

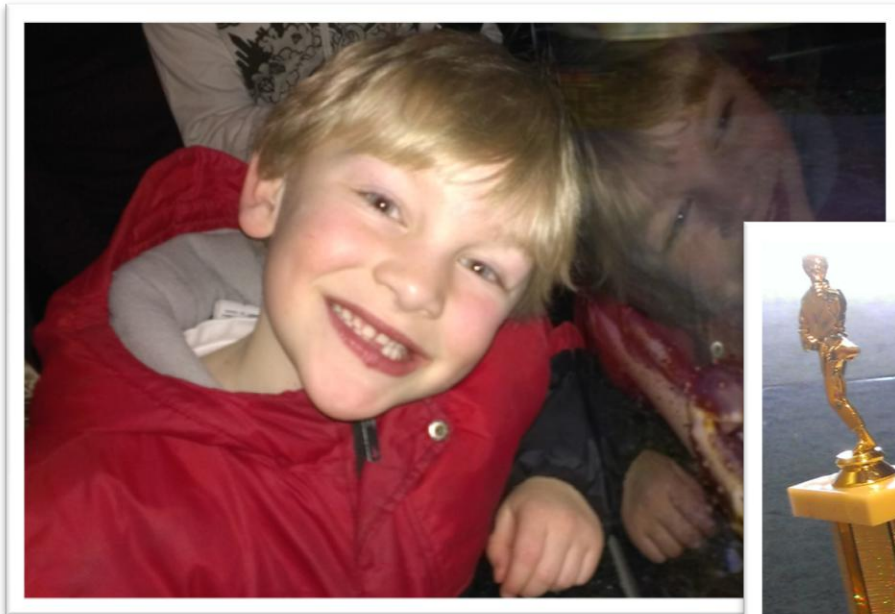
A Framework for Supporting Informal Knowledge Use in Public Health Policymaking

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Today

- Context
- Methods
- Results
- Significance

But first



Context

- Public health decision-makers use many types of knowledge to inform their decisions
 - Explicit, implicit
 - Formal, informal
- It is not clear what types of knowledge to use in the absence of or along with formalized knowledge i.e. peer reviewed research

Context

- Recent study of what planned action theories suggest in terms of using informal knowledge
 - Some guidance for using local, experiential and expert knowledge
 - Various sources of, methods for identifying, and suggestions for using each type
 - Guidance for using local knowledge most specific

(Kothari et al)

Context – What is evidence?

- Knowledge used in support of a decision
- Understanding is rooted in epistemology (i.e. the nature of knowledge and how it can be acquired)
- Practical-operational orientation (Dobrow et al 2004)
- Evidence and context are mutually inclusive

Context - Why public health?

- Wide range of roles involved
 - Healthcare professionals, medical officers of health, community leaders, teachers, families, employers, social organizations, sports and recreation clubs, etc.
- Those involved use a range of information inputs in decision-making
 - Contextual factors
 - Scientific and non-scientific evidence

Given the nature of public health decision-making, it made sense to explore the field as an exemplar

Research Questions

- What types of knowledge and evidence do public health decision-makers (programmatic and system level) use?
- What is the relative strength of different types of evidence when used in different contexts?

Methods

- Scoping review to understand more about the types of knowledge and evidence that public health decision-makers use
 - Mapped key concepts to identify who is doing what
 - Incorporated interpretive syntheses

Methods

- Search strategy
 - database and internet search
 - peer reviewed and grey literature
- Title and abstract screening
 - Planned inclusion/exclusion criteria
- Full-text review (revised criteria)
- Data extraction and coding
- Mapping and interpretive synthesis

Results

- 13,000+ titles and abstracts screened
- 87 full-text sources screened
- 29 relevant sources



Results

- Who is doing what?
 - 20 peer reviewed publications
 - empirical (11), discussion/essay (9)
 - 9 grey literature sources
 - US (7), Canada (13), Australia / New Zealand (5), Europe (5), Uganda (1)

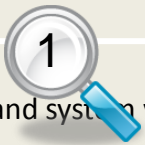




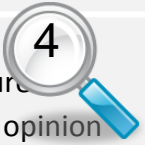
Results

- Framework
 - Types of formal and informal knowledge that public health decision-makers use
 - Considerations for using specific types of evidence
- Key factors that should be considered alongside evidence

Knowledge Use in Public Health Decision-making

Types of Evidence		Considerations for Use
TACIT/ IMPLICIT	Experiential Professional / practitioner experience	 <p>When should it be used?</p>  <p>What circumstance might employ this evidence?</p> <p>Where should it be obtained from?</p>
	Emotional Individual, organizational, community and system values, beliefs, qualities and capacities	
EXPLICIT	Expert Professional opinion	
	Local Locally produced (but not published) evaluation Local practices and priorities Locally produced data (administrative, clinical or population) Local observational or anecdotal reports	
	Formalized Grey literature Stakeholder opinion News media Extrapolated or indirect evidence	

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Knowledge Use in Public Health Decision-making – TACIT/IMPLICIT

Type		Considerations for Use
Experiential	Professional / practitioner experience	<p>Use when: a) alternative perspective is required; b) intervention effectiveness in high risk groups must be inferred from experience with other issues.</p> <p>Obtain from: a) consultations with community members living in, and service providers working with, priority communities, b) logic models that provide rationale and describe pathways of effect based on theory and experience.</p>
Emotional	Individual, organizational, community and system values, beliefs, qualities, capacities	<p>Use when public anxiety about a presumed threat is high.</p> <p>Consider that values and value conflicts are not necessarily considered a form of “evidence” .</p>

Knowledge Use in Public Health Decision-making - EXPLICIT

Type		Considerations for Use
Expert	Professional expertise	<p>Use when evidence is needed about: ideas and interests in policy process</p> <p>Obtain from: a) consensus documents; b) commissioned reports; c) historical information; d) key personnel with internal expertise; e) steering or working group members; f) topic experts; g) policy makers in other jurisdictions; h) consultants.</p> <p>Consider that: a) expert understanding of individuals, groups or networks is shaped by past personal and professional experiences, beliefs, values, skills; b) experts may be drawn from provincial health and recreation organisations, non-government, voluntary organisations.</p>

Knowledge Use in Public Health Decision-making- EXPLICIT

Type		Considerations for Use
Local	Locally produced (but not published) evaluation	<p>Use when evidence is needed about: a) effectiveness and risk of harm; b) nature, scale, population patterns, and time trends; c) causation, preventable risk factors; d) promotable health enhancing and protective factors; e) costs (and benefits); f) uptake; and, g) reach.</p> <p>Obtain from locally produced evaluations (outcome, impact or process).</p> <p>Consider that evidence includes modelled estimates.</p>
	Local practices and priorities	

Knowledge Use in Public Health Decision-making- EXPLICIT

Type		Considerations for Use
Local	Locally produced data (clinical, administrative, population)	<p>Use when evidence is needed about local setting.</p> <p>Obtain from: a) descriptive statistics (morbidity, mortality, immunization rates); b) performance and sustainability of current programming; c) hospital records collected by health departments (for severe cases); primary care providers (for milder cases).</p> <p>Consider that: a) data most readily available to staff will be used; b) various population health and epidemiological surveillance systems exist that can produce data; c) intense healthcare demands may impede data use.</p>
	Local anecdotal or observational reports	<p>Use when evidence is needed about: a) public health policy “difference-making” and “mechanisms”; b) community or client experience.</p> <p>Obtain from: a) interactions with the community; b) presentations by community members; c) personal stories</p>

Knowledge Use in Public Health Decision-making- EXPLICIT

Type		Considerations for Use
Formalized	Grey literature	Obtain from public health unit's library.
	Expert opinion	Also expert knowledge
	Stakeholder opinion	Consider that governments make policy decisions based on public opinion.
	News media	
	Extrapolated or indirect evidence	Use when: a) strong information suggests that evidence exists; b) evidence of intervention effectiveness is needed to inform different public health issues that may use similar strategies. Obtain from reports of successful strategies and approaches (tobacco control, injury prevention, skin cancer prevention).

Key Factors

- Characterize the environment in which a decision is made
- Should be considered along with evidence
- Formalized evidence?

Key Factors

- Internal contextual factors
 - Purpose for the decision, the role of various participants, the process used to arrive at decision
 - Can be manipulated and controlled
- External contextual factors
 - Disease-specific, extra-jurisdictional and political
 - Fixed, uncontrollable and generally cannot be manipulated by decision-makers

(Dobrow et al 2004)

Key Factors

Factors	Examples
History	The natural history of a disease Historical experience of pandemics
Politics and policy	Government agenda Legislation Legal arguments, analyses, rulings Political strategies or approaches Constitutional norms
Organized interests	
Ethical, legal, or professional guidelines	Consensus statements Health unit guidelines and policies Principles of successful interventions
Theory	Programme logic models

Significance

- Explicit guidance for public health decision-makers in making meaningful and contextually-relevant decisions
- Movement towards mechanisms and tools to support practical-operational orientation of evidence use
- Potential to strengthen evidence-informed decision-making processes in the public health sector

Wrap-up

- Next steps include refinement of framework (i.e. consultation and feedback)
 - How does this work resonate with you?
- Focus on quality assessment criteria for grey literature
- A closer look at existing “tools” that support knowledge synthesis and decision-making

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