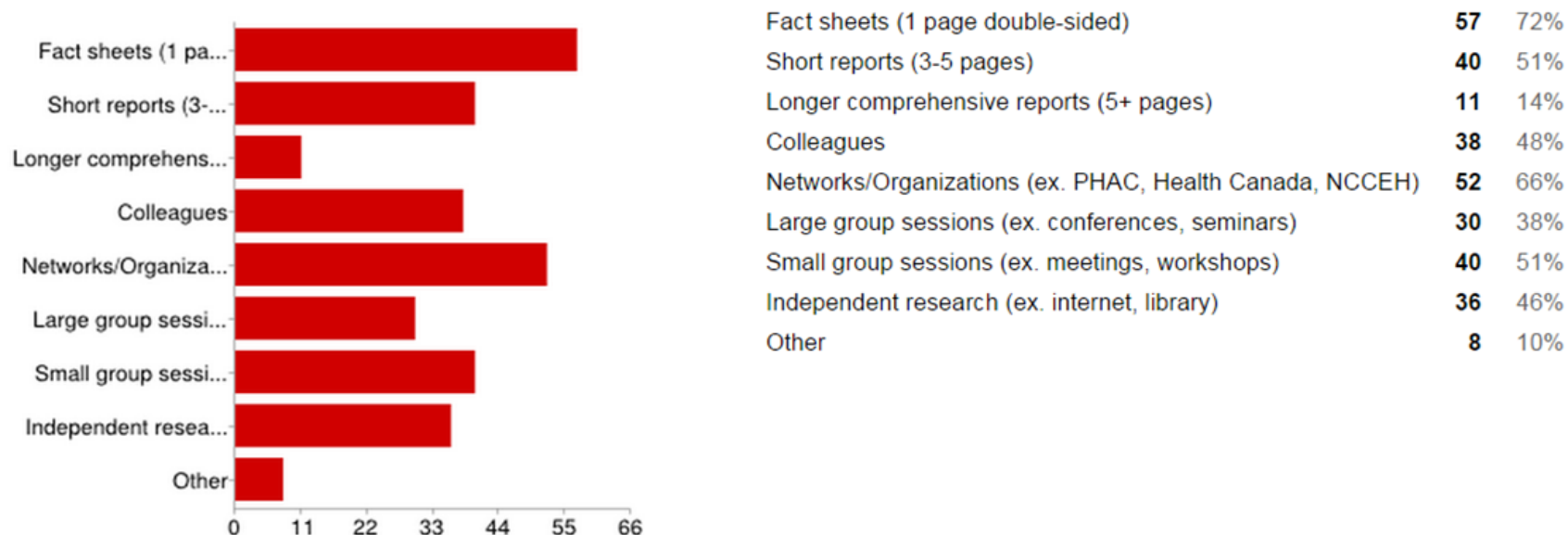
Very Important	43	55%
Important	24	30%
Moderately Important	12	15%
Of Little Importance	0	0%
Unimportant	0	0%

{ What do the findings suggest? }

- Majority of PHIs regard KT as important to their practice. However, the availability and delivery of resources need to be improved to optimize KT action.

Learning Preferences

To help you make informed decisions, how do you prefer to learn about a topic in environmental health? Select up to 4.



{ What do the findings suggest? }

- Digested, straight forward information from established organizations preferred
- Discussion with small group of peers facilitates learning

Sources of Information



When faced with unfamiliar situations:

86% government agencies frequently or very frequently

82% referred to colleagues

64.5% professional literature

 **63%** internet searches

56.5% professional organizations

Electronic Resources

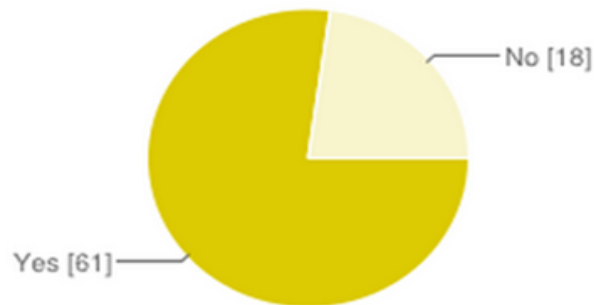


- Very accessible but variable reliability

- **Common Remarks:**
 - “...government websites are not easily searchable and confusing to navigate”
 - “...not conducive to real life application”

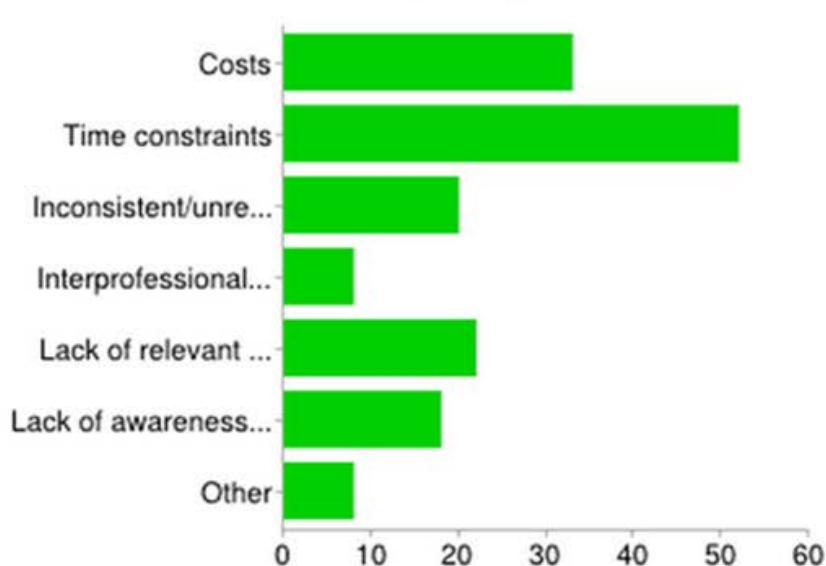
Perceived Barriers

In your practice, do barriers exist that impede your access to evidence-based information?



Yes	61	77%
No	18	23%

If YES, what barriers impede your access to evidence-based information? Select all that apply.



Costs	33	42%
Time constraints	52	66%
Inconsistent/unreliable information	20	25%
Interprofessional miscommunication	8	10%
Lack of relevant information	22	28%
Lack of awareness of available resources	18	23%
Other	8	10%

Common Remarks

□ Time

- ▣ Lack of allotted time during work day
- ▣ Not easily searchable

□ Cost

- ▣ No funding for training, journal subscriptions

□ Lack of relevant/consistent information

- ▣ Discrepancies in approach to change
- ▣ No central resource to manage updates

Professional Development

How important is professional development to your practice?



{ What do the findings suggest? }

- 94% of PHIs believe that continued professional development is important but opportunities to do so are insufficient.

What can Info Providers Do Better?

- **More educational opportunities**

- Funding to attend workshops, journal subscriptions
- In-person training & discussion

- **Create a central PHL-specific e-library**

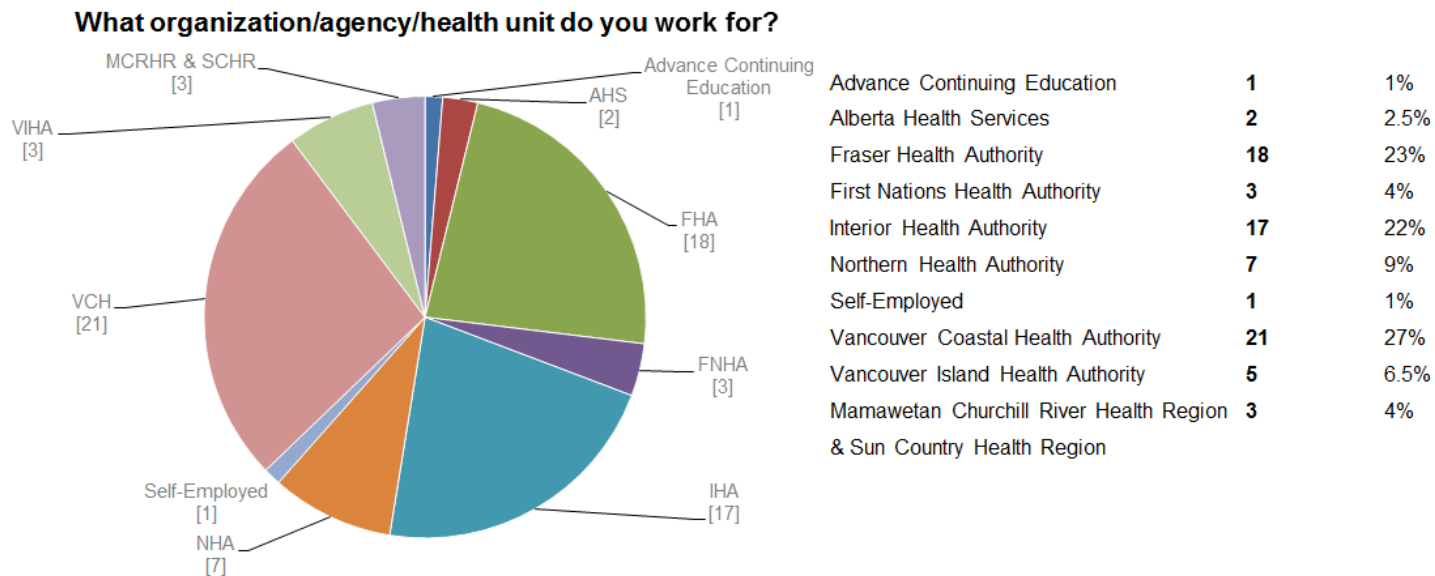
- Concisely worded, written for application
- Newsletters for updates

- **Further promote communication with other agencies**



Limitations

- 63% of respondents were 20 – 39 years old
- 80% of respondents have Bachelor degrees
- 91% of respondents from British Columbia
 - 50% from Fraser Health & Vancouver Coastal Health





Concluding Remarks

- KT specific to PHIs complex and multifactorial
- Always room for improvement!



"He's exceeding at meeting expectations
for needing improvement."



Thank you!

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