**Evidence-Informed Policy Making:**

**A CIHR - Knowledge Translation Approach**

Meghan Baker, MSc

**Jennifer Campbell**

**Diane Forbes**

**Mike Wilson**

**Daniel McLean**

Text version of PowerPoint™ presentation for webcast sponsored by SEDL’s KTDRR and the Canadian Institutes of Health Research.

[https://www.ktdrr.org/training/webcasts/webcasts14-17/17/index.html](http://www.ktdrr.org/training/webcasts/webcasts14-17/17/index.html)

**Slide template**: Bar at top; on the left, Center on Knowledge Translation for Disability and Rehabilitation Research. On the right, A project of SEDL.

Slide 0 (Title): Innovative KT Strategies from the Canadian Institutes of Health Research.

Evidence Informed Policy Making:A CIHR - Knowledge Translation Approach. Meghan Baker, Senior Knowledge Translation Specialist, Canadian Institutes of Health Research.

800-266-1832. [www.ktddr.org](http://www.ktddr.org). Copyright ©2014 by SEDL. All rights reserved.

Funded by NIDRR, US Department of Education, PR# H133A120012. No part of this presentation may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without permission in writing from SEDL (4700 Mueller Blvd., Austin, TX 78723), or by submitting an online copyright request form at www.sedl.org/about/copyright\_request.html. Users may need to secure additional permissions from copyright holders whose work SEDL included after obtaining permission as noted to reproduce or adapt for this presentation.

Slide 1: (Slide template - Upper left corner: Knowledge to action/Des connaissances a la pratique. Bottom left corner: Logo (stylized green maple leaf) CIHR IRSC. Lower right corner: Canada with small Canadian flag over the final a.)Evidence Informed Policy Making:A CIHR - Knowledge Translation Approach. Meghan Baker, Senior Knowledge Translation Specialist, Canadian Institutes of Health Research. June 2014.

Slide 2: Outline

* About the Canadian Institutes of Health Research (CIHR)
* Who we are & What we do
* Our Commitment to Evidence-informed Policy Making through Knowledge Translation
* What is Evidence-Informed Policy Making?
* Knowledge Translation Approaches
* Why Knowledge-users?

Slide 3: Outline

* Evidence-Informed Policy Making at CIHR
	+ The Evidence-Informed Healthcare Renewal (EIHR) Signature Initiative
	+ The Drug Safety & Effectiveness Network (DSEN)
* Knowledge Translation Programs
	+ Best Brains Exchanges, Partnerships for Health System Improvement, Knowledge Synthesis, Knowledge to Action, Science Policy Fellowships
* So what?

Slide 4: Speakers

* Jennifer Campbell- Senior Advisor, Evidence-informed Healthcare Renewal, CIHR
* Michael Wilson- Assistant Director, McMaster Health Forum, Assistant Professor, Dept. of Clinical Epidemiology & Biostatistics, McMaster University
* Diane Forbes- Associate Director, Drug Safety and Effectiveness Network, CIHR
* Daniel McLean- Policy Analyst, Health Products and Food Branch Inspectorate, Health Canada

Slide 5: Outline

* **About the Canadian Institutes of Health Research (CIHR)**
	+ **Who we are & What we do**
	+ **Our Commitment to Evidence-informed Policy Making through Knowledge Translation**
* What is Evidence-Informed Policy Making?
	+ Knowledge Translation Approaches
	+ Why Knowledge-users?

Slide 6: About the Canadian Institutes of Health Research (CIHR)

Our Mandate: “To excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health-care system.” (Bill C-13, April 13, 2000)

Our Vision: To position Canada as a world leader in the creation and use of knowledge through health research that benefits Canadians and the global community.

Slide 7: About CIHR (cont’d)

13 interlocking pieces of a puzzle identify the Institutes:

* [Institute of Population and Public Health](http://www.cihr-irsc.gc.ca/e/13970.html)
* [[Institute of Gender and Health](http://www.cihr-irsc.gc.ca/e/9093.html)](http://www.cihr-irsc.gc.ca/e/12820.html)
* [[Institute of Nutrition, Metabolism and Diabetes](http://www.cihr-irsc.gc.ca/e/9093.html)](http://www.cihr-irsc.gc.ca/e/12043.html)
* [[Institute of Musculoskeletal Health and Arthritis](http://www.cihr-irsc.gc.ca/e/9093.html)](http://www.cihr-irsc.gc.ca/e/10951.html)
* [Institute of Aboriginal Peoples' Health](http://www.cihr-irsc.gc.ca/e/9093.html)
* [Institute of Genetics](http://www.cihr-irsc.gc.ca/e/11628.html)
* [Institute of Cancer Research](http://www.cihr-irsc.gc.ca/e/11255.html)
* [Institute of Circulatory and Respiratory Health](http://www.cihr-irsc.gc.ca/e/12594.html)
* [Institute of Health Services and Policy Research](http://www.cihr-irsc.gc.ca/e/11932.html)
* [Institute of Infection and Immunity](http://www.cihr-irsc.gc.ca/e/9253.html)
* [Institute of Aging](http://www.cihr-irsc.gc.ca/e/10630.html)
* [Institute of Neurosciences, Mental Health and Addiction](http://www.cihr-irsc.gc.ca/e/9417.html)
* [Institute of Human Development, Child and Youth Health](http://www.cihr-irsc.gc.ca/e/13420.html)

Each led by a Scientific Director who:

* Builds Institute and research capacity
* Establishes and nurtures partnerships
* Fosters networking knowledge dissemination and communication
* Works as part of CIHR management team
* Conducts research

Supported by Institute Advisory Boards: linkage to stakeholder communities

Slide 8: CIHR’s Commitment to Evidence-Informed Policy Making through Knowledge Translation (KT).

Knowledge translation is 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.

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.

To learn more about KT at CIHR: [www.cihr-irsc.gc.ca/e/29418.html](http://www.cihr-irsc.gc.ca/e/29418.html)

Slide 9: What this really means…

Knowledge translation is the bridge between discovery and impact

Research outputs – [Image of people crossing a high bridge] -- Research impacts

KT is about making a difference

Slide 10: Outline

* About the Canadian Institutes of Health Research (CIHR)
	+ Who we are & What we do
	+ Our Commitment to Evidence-informed Policy Making through Knowledge Translation
* **What is Evidence-Informed Policy Making?**
	+ **Knowledge Translation Approaches**
	+ **Why Knowledge-users?**

Slide 11: What is Evidence-Informed Policy Making?

Definition: “The use of evidence that contributes to decision making about particular problems or issues about best use of resources within institutions and across the healthcare system.”

<http://www.health-policy-systems.com/supplements/7/S1>

Slide 12: KT Approaches

End-of-Grant KT:

* The researcher develops and implements a plan for making knowledge users aware of the knowledge generated through a research project

Integrated KT:

* Research approaches that engage potential knowledge users as partners in the research process
* Requires a collaborative or participatory approach to research that is action oriented and is solutions and impact focused
* For example, the knowledge user partner helps to define the research question and is involved in interpreting and applying the findings

Slide 13: End-of-Grant KT

* Covers any activity aimed at diffusing, disseminating or applying the results of a research project
* Methods range from simple communication activities to more intensive knowledge application efforts such as workshops, academic detailing and tool development
* When there are potential knowledge-user audiences beyond the research community, end-of-grant KT activities should be more intensive and emphasize non-academic modes of communication
* For all KT activities, the most important consideration is appropriateness

Slide 14: Integrated KT

* As a minimum requirement for conducting integrated KT, knowledge users and researchers must work together to:
	+ Shape the research questions
	+ Interpret study findings and craft messaging around them
	+ Move the research results into practice
	+ … In addition, knowledge users and researchers can work together to:
	+ Decide on the methodology
	+ Help with data collection and tools development
	+ Conduct widespread dissemination and application

Slide 15: Let’s take a step back – What/ Who are Knowledge Users?

An individual:

* + who is likely to be able to use the knowledge generated through research in order to make informed decisions about health policies, programs and/or practices
	+ whose level of engagement in the research process may vary in intensity and complexity depending on the nature of the research and their information needs

Slide 16: Why are Knowledge-Users Important?

Through partnerships, the research is strengthened:

* research can be more solutions-based because there is a knowledge-user involved in developing the research question
* research can have more impact because the end-user is engaged and interested, ready for results and willing to move those results into practice because they are of direct relevance to their day-to-day lives

Slide 17: Outline

* Evidence-Informed Policy Making at CIHR
	+ **The Evidence-informed Healthcare Renewal (EIHR) Signature Initiative**
	+ The Drug Safety & Effectiveness Network (DSEN)
* Knowledge Translation Programs
	+ Best Brains Exchanges, Partnerships for Health System Improvement, Knowledge Synthesis, Knowledge to Action, Science Policy Fellowships
* So what?

Slide 18: CIHR’s Evidence-Informed Healthcare Renewal (EIHR) Initiative – Overview

Objectives

* + fund timely and policy-relevant research on healthcare renewal in Canada
	+ advance the timely translation of research evidence to government officials
	+ increase the capacity of the research community

*\*Inform negotiations related to the renewal of the 2004 Health Accord in 2014.\**

Slide 19: EIHR Accomplishments

* Capacity building
	+ knowledge syntheses
	+ policy analyses, and
	+ training awards
* Developing collaborations & partnerships
	+ International linkages
	+ Using KT approaches
* Created an EIHR Portal as a “one-stop-shop” repository of healthcare renewal evidence [www.eihrportal.org](http://www.eihrportal.org/)

Slide 20: EIHR Portal – A “One-Stop-Shop” to Inform Policy Making

Vision: To be the premier site for linking policy makers and other stakeholders with information on healthcare system renewal and transformation and that it become a reliable “go-to” tool for stakeholders to access evidence.

* Canada’s most comprehensive, free access point for policy-relevant documents to support policymakers, stakeholders and researchers interested in how to
* Strengthen or reform health systems
* Get cost-effective programs, services and drugs to those who need them

<http://www.mcmasterhealthforum.org/hse/>

Slide 21: EIHR Portal – What is in it?

Documents include (but are not limited to):

* + Canadian jurisdictional reviews
	+ Toolkits
	+ Guidance
	+ Citizen/patient input
	+ Stakeholder position papers
	+ Canadian Government strategic plan for the health sector
	+ Videos and podcasts
	+ ‘Series’ for which only the most recent version can be found in HSE

Slide 22: EIHR Portal – The value of a “One-Stop-Shop”

Scenario 1

* + A ministerial task force urgently needs information about public opinion and stakeholder positions regarding timely access to care.

Scenario 2

* + A regional health authority seeks frameworks and toolkits about suicide prevention in Aboriginal communities.

Scenario 3

* + A graduate student needs to identify key policy-relevant documents about recent intergovernmental health accords.

Slide 23: The EIHR Initiative facilitating Evidence-informed Policy Making

“The EIHR Portal fills a key gap for policy makers. I see this as a “go-to” source for comprehensive and up-to date evidence to support the work being undertaken in Nova Scotia in the area of healthcare renewal. The EIHR Portal also serves as a mechanism for linkage across provinces &territories to share evidence around innovations being undertaken across Canada.” Kevin McNamara, Deputy Minister, Nova Scotia Department of Health and Wellness

Evidence-Informed Healthcare Renewal Portal. Evidence to support healthcare renewal, transformation, and innovation. [www.eihrportal.org](http://www.eihrportal.org/)

Slide 24: Outline

* **Evidence-Informed Policy Making at CIHR**
	+ The Evidence-informed Healthcare Renewal (EIHR) Signature Initiative
	+ **The Drug Safety & Effectiveness Network (DSEN)**
* Knowledge Translation Programs
	+ Best Brains Exchanges, Partnerships for Health System Improvement, Knowledge Synthesis, Knowledge to Action, Science Policy Fellowships
* So what?

Slide 25: DSEN Background and Objectives

CIHR, as host in partnership with Health Canada, established the Drug Safety and Effectiveness Network (DSEN) in 2009 to:

* + increase evidence on drug safety and effectiveness available to regulators, policy-makers, health care providers and patients;
	+ increase the capacity within Canada to undertake high-quality post-market research in this area.

Government committed a total of $32 million over 5 years and $10 million per year ongoing in the DSEN program.

New evidence generated via DSEN provides decision-makers with an important additional source of information about drug products’ safety risks relative to their therapeutic benefits. DSEN evidence also supports decision-making on public reimbursement, and safe and optimal prescribing and use of drugs within Canada.

Slide 26: DSEN Scope

DSEN attends to the gap in information on the safety and effectiveness of Prescription Drugs (biologics and pharmaceuticals) used in the real-world.

A DSEN Query is:

A focused, well defined question identified by healthcare decision-makers, as a gap in evidence on the safety and effectiveness of prescribed drugs on the Canadian market, that can be addressed through DSEN sponsored research and that could result in increased knowledge in ensuring the ongoing safety and effectiveness of these medicines in a “real world” environment.

Slide 27: DSEN and Integrated KT (iKT)

DSEN operates on an Integrated KT model where:

* Research approaches engage knowledge users as partners in,
* a collaborative manner to see that actions, solutions and impacts are focused,
* to provide research findings are relevant to and used by the end users.

DSEN Program Components

Graphic with DSEN Coordinating Office in the center. Three boxes surround the center with arrows going from Box 1. Health Canada, P/T Decision Makers and other Stakeholders. Above the arrow that points to Box 2 are these words- Information Needs of Decision Makers. Box 2- Prioritization and in smaller font Science Advisory Committee and DSEN Committee. An arrow leads to the third box that says Research and in smaller font, Collaborating Centres and Project-Funded Research.

Slide 28: Query Process Overview

Graphic of 5 boxes with arrows pointing from the first box to second box, the second box to the third box and so forth. The first box says DSEN Query. The arrow that leads to the second box has Coordinating Office next to it. The second box says Feasibility Assessment. The third box says Prioritization. Fourth box says Research and the final box says End-User and Decision Makers.

- Decision makers forward research topics to the DSEN Coordinating Office at CIHR

- CIHR Coordinating Office facilitates communications between the research network and those with information needs

- Network members work to assess feasibility and refine potential research questions

- Research agenda and priorities determined by Steering Committee

- Priority research activities conducted by Collaborating Centres and researchers teams

- CIHR Coordinating Office facilitates knowledge transfer back to policy makers and other stakeholders

Slide 29: Applying KT within DSEN

The following are requirements of all DSEN Funded Teams:

* Timely response to submitters of queries
* Dissemination of DSEN research results
* Publication of results in accordance with CIHR Policy on Access to ensure that publications are freely accessible online within 12 months of publication
* NPI to report research findings at the conclusion of projects or at any other interim points as requested by the DSEN Coordinating Office.

Slide 30: Applying KT within DSEN (cont’d)

The following are KT principles followed by Network participants:

* The primary audience for DSEN KT is the Query submitter
* Query submitters require results (Interim and Final) in advance of publication
* DSEN does not make recommendations and KT products should not prescribe actions by decision makers
* DSEN KT products, based on evidence developed, may identify options for health care providers or consumers, but not prescribe actions by decision makers (define DM= Query submitter and similar audience)
* Researchers’ Intellectual Property will be safeguarded through confidential sharing within the network until such time as researchers publish results.
* There should be no surprises for the Query submitters about the results

Slide 31: An iKT checklist

Researchers should demonstrate that the project has been shaped by the participating knowledge users and responds to their knowledge needs.

The following four factors are considered when developing a research project within DSEN:

* + Research Question
	+ Research Approach
	+ Feasibility
	+ Outcomes

By design DSEN meets these iKT principles but it’s not that simple. Network-wide KT coordination is necessary to address a broader audience for dissemination activities.

Slide 32: Outline

* Evidence-Informed Policy Making at CIHR
	+ The Evidence-Informed Healthcare Renewal (EIHR) Signature Initiative
	+ The Drug Safety & Effectiveness Network (DSEN)
* **Knowledge Translation Programs**
	+ **Best Brains Exchanges, Partnerships for Health System Improvement, Knowledge Synthesis, Knowledge to Action, Science Policy Fellowships**
* So what?

Slide 33: KT Programs

* Best Brains Exchanges
* Knowledge Synthesis
* Knowledge to Action
* Partnerships for Health System Improvement
* Science Policy Fellowships

The bulleted KT Programs listed point to a graphic with three columns 1. Immediate Outcomes, Intermediate Outcomes, and Long-term outcomes.

Immediate outcomes include meaningful knowledge user and research partnerships established, knowledge generated, relevant research results are disseminated and/or applied by partners and knowledge users, advancement of KT Science.

Arrows from Immediate Outcomes point to Intermediate Outcomes that include knowledge users and researchers learn from each other, knowledge users are informed by relevant research, and generalizable knowledge is created and disseminated.

Arrows from Intermediate Outcomes lead to the final column, Long-term Outcomes that include Improved health for Canadians, more effective health services and products and a strengthened Canadian Health Care.

Slide 34: Best Brains Exchanges

* A one-day meeting that brings together the “best brains” of research and decision-making on a government-identified, high-priority issue for a closed-door “brain dump”.
* In-camera discussions (Chatham House Rule)
* Researchers summarize the relevant evidence and suggest what it implies about possible policy directions
* Researchers and decision makers discuss the implications of the research

(Image – cartoon brains with feet and hands in discussions)

Slide 35: Why Best Brains Exchanges facilitate Evidence-informed Policy Making

 Deliberative Dialogues

“Personal two-way communication between researchers and decision-makers should be used to facilitate the use of research. This can reduce mutual mistrust and promote a better understanding of policy-making by researchers and research by policy-makers.”

<http://www.cihr-irsc.gc.ca/e/43533.html>

Slide 36: BBE’s Informing Policy

*“As an example of what the BBEs can contribute to, discussions from BBEs can have an impact - and already had in some cases - on the development of national frameworks or strategies related to the issues discussed at the sessions. And we have seen BBE sessions leading to the development of new or stronger formal and informal networks and relationships between researchers and policy decision makers.*

*From a Health Canada perspective, the Best Brains Exchanges Program is seen as a creative and effective way of engaging with researchers, stakeholders and policy makers to discuss key issues, and to build these essential bridges between science, research and policy*.”

Laird Roe, Executive Director, Science Policy Directorate, Strategic Policy Branch, Health Canada

Photograph of Laird Roe. Photograph of people seated at a meeting.

Slide 37: Knowledge Synthesis

Objective

To increase the uptake/application of synthesized knowledge in decision-making by supporting partnerships between researchers and knowledge users to produce scoping reviews and syntheses that respond to the information needs of knowledge users in all areas of health

<http://www.cihr-irsc.gc.ca/e/41382.html>

New slide template: Photographs at top of people in academic settings. On right top: McMaster University. At bottom left: McMaster HEALTH FORUM. EVIDENCE >> INSIGHT >> ACTION

Slide 38: Efforts to Support Evidence-Informed Policymaking

* Evidence briefs and stakeholder dialogues / citizen briefs and citizen panels [timeliness & interactions]
* Rapid-response units [timeliness]
* ‘One-stop-shops’ [timeliness] & capacity building to use them [timeliness & interactions]

Slide 39: Briefs & Dialogues - Rationale

* Evidence briefs take a high-priority policy issue as the starting point, identify the full range of research evidence relevant to the various features of the issue (problem, options and implementation considerations), draw on both systematic reviews and local data and research evidence, and level the playing field for stakeholder dialogues
* Stakeholder dialogues allow research evidence to be brought together with the views, experiences and tacit knowledge of those who will be involved in, or affected by, future decisions about a high-priority issue (and enable interactions between policymakers and researchers)

Slide 40: Evidence Briefs – Features

Describe context

Describe a problem

Present options

Address implementation

Employ graded-entry format

Based on syntheses

Use systematic approach

Don’t recommend

Include reference list

Subjected to merit review

Consider equity

Consider quality

Consider local applicability

Slide 41: Stakeholder Dialogues – Features

Address a priority issue

Discuss problem features

Discuss options

Discuss implementation

Discuss who could do what

Informed by evidence brief

Informed by discussion of all factors

Convene involved and affected

Aim for fair representation

Engage a facilitator

Follow Chatham House rule

Do not aim for consensus

Slide 42: Citizen Briefs & Panels - Rationale

* Citizen briefs play the same role as evidence briefs for citizen panels (but with an emphasis on consumer-friendly communication)
* Citizen panels provide an opportunity for citizens to share their views and experiences about a high-priority issue (and can inform a stakeholder dialogue or follow-up on an issue addressed in a dialogue)
	+ Uncover unique understandings of an issue
	+ Spark insights about viable solutions that are aligned with citizens’ values and preferences
	+ Identify context-specific implementation considerations
	+ Facilitate and trigger action

Slide 43: Citizen Briefs – Features

Describe context

Describe a problem

Address implementation

Employ graded-entry format

Based on syntheses

Use systematic approach

Don’t recommend

Include reference list

Subjected to merit review **(+ citizens)**

Consider equity

Consider quality

Consider local applicability

**Identify questions for discussion, and written in plain language**

Slide 44: Citizen Panel – Features

Address a priority issue

Discuss problem features

Discuss options

Discuss implementation

Discuss who could do what

Informed by citizen brief

**Convene affected**

Aim for fair representation

Engage a facilitator

**Open & frank while preserving anonymity**

**Find common ground & differences**

Slide 45: Rapid-Response Units - Rationale

* Policymakers need timely access to research evidence to support evidence-informed policymaking
* May need support with finding and synthesizing research evidence given competing demands, but timeline is too short to prepare an evidence brief and convene a stakeholder dialogue
* Rapid-response units fills a gap between
	+ ‘Self-serve’ approaches (e.g., one-stop shops) and
	+ ‘Full-serve’ approaches (e.g., stakeholder dialogues informed by evidence briefs)

Slide 46: Rapid-Response Units – Features

* Provide access to optimally packaged, context-relevant and high-quality research evidence for policymakers over short periods of time (with what can be delivered depending on the timeline provided)

Graphic with 5 circles with arrows leading to the following circle. Top circles says refine into researchable question arrow leading to conduct searches arrow leading to review search results leading to synthesize relevant evidence leading to requestor leading back to the first circle.

Slide 47: (CIHR Slide template) Knowledge to Action

Objective:

* accelerate the translation of knowledge by linking researchers and knowledge-users to move knowledge into action, and;
* increase the understanding of knowledge application through the process

Slide 48: K2A – Meaningful Partnerships

“The most significant thing was that we ended up with a tool that practitioners can use. Too often research happens and then nobody knows what is going on; nobody hears about it. It’s like a dinner party where you create a feast and then you don’t invite anyone to the party.” K2A Knowledge User

“I think these partnerships have made me a better researcher. I am less naïve. The greater the contact we have with non-researchers, the more we understand the world we are working in, and the problems that exist.” K2A Researcher

Slide 49: Partnerships for Health System Improvement (PHSI)

Objective

Aims to support teams of researchers and decision makers interested in conducting applied health research useful to health system managers and/or policy makers and strengthens the Canadian health care system.

Slide 50: PHSI – Engaging with Decision Makers

Graphic of Concentric circles. The overarching cycles is labeled Knowledge Users. Inside this circle are two circles, academic partners and integrated knowledge users. The space where these two circles intersect is labeled, the study partnership.

<http://www.cihr-irsc.gc.ca/e/44954.html>

Slide 51: Science Policy Fellowships

Objective

Provide highly qualified candidates at the doctoral, post-doctoral, new investigator and mid-senior investigator stages of health research with the opportunity to learn more about current health policy activities and the science/policy interface.

Slide 52: Building Capacity through Science Policy Fellowships

* CIHR Science Policy Fellowships embed an academic researcher in an Ottawa-based policy shop within Health Canada or the Public Health Agency of Canada.
* I spent 6 months in the Office of Pharmaceuticals Management Strategies (OPMS), Strategic Policy Branch, Health Canada
* OPMS aims to facilitate successful health system adaptation to changes in health technology, especially drugs and medical devices.

Slide 53: Building Capacity through Science Policy Fellowships

My Background: Antibody mediated brain imaging

Logos for University of Toronto, NSERC CRSNG, Firefly Stay Bright and Vanier Canada. Picture of a group of people. 3 images of xrays one is labeled transgenic animal, the second is labeled wilde type animal and the third has the labels of brain region and reference region.

Slide 54: Building Capacity through Science Policy Fellowships

Project Objective

* To evaluate the prices of non-drug health technologies in Canada; technologies are assumed to be procedures, with a focus on medical devices and labour of health professionals

Policy Rationale

* Non-drug health technologies generate most of the health expenditure in Canada but little is known about their prices
* Important for understanding both cost pressures and efficiency within Canada’s health care system

Slide 55: Building Capacity through Science Policy Fellowships

First lesson learned: it’s all about the top line…

In a strategic policy shop, issues are analyzed at 30 000 ft. There is limitless room to refine your analysis to include ever more factors.

Image of a memo. In big text is says memorandum to the deputy minister and the associate deputy minister of health.

The title says Prices of non-drug health technology in Canada indicate market inefficiencies.

There is a box labeled summary and smaller, illegible bulleted text is under the summary.

Slide 56: Building Capacity through Science Policy Fellowships

Second lesson learned: nurture a fast absorption rate…

* Policy environment can evolve rapidly and decision makers are often responding to forces well outside of their control. If you’re late, you’re not influential.

Third lesson learned: important versus interesting…

* Policy work is shaped by external factors: political, economic and social. It’s very easy to ‘go down rabbit holes’ chasing interesting ideas, ultimately though interesting isn’t as influential as important in the policy world.

Slide 57: Building Capacity through Science Policy Fellowships

Contributions to be Made Inside Government:

* Public policy development needs critical, disciplined and creative thinkers

Contributions to be Made Outside Government:

* Evidence-based policy making requires independent expert advice
* To be effective, remember to keep it brief and focus on the important, not the interesting

Slide 58: Outline

* Evidence-Informed Policy Making at CIHR
	+ The Evidence-informed Healthcare Renewal (EIHR) Signature Initiative
	+ The Drug Safety & Effectiveness Network (DSEN)
* Knowledge Translation Programs
	+ Best Brains Exchanges, Partnerships for Health System Improvement, Knowledge Synthesis, Knowledge to Action, Science Policy Fellowships
* **So what?**

Slide 59: Moving Knowledge to Action – The Realities

* Aim of health researchers is to impart research knowledge to users and get them to apply the knowledge in their practices, policies and products
* Much of health research is not well suited to achieve this aim, and many knowledge user organizations are unable to be receptive to research use due to barriers at the individual as well as organizational level

Slide 60: Moving Knowledge to Action – Lessons Learned

A number of important lessons about successful knowledge translation, both end-of-grant and integrated:

* Involve the End-Users
* Consider all Potential Stakeholders
* Customize the Message
* Help End-Users Overcome Usage Obstacles
* Communicate the Benefits of KT

Involve – Influence – Act

Slide 61: The Big Question – Why have Evidence-informed Policy Making?
Additional evidence (Graham & Tetroe, unpublished)

These are all functions of moving knowledge to action.

* Interviews with 16 KT experts
* Asked what would increase the uptake of research evidence
* They stressed the importance of:
	+ conducting a detailed barrier assessment,
	+ face to face interactions,
	+ tailoring the message,
	+ creating a pull,
	+ knowledge brokering,
	+ tailoring the strategy to fit the circumstance,
	+ partnerships between researchers and decision/policy makers.

Slide 62: Online Learning Resources

Educational modules / guides:

* 1. Guide to Knowledge Translation Planning at CIHR: Integrated and End-of-Grant Approaches
	2. A Guide to Evaluation in Health Research
	3. Guide to Researcher and Knowledge-User Collaboration in
	4. Introduction to Evidence-Informed Decision Making
	5. Critical Appraisal of Intervention Studies
	6. A Guide to Knowledge Synthesis
	7. Deliberative Priority Setting
	8. Knowledge Translation in Health Care: Moving from Evidence to Practice
	9. Knowledge Translation in Low & Middle-Income Countries

Available at: [www.cihr-irsc.gc.ca/e/39128.html](http://www.cihr-irsc.gc.ca/e/39128.html)

Slide 63: Other KT Resources

* KT Casebooks [www.cihr-irsc.gc.ca/e/29484.html](http://www.cihr-irsc.gc.ca/e/29484.html)
* Writing Letters of Support [www.cihr-irsc.gc.ca/e/45246.html](http://www.cihr-irsc.gc.ca/e/45246.html)
* Applying to Integrated Knowledge Translation Funding Opportunities at CIHR: Tips for Success

ktclearinghouse.ca/ktcanada/education/seminarseries/2011/20110908

* Top 10 Tips for PHSI Success [www.cihr-irsc.gc.ca/e/38778.html](http://www.cihr-irsc.gc.ca/e/38778.html)

Slide 64: KT in Health Care – Moving from Evidence to Practice: A KT Handbook

Chapters cover:

* Knowledge creation
* Knowledge-to-Action cycle
* Theories and Models of Knowledge-to-Action
* Knowledge exchange
* Evaluation of Knowledge-to-Action

Available at: [http://ca.wiley.com/WileyCDA/WileyTitle/productCd-1405181060,descCd-description.html](http://ca.wiley.com/WileyCDA/WileyTitle/productCd-1405181060%2CdescCd-description.html)

Presentations based on chapters available at:

<http://www.cihr-irsc.gc.ca/e/40618.html>

[Image – Cover of *Knowledge Translation in Health Care – Moving from Evidence to Practice* ]

Slide 65: KT Clearinghouse

Funded by CIHR to serve as the repository of KT resources for individuals who want to learn about the science and practice of KT, and access tools that facilitate their own KT research and practices. [www.ktclearinghouse.ca](http://www.ktclearinghouse.ca/)

[ Image: Screenshot of KT Clearinghouse – Introduction to KT and the KT Clearinghouse. ]

Slide 66: Resources (McMaster template)

* McMaster Health Forum
	+ [www.mcmasterhealthforum.org](http://www.mcmasterhealthforum.org)
* McMaster Health Forum Evidence Service
	+ <http://www.mcmasterhealthforum.org/about-us/newsletters/subscribe-to-mcmaster-health-forum-evidence-service>
* Health Systems Evidence
	+ [www.healthsystemsevidence.org](http://www.healthsystemsevidence.org)
	+ Evidence-Informed Healthcare Renewal (EIHR) Portal
	+ [www.healthsystemsevidence.org](http://www.healthsystemsevidence.org) or [www.eihrportal.org](http://www.eihrportal.org)
* Health Systems Learning
	+ <http://www.mcmasterhealthforum.org/policymakers/health-systems-learning>

Slide 67: (CIHR template) Thank you!

Meghan.Baker@cihr-irsc.gc.ca

(613) 960-6213

Slide 68: (SEDL Template) This webcast is part of a series produced in cooperation with our colleagues at the Canadian Institutes of Health Research – CIHR.

SEDL’s Center on Knowledge Translation for Disability and Rehabilitation Research (KTDRR).

Web: https://www.ktdrr.org

Email: ktdrr@air.org

Please complete the brief evaluation form:

<http://www.surveygizmo.com/s3/1697558/CIHR-Policy>

Slide 69: Disclaimer

This presentation was developed for grant number H133A120012 from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), Office of Special Education and Rehabilitative Services (OSERS), U.S. Department of Education. However, the contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the federal government.