

Evaluating a training program designed to support evidence-informed policymaking: Lessons from Health Systems Learning

CAHSPR Conference
12 May 2016

Kaelan A. Moat, PhD

Scientific Lead, Health Systems Evidence and Learning, McMaster Health Forum
Assistant Professor (Part-Time), Department of Clinical Epidemiology and Biostatistics,
McMaster University



Why provide training to health system policymakers (1)

- Research evidence can help
 - Define the problems underpinning pressing health system issues
 - Identify possible solutions
 - Identify possible implementation strategies

- Policy decisions are often made in short timeframes (i.e., days or weeks)

- Many barriers to using evidence
 - Politics (a given)
 - Not valued, relevant or easy to use (our fault)



Why provide training to health system policymakers (2)

- A suite of **full-serve** efforts to support the timely use of research evidence exist
 - Stakeholder dialogues/evidence briefs
 - Citizen panels/citizen briefs
 - Rapid response units/syntheses
 - Benefits: Can be convened in weeks/months, comprehensive assessment of best available evidence, interactions and integration of views and experiences
 - Challenges: Not usually possible in very short timelines, requires support from outside



Why provide training to health system policymakers (3)

- **Self-serve** approaches also exist
 - Online ‘one-stop shops’
 - Benefits: Potential to address most barriers to evidence use (aside from politics, of course)
 - Challenge: **Leaves policymakers to find and use the best available evidence without support**



"If You Build It, They Will Come...."



...only happens in the movies



Why provide training to health system policymakers (4)

- Despite many useful ‘self-serve’ resources, policymakers are left with a complex landscape to navigate



Why provide training to health system policymakers (5)

- Policymakers need to be able to:
 - **Ask the right questions** to help them clarify problems, frame options, identify implementation considerations
 - **Understand what type of research evidence they need** to answer these questions
 - **Know where to find the right kind of research evidence for the right type of question**
 - i.e., which one-stop shop to access
 - i.e., NOT GOOGLE



Why provide training to health system policymakers (6)

- Asking the right questions, knowing the type of research evidence required and where to look isn't easy

Dimension of policy issue	Policy questions that can be informed by research	Most efficient sources (depending on type of issue addressed)
Clarifying a problem	What comparisons can be made to establish the magnitude of the problem?	Clinical/public health → <u>PubMed</u> Health systems → <u>HSE</u>
	How can the problem be framed or described to motivate different groups?	Clinical/public health → <u>PubMed</u> Health systems → <u>HSE</u>
Framing options	Benefits and harms?	Clinical → <u>Cochrane, McMaster PLUS</u> Public health → <u>Health Evidence</u> Health systems → <u>HSE</u>
	Costs?	Clinical/public health → <u>Cochrane</u> Health systems → <u>HSE</u>
	Required adaptations? Views that influence acceptability?	Clinical/public health → <u>PubMed</u> Health systems → <u>HSE</u>
Identifying implementation considerations	Strategies that can be used to support required change at the level of patients/citizens, health workers, organizations, health systems ?	Clinical, public health and health systems → <u>HSE</u>

Despite our best intentions...

- We've made 'self-serve' difficult
- Additional knowledge and skills are likely required so they can be used efficiently



Addressing the need: Health Systems Learning (1)

- Courses designed to build capacity in:
 - Finding and using research evidence to inform decisions in health systems organization
 - Understanding and intervening in the political process (agenda setting, options development, implementation)
 - Plans for additional courses to support those interested in undertaking the full-range of efforts (e.g. briefs and dialogues)



Addressing the need: Health Systems Learning (2)

- Builds on experience from conducting more than 100 training workshops in more than 30 countries
 - Recent: Manitoba Health, Seniors and Active Living, Iraq MoH, Caribbean Public Health Agency

- Several formats
 - Online

 - Online w/ in-person training

 - Online w/ week-long training workshop



What we're learning – Evaluation approach

- Each participant given an evaluation
 - In-person: distributed at the end of the workshop
 - Online: link to online survey at the end
 - In-person + online:
 - Online component evaluated at the end of online modules
 - Combination evaluation distributed at the end of the workshop

- Outcomes (7-pt Likert scales)
 - Usefulness of course features (e.g. pedagogical approaches, materials, length, etc.)
 - Learning outcomes (e.g. relevance to work, contribution to knowledge, skills and attitude development)



What we're learning - Respondents

- In-person only
 - **544 respondents** of 639 enrolled (85% RR)
 - **314 policymakers**
 - 37 managers
 - 39 students
 - 154 with more than one role
- In-person + online
 - **169 respondents** of 190 enrolled (89% RR)
 - **156 policymakers**
 - 13 more than one role
- Online only
 - **121 respondents** of 226 enrolled (54% RR)
 - **61 policymakers**, 5 managers, 15 professionals, 6 researchers, 8 students, 13 'other', 13 more than one role



What we're learning – In-person results

Rating domain		Mean	SD
Overall assessment		6.0	0.8
Highest ratings	Relevant to professional development	7.0	0.9
	Enhanced knowledge of efforts to support the use of research evidence	6.5	0.9
	Enhanced appreciation of being systematic and transparent in finding and using research evidence	6.3	0.9
Lowest ratings	Enhanced skills in conducting a local applicability assessment	5.7	1.1
	Pre-session tasks	4.8	1.0
	Length of the training workshop (1 = much too short, 7 = much too long)	3.7	1.0

What we're learning– In-person/online results

Rating domain		Mean	SD
Overall assessment		6.0	0.8
Highest ratings	Relevant to professional development	6.6	0.8
	Enhanced knowledge of appropriate sources of key types of research evidence	6.5	0.7
	Applicable to work setting	6.4	0.9
Lowest ratings	Visual aids and/or handouts	5.6	1.0
	Length of the training workshop was (1 = much too short, 7 = much too long)	5.1	1.5
	Pre-session tasks	4.8	0.9

What we're learning – Online results

Rating domain		Mean	SD
Overall assessment		5.4	1.0
Highest ratings	Relevant to professional development	6.1	1.1
	Enhanced knowledge of what an AMSTAR score means	6.1	1.0
	Enhanced knowledge of appropriate sources of key types of research evidence	6.0	1.2
Lowest ratings	Enhanced skills in commissioning research to fill gaps in research evidence	5.2	1.2
	The videos	4.9	1.1
	The online interface	4.8	1.1

What we're learning – Summary (1)

- **Overall assessments of course are very positive**
 - But online only participants seem to view the overall course in a less positive light

- **Important learning outcomes are viewed positively, regardless of course structure**
 - 'Relevant to professional development' highest in all formats
 - Suggests content is relevant, participants feel it contributes to building knowledge and skills

- **Course features consistently score lowest across all formats**
 - But online participants particularly critical of features

- **Formats with in-person component preferred?**



What we're learning – Summary (2)

- **Qualitative feedback – The time paradox**
 - Not enough time available to focus on training that will help to facilitate timely access...
 - Asking managers for protected time not always realistic

- **Process and administration**
 - Course development is resource-intensive
 - There are always going to be 'tech glitches'
 - There are always going to be 'people who aren't tech-savvy glitches'



Next steps

- **Build on what we're doing well**
 - Partnering w/ governments (e.g., MOHLTC)
 - Targeting the right people, delivering the right content in the right format

- **Make improvements where needed**
 - Tweaking online format (e.g., 'short course' to save time)

- **Conduct in-depth analyses of our data**
 - How user roles, location, course formats and learning goals influence preferences for content and formatting
 - Generate a better understanding of 'impact'
 - Intentions to use & qualitative follow-up



Thank you

Stay current with updates on Forum-led initiatives, events and training opportunities via Twitter **@MacHealthForum** and on Facebook **McMaster Heath Forum**.

>> Contact us

1280 Main St. West, MML-417
McMaster University
Hamilton, ON Canada L8S 4L6
Tel: +1.905.525.9140 x 22121
Fax: +1.905.521.2721
Email: mhf@mcmaster.ca

>> Follow us

mcmasterhealthforum.org
healthsystemsevidence.org



tinyurl.com/mhf-iTunesU
tinyurl.com/mhf-YouTube
tinyurl.com/mhf-Facebook
tinyurl.com/mhf-Twitter

EVIDENCE >> INSIGHT >> ACTION

