

MEETING ABSTRACT

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Building capacity for evidence-informed decision making in Canadian public health

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Objective

Our research team partnered with three Canadian public health departments to study the impact of tailored knowledge translation and exchange (KTE) strategies on evidence-informed decision making (EIDM). We aimed to enhance public health EIDM knowledge, skills and behaviour and further facilitate organizational contexts conducive to EIDM.

Methods

We used case study methodology and tailored the intervention and analysis to each unique case (i.e. health department). An experienced Knowledge Broker supported each case through a variety of strategies: large-group training with front-line staff; one-on-one consultation with specialists, guiding them through a structured EIDM process; and advice to management on organizational policies and procedures. Data were collected prior to, during, and following the intervention via an online survey (demographic information, self-reported EIDM behaviours, and social networks) and in-person assessment (EIDM knowledge and skills).

Results

Results across the three cases revealed a significant increase in EIDM knowledge and skills at follow-up, among those who worked closely with the Knowledge Broker (2.8 points out of a possible 36 points, (95% CI 2.0 to 3.6, $p < 0.001$)). Similarly, staff who worked closely with the Knowledge Broker showed significant improvement in the frequency of EIDM-related behaviours (OR 1.33, 95% CI 1.04 to 1.78, $p = 0.02$). Those not intensively involved, but who sought information from a peer considered an “expert”, showed statistically

significant improvements in EIDM behaviours (standardized beta coefficient: 0.29, $p < 0.0001$). Staff who were more central within the social network also showed greater improvement in EIDM behaviour at follow-up (standardized beta coefficient: 0.21, $p = 0.09$). These positive effects were sustained when organizational mechanisms were present.

Conclusions

EIDM knowledge, skills and behaviours improved as a result of KTE strategies tailored to the unique needs of each health department. These findings suggest effective methods for developing capacity for EIDM and provide specific support for a tailored approach.

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