10.P. Skills building seminar: Knowledge translation in public health: Moving from evidence to policy and practice

Organised by: EUPHA section on Chronic diseases, EUPHA section on Public mental health and EUPHA section on Infectious diseases control

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Chairperson(s): Aura Timen - The Netherlands, Jutta Lindert - Germany

Background

Knowledge translation (KT) is increasing in importance and use in the fields of medicine, rehabilitation research, and public health. KT is a relatively new term that is used to describe a relatively old problem — the underutilization of evidence based research in systems of care. Underutilization of evidence-based research is often described as a gap between "what is known" and "what is currently done" in policy and practice settings. Although decisions to develop and implement new programs and services must be grounded in best

practices, the methods and frameworks needed to inform knowledge and translate evidence into policy and practice are often considered time consuming and difficult to understand. KT involves more than distribution of practical scientific information and reliance on academic publication as a primary mechanism for disseminating results. KT implies an interactive and engaged process between the research and health systems (i.e. teams, populations, policymakers, and consumers). The highest quality evidence available is vital to the interactive process of moving knowledge into policy and practice in the complex world of public health; however the KT barriers typically faced by public health professionals can preclude a consistent implementation of the principles of evidence-informed decision-making.

Aim

The aim of this workshop is to contribute to capacity building in evidence-informed decision-making in public health. This workshop seeks to provide public health professionals with both theory and practice on effective knowledge translation skills.

Workshop structure

The workshop will be in three parts:

- brief presentations delineating the process of KT (30 min)
- a guided group exercise (30 min)

a panel discussion on effective strategies of KT in public health (30 min)

Presentations

The workshop will start with a short introductory presentation on basic principles of knowledge translation and evidence-based public health, including barriers to knowledge translations and challenges faced by researchers. The second presentation will introduce the most recent activities of the WHO/Europe initiative the EVIPNet - Evidence-informed Policy Network. The third presentation will make the link between the new evidence emerging on non-communicable disease prevention with the European health policies. Group exercise

A guided group exercise, carried out in a World Cafe setting, will give attendees the opportunity to develop hands-on tips and tricks to get familiar with effective knowledge translation skills

Panel discussants

- Claudia Stein, Director, Division of Information, Evidence, Research and Innovation, WHO/Europe
- Gauden Galea, Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course, WHO/Europe
- Silvio Brusaferro, EUPHA pillar lead Practice
- David Stuckler, EUPHA pillar lead Policy
- Katarzyna Czabanowska, EUPHA pillar Training and education

Key messages:

- Despite the many accomplishments of public health, a greater attention to evidence-based approaches is warranted
- Knowledge translation barriers typically faced by public health professionals can preclude a consistent implementation of the principles of evidence-informed decision-making

Getting research findings into practice and policy: Barriers and bridges to evidence-informed public health

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Issue

Public health researchers are doing exceptional job in making discoveries that has the potential to improve people's health and strengthen healthcare systems and economy but unless this knowledge is actually put into action, these benefits will not be realized.

Description of the problem

Evidence-informed public health (EIPH) is the process of distilling and disseminating the best available evidence from research, context and experience, and using that evidence to inform and improve public health practice and policy. Put simply, it means finding, using and sharing what works in public health. Yet, knowledge translation has been slow and inconsistent in public health. In clinical and health service contexts, knowledge translation strategies have focused on individual behaviour change, however the multi-system context of public health requires a multi-level, multi-strategy approach. Due to this complexity public health professionals

can preclude a consistent implementation of the principles of evidence-informed decision-making.

Results

This presentation will address the issues of effectiveness of knowledge translation strategies focusing on policy makers as well as the wider impact of KT on the quality of public health interventions together with the tools and training resources available to support this activity. Analytic tools (e.g., systematic reviews, economic evaluation) that can be useful in accelerating the uptake of EIPH will be discussed. Also challenges and opportunities (e.g., political issues, training needs) for disseminating EIPH will be highlighted.

Lessons

To conclude, despite the many accomplishments of public health, a greater attention to evidence-based approaches is warranted. The concepts of EIPH hold promise to better bridge evidence and practice. Public health professionals trained in implementation and dissemination science are needed to facilitate the translation of evidence into practice.

Knowledge translation of health research: Using evidence for policy in health and well-being Claudia Stein

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Despite significant investments in health research worldwide, there remains a considerable imbalance between what is scientifically known and what is done in public health throughout the world. Moreover, the evidence informing policy makers on health, mental health and well-being, rather than traditional health information on death, disease and disability is only just emerging. The WHO Regional Office for Europe and its 53 Member States have adopted the Health 2020 policy which committed to 6 targets and 19 core indicators, including a target to enhance the well-being of the population. The latter is estimated by subjective and objective well-being indicators. However, in order to truly close the gap between evidence and policy, EVIPNet Europe - a regional arm of the global Evidence-informed Policy Network (EVIPNet) - was launched by the WHO Regional Office for Europe in October 2013. With a vision of a Europe in which high-quality, context-sensitive evidence routinely informs health decision-making, EVIPNet Europe supports governments through capacity building, tools, platforms and the fostering of multi-disciplinary country teams to translate evidence in to policy, thus reducing health inequalities and improving health and well-being for all by fostering a knowledge translation (KT) culture. The presentation will make the link between the new evidence emerging on wellbeing with knowledge translation platforms, tools and networks in Europe.

Prevention and control of noncommunicable diseases (NCDs) through evidence-informed public health Gauden Galea

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Issue

The rising burden of non-communicable diseases (NCDs) challenges the public health sector to develop, support and implement effective interventions to reduce this global epidemic.

Description of the problem

The control of NCDs was addressed by the declaration of the 66th United Nations (UN) General Assembly followed by the World Health Organization's (WHO) NCD 2020 action plan. However, setting goals is not enough. To achieve meaningful outcomes, political and other public sector leadership and

effective knowledge translation at every jurisdictional level is needed to implement health-in-all-policies initiatives and to measure progress against set objectives.

Results

This presentation will illustrate the importance of knowledge translation with the goal of increasing the effectiveness of public health policies and services, relying on both quantitative and qualitative evidence. As brief case examples, several successful knowledge translation efforts will be highlighted to address challenges and further evidence-based decision-making. Examples will include fiscal interventions regarding tobacco and food introduced in several European countries.

The questions to be answered are as follows: What are the lessons learned from these interventions? Should we use price policies to promote healthier lifestyles? What was the effect of these natural experiments? Should other countries in Europe venture into this field?

Lessons

While countries have accumulated an impressive record of plans adopted, surveys completed, targets set, and commitments renewed, there are still justified calls for effective, coordinated, focused, and evidence-informed public health interventions that will strike at the determinants of the NCDs epidemic.