National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

LEARNING TOGETHER:
KNOWLEDGE TRANSLATION METHODS AND TOOLS FOR POPULATION HEALTH STATUS REPORTING

This document summarizes the Learning Circle of the National Collaborating Centre for Determinants of Health (NCCDH) Population Health Status Reporting Initiative held in November 2012.

POPULATION HEALTH STATUS REPORTING INITIATIVE

In order to better understand population health status reporting, the National Collaborating Centre for Determinants of Health (NCCDH) has implemented a Population Health Status Reporting Initiative. The NCCDH engaged research support from Public Health Ontario to search, review and synthesize evidence from the scholarly and grey literature and incorporate experiential evidence from key informants. The materials are presented to a "Learning Circle" of managers, directors, researchers, epidemiologists, and medical officers of health who, through a series of discussions and presentations, reflect on how to improve population health status reporting to illuminate health inequities and support the development of effective health-equity policies. Capital Health (Halifax, Nova Scotia) functions as a practice site in relation to the learning circle, applying suggestions and bringing forward questions, needs and reflection on their experience. Each learning circle meeting addresses a new topic.

BACKGROUND

The focus of the November 2012 Learning Circle discussion was on the best methods and tools to support the iterative process of knowledge translation in the context of population health status reporting. This includes processes considered critical to the effective integration of health equity such as the dissemination of findings and the engagement of stakeholders for the purpose of collecting community knowledge and putting it back into the reporting process.

EVIDENCE

Two approaches were used to explore the best methods and tools related to knowledge translation in the context of population health status reporting.

Search Protocol

The first approach was a search of academic and grey literature. Information was retrieved through a literature search, as well as through the examination of existing population health status reports that are being collected through an ongoing search for examples of reports in Canada (English and French) and internationally (English only). (A copy of the complete protocol is available upon request).
The literature search was based on the following questions:

- How do we know when population health status reports have been effectively disseminated?
- What are the most effective methods and tools for the dissemination of population health status data and reports?
- Which of the effective dissemination methods and tools are also effective for capturing knowledge/wisdom to feedback into the population health status reporting process?
- What methods and tools have been used in Canada for knowledge translation in population health status reporting processes?

Gathering stories from the field

The second approach was to interview staff from a regional health authority/health unit that has been closely involved in knowledge translation of health equity and population health status reporting.

The Sudbury and District Health Unit (SDHU) was selected for this purpose and an interview was conducted with Stephanie Lefebvre, Manager, Health Equity, SDHU. Lefebvre was asked to describe her experience in disseminating population health status reports, while considering the following questions:

- What electronic or virtual approaches were used?
- What in-person methods or tools (e.g. meetings, presentations, or community engagement) were used?
- What was learned from the experience? Is it possible to describe any best practices for disseminating and/or capturing knowledge based on this?

FINDINGS

Knowledge translation is the process of bringing together information and action.[1] Although there are many terms and frameworks that refer to similar concepts, knowledge translation has been described by the Canadian Institutes of Health Research as:

> *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 healthcare system. This process takes place within a complex system of interactions between researchers and knowledge users that may vary in intensity, complexity, and level of engagement, depending on the nature of the research and the findings, as well as the needs of the particular knowledge user.*[2]

Literature on knowledge translation tends to focus on the application of findings from research studies and program evaluations, as opposed to other public health activities, such as population health status reporting. It can be assumed that many of the same principles and learnings apply to the effective integration of health equity in population health status reporting.

The co-creation and shared use of knowledge is central to this process, and presents a unique knowledge translation context.

Knowledge translation approaches

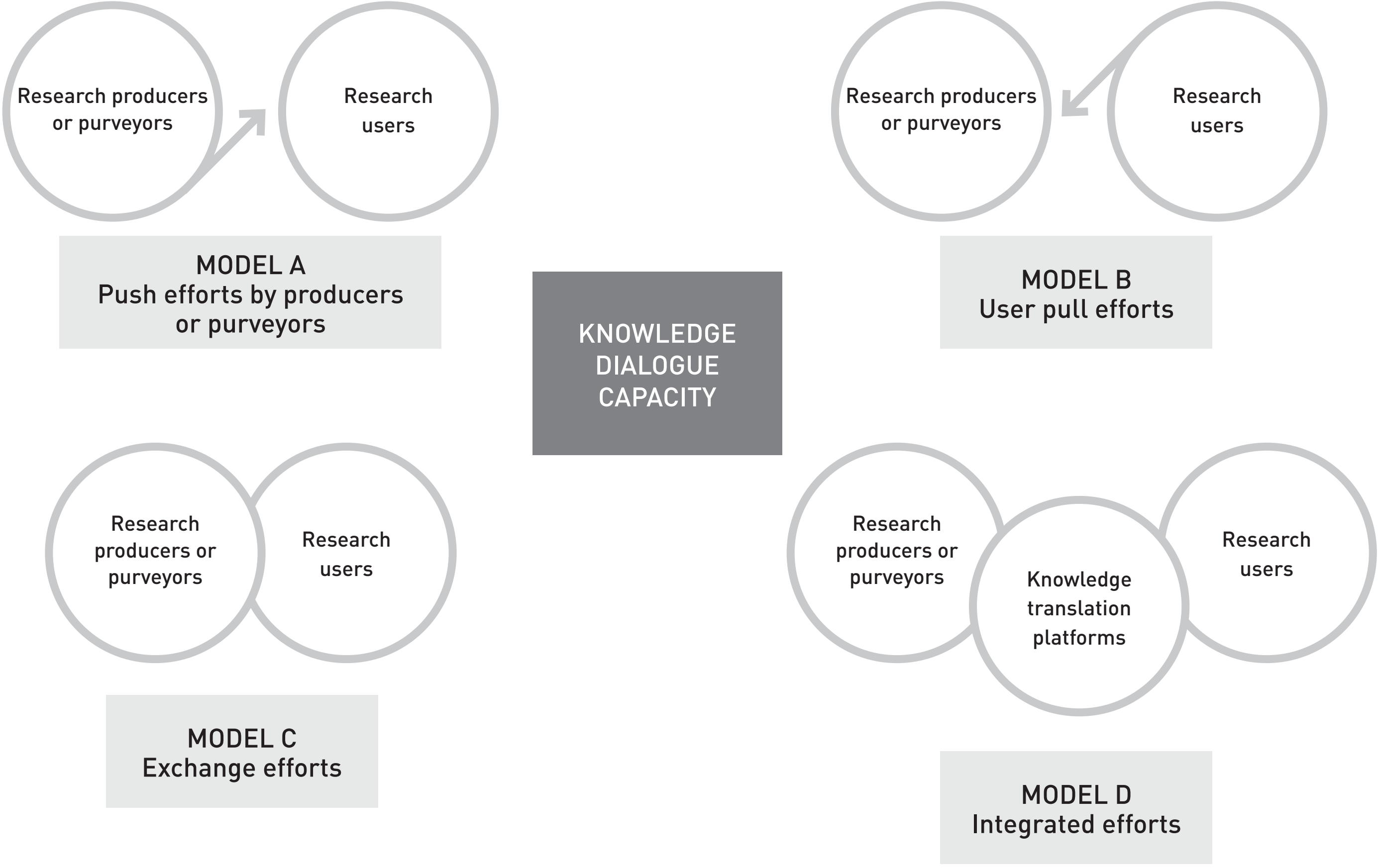
The four main approaches to link information and action are: push, pull, exchange, and integrated[3] (Figure 1).

- **Push:** these efforts are led by knowledge producers; they are most suited to situations where the knowledge user is relatively unaware of the issue
- **Pull:** these efforts are led by knowledge users; they are most suited to situations where the knowledge user has identified an information gap and wants to address the gap in a timely way
- **Exchange:** these efforts occur when knowledge producers and users develop a partnership; they are best when the two groups collaborate
- **Integrated:** these efforts occur when elements of push, pull and exchange strategies are combined

Ideally, a knowledge translation strategy should be embedded in the knowledge generation process.[4] Key elements to consider are the audience, the message, and the medium.[1] Determining the audience involves considering who we must communicate with, who we should communicate with, and who we would like to communicate with. Preparing the message requires distilling information into its most readable form and providing contextual information. Selecting the medium involves deciding between various options, including:[1]

- **Print media:** articles in scientific journals, reports, newspapers, editorials, policy briefs, newsletters, brochures, leaflets, cartoons, and images
- **Multimedia:** presentations (oral, lecture, poster), videos, radio spots, podcasts, social network sites (blogs), and websites
- **Popular media:** storytelling, theatre, and song

Figure 1: Approaches for linking information and action: push, pull, exchange, integrated



Source: Bennett (2011)[1], adapted from Lavis (2006)[3].

Knowledge translation for equity-based information

The challenges associated with promoting action through knowledge translation include researchers' lack of knowledge about the policy making process, policy makers' lack of understanding of scientific information, and insufficient interaction between the two groups.[5] Equity-based issues are especially difficult, in part due to the need for intersectoral action.[4]

The University of Alberta, School of Public Health and the Winnipeg Regional Health Authority created *Promoting Action on Equity Issues: A Knowledge-to-Action Handbook*.[4] This resource provides tips for successful knowledge translation on topics, such as:

- Building a coalition of partners
- Framing the issue
- Getting the issue onto the agenda
- Maintaining support

Determining the effectiveness of knowledge translation strategies

Evaluation is essential to determining whether a knowledge translation strategy has been effective in promoting action.[6,7] The availability of instruments that evaluate the effectiveness of knowledge translation activities has been summarized in the literature.[7] A systematic review of the effectiveness of knowledge translation strategies found that predicting effectiveness was difficult because of the importance of context in determining success. In some contexts, simple strategies were found to be as effective as complex multifaceted strategies. Passive strategies, where the user has to seek-out information independently, were found to be among the least effective.[8]

A STORY FROM THE FIELD...

A DATA-TO-ACTION SUCCESS STORY

The Sudbury and District Health Unit (SDHU) has been working for some time on strengthening the integration of health equity measures into their population health status data.

The team from the Sudbury and District Health Unit presented their data to the City of Greater Sudbury Healthy Communities Cabinet at a meeting in September 2011. They showed their video *Let's Start a Conversation about Health* that tells the story of Nadia and the impact of social determinants on her opportunities and choices. They followed this with a presentation of regional data that included the application of the Deprivation Index,[11] and concluded with an orientation to the Equity-focused Health Impact Assessment (EfHIA) process.

Next, they asked members of the cabinet for emerging projects and/or policies, hoping that they could turn some into community pilots and case studies.

The Sudbury and District Health Unit supported the completion of an EfHIA process by a coalition called the Community Door Working Group, which was made up of representatives from the human service sector, universities and credit unions who were looking at a shared space model of service delivery. The group has described the outcome of their process in a report and as of December 2012 they were in the final stages of establishing recommendations with the project steering committee.

Stephanie Lefebvre , Health Equity Manager, Sudbury and District Health Unit, said, "We were worried when we asked for volunteers that we wouldn't get much interest, but we were overwhelmed with responses. It was the combination of the story, the data, and a process that could be used right away that drove a successful dissemination of data. The data was used to inspire tangible action."

Tools for Knowledge Dissemination

One resource to find tools to support knowledge dissemination in public health is the National Collaborating Centre for Methods and Tools (NCCMT) registry, which (www.nccmt.ca/registry/index-eng.html) has a number of useful tools including:

- Communicating Evidence for Policy-Making
- Communicating Evidence to Stakeholders
- Developing an Effective Knowledge Dissemination Plan
- Dissemination Planning Tool

Towards effective knowledge translation

Population health status reports do not tend to present details of how results will be used to promote action within the document.

After releasing *Health Disparity by Neighbourhood Income*, the Saskatoon Health Region reflected on their experiences in disseminating this report and offered the following advice:

- Use ample and varied communications
- Develop trust and involve those who are affected
- Build collaboration into the budget
- Match recommendations for action to current public priorities

The Saskatoon Health Region was successful in disseminating the results of this work. The action they inspired included creating a poverty reduction strategy and increasing the income tax threshold.[9]

Other lessons learned can be found in a summary prepared by the National Collaborating Centre for Methods and Tools in a handbook which describes methods and tools related to engaging citizens for decision making.[10] The findings indicate that informed, effective, and meaningful public participation requires:

- Clear communication about the purpose of the consultation and its relationship to decision-making
- Identifiable links between the consultation and the decision outcome
- Information presented clearly, honestly and with integrity
- Procedural rules that promote power and information sharing among participants and decision-makers
- Processes to be viewed as legitimate

THE LEARNING TOGETHER SERIES

Increasingly, population health status reports are key evidence in the creation and realignment of public and population health policies. The resources in this Learning Together series summarize the NCCDH Population Health Status Reporting Initiative, which is working to strengthen the integration of social determinants and health equity in population health status reporting processes.

To download the Learning Together series, visit **www.nccdh.ca**

A STORY FROM THE FIELD…

WHAT'S KEEPING YOU UP AT NIGHT?

The Sudbury and District Health Unit (SDHU) is considered a leader in the area of addressing social determinants of health and advancing health equity, yet, even the staffs at the SDHU have been challenged by finding, interpreting and disseminating population health status data.

"The data we have seen [in relation to equity issues] has not always been extremely clear or compelling… We have not often seen what we have expected … and we have always felt that there was something more behind the numbers" said Stephanie Lefebvre, Health Equity Manager, Sudbury District Health Unit.

As a result, the team at the Sudbury District Health Unit applied the INSPQ deprivation index[11] to their community data and compared it to approximately 40 different health measures. Several significant health inequities were revealed, and yet there were still some things that surprised them. They still did not feel that they could fully explain the data.

According to Lefebvre, "we didn't feel that we fully understood what was buffering the numbers, or what the challenges were, or the strengths that we could build from… It took us a year to fully explore and begin to build our own understanding and interpretation of the numbers. We then still felt that we needed to ask others for their interpretation of the data."

They took the data to the internal program area leads and asked them to brainstorm potential contributing issues. While they were able to learn from the public health practitioners, the picture remained incomplete. The team decided to consult with community partners and stakeholders in order to truly understand health equity issues in the local context.

"We had originally proposed to bring in a guest speaker from the Saskatoon Health Region to talk about their work and to present our data and ask for feedback… but we are not the only ones with interesting data and we realized that it would be much better to have a dialogue that brings together a variety of types and sources of data," commented Lefebvre " We knew that the social planning council had EDI[12] [Early Development Instrument] data, and the city had information on community infrastructure. We thought it would be more interesting if we all presented our data and discussed what we think it's saying as a whole.

What began as a community consultation changed dramatically over several months; it became a four-partner collaboration between the public health unit, the police service, the social planning council, and the city.

This shift resulted in a change of focus from health specifically to well-being. Lefebvre stated that, "we recognized that each of our own unique issues and concerns are likely all driven by the same root causes; therefore, we changed the focus of our report to be about opportunities for well-being in Sudbury and integrated discussion questions [rather than interpretation] into the report."

The next step in this process is to broaden the community consultation session to include other community stakeholders such as academic partners, mental health services, school boards, and Aboriginal and Francophone groups. They are expecting 30 to 40 participants and are presenting the Prince Albert Community Mobilization Model as an example of multisectoral collaboration to address shared root causes of well-being. To be inclusive, the event is titled "What is keeping you up at night?" with the intent to encourage sharing of data and knowledge in a collaborative way.

Lefebvre expects that the results of the community consultation will help to inform their population health status report, but perhaps more importantly it will result in an event report that is from the community and used to drive collaborative action on issues of equity. In fact, at this point, they don't really know what the result will look like … a true mark of a collaborative approach.

"Public health does have human resource capacity compared to some community partners, but every partner and sector in our community has something important that they're bringing to the table," said Lefebvre. "We are hopeful that this work will continue to reflect a true partnership approach."

LEARNING CIRCLE DISCUSSION

The engagement aspects of population health status reporting, particularly around health equity, are not often reported in population health status documents, or substantively addressed in the research literature.

During the Learning Circle discussion some members proposed that because there is often little evidence available to describe the role population health status reporting plays in supporting community action it becomes a challenge to tell the "success" story. Others suggested that because population health status reporting is not documented in reports on actions taken it is likely forgotten over time. Learning Circle members reiterated the importance of tracking what takes place after reports are released. This includes the documentation of how the audience uses, engages with, and further develops the information.

The importance of making the population health status reporting process engaging for all stakeholders was also discussed. Health equity data needs to be so compelling for members of the public and other stakeholders that they return again and again for more information. This is critical for effective knowledge translation, but is very difficult to achieve due to the constant demand for more local and more frequent data. This puts public health practitioners in a difficult position where they cannot meet the expectations of the community, which may in turn threaten the effectiveness of population health status reporting.

Limited public health surveillance and assessment capacity and infrastructure in Canadian health regions continue to be a challenge; there is a need to improve skills and enhance knowledge of social epidemiology and public health interventions. There is some optimism that the same forces driving improvements in health service data and decision-support structures within the health sector will contribute to improvements in public health surveillance and assessment.

Learning Circle members agreed that a research focus on implementation is essential for increasing legitimacy and for advancing best-practices in translating knowledge about the integration of health equity in population health status reporting.

WHAT'S NEXT?

The Learning Circle members felt that the field of health informatics could benefit from a focus on engagement approaches. One approach: for example, might be to support local data collection by providing a web-based interface that gathers individual data but also allows people to compare personal data to their community. The Learning Circle members suggested that a program of research on a social-ecological model for health informatics could be helpful in this regard.

These suggestions will be explored further through the NCCDH online learning community, Health Equity Clicks: Community (for more information visit www.nccdh.ca).

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