Renewal of Public Health Services:
The Nature of Evidence on the Frontlines of Public Health in British Columbia

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Background

Currently, there is a paucity of research in Canada examining how evidence is used in the delivery of public health (PH) services. To improve the use of evidence in PH practice and decision-making, we need to better understand how frontline practitioners and managers value and utilize evidence. Evidence-based practice was reported as a top priority in both Canadian literature and a national survey used to guide the PHSSR agenda in Canada.

Purpose

To understand how PH practitioners and managers understand, value, and utilize evidence in practice and decision making in British Columbia, Canada. A key aspect of the larger project is to gain insight into how and to what extent evidence is used in provincial renewal processes, and how this influences implementation and outcomes.

Program of Research

The Renewal of Public Health Systems (RePHS) – a six year program of research (2009-2015) – is exploring implementation and impact of PH renewal in two Canadian provinces, British Columbia and Ontario.

Context

PH in the province of British Columbia is integrated into the larger health care system, provided by 5 regional and 2 provincial health authorities, one being the recently established First Nations Health Authority. These health authorities oversee the organization and delivery of health services, including public health.

Data Sources and Analysis

Semi-structured interviews (n=29) and focus groups (n=27) were conducted to collect data from frontline practitioners and managers in PH. Participants in this study worked in the Healthy Living PH program, which focused on making healthy lifestyle choices (physical activity, healthy eating, and tobacco reduction) in British Columbia. The same data collected in Phase 1 (2010-11) and Phase 3 (2012-13) of the larger study were analyzed.

Concept mapping is a structured conceptualization process used to develop a framework of participants' understanding of a particular concept and the process related to the concept. Comprised of 3 phases: brainstorming, sorting and rating, and interpretation. We used this methodology to examine PH professionals' views of effective strategies from British Columbia (n=18) and Ontario (n=55) to support the integration of evidence into PH practice and decision making.

Guiding Evidence Questions:

- What informs or guides your practice (e.g., literature, talking to peers/ experts, theory, policy, clinical experience)?
- What does the word evidence mean to you?
- What is the process for applying evidence in program development and practice in your health authority?
- Who decides what evidence is used for PH program development?
- What influences whether, how and what evidence is used?

Satterfield et al., 2009

Findings: Key Themes

Consensus emerged across data sources around the use and support for evidence from key public health players across British Columbia.

Interviews and Focus Groups:

•A strong, principled commitment to using evidence to guide programs and services.
•Most participants adopt a broad understanding of evidence and value multiple sources of evidence – especially frontline staff (e.g., quantitative inquiry, qualitative inquiry, experience, expert advice, practice guidelines, best practice documents).
•Challenges to using evidence to guide practice seems to differ between health authorities, which vary in structure and organization, but some common themes are evident across contexts (e.g., resources, time, accessibility).
•Appears to be a tension in deciding what forms of evidence should ultimately guide practice decisions – desire for common tool for deciding which evidence is privileged, and ensuring the 'best bang for our buck'.

> "So it's hard to get the buy-in and get the investment from things like the Ministry and the government and stuff like that for things that they can't measure…"
> -PH Manager

> "…this whole evidence-based, result-based, outcome-based, it's excellent and it is what we've always believed in, but what we really believed in was the process of getting to those results and outcomes and that process is almost ignored now…"
> -Frontline Practitioner

> "Because I think that is the most common question whenever we make a slight practice change. What is the evidence? Who has reviewed it? What did they look at?…I think the challenge is how to communicate all that evidence out."
> -PH Manager

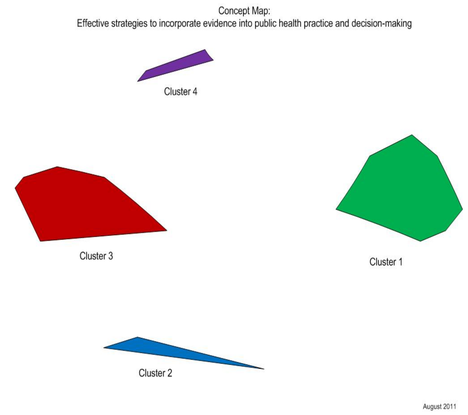
Concept Mapping:

Cluster 1 - Fostering innovation, learning and an evidence-informed PH culture.

Cluster 2 - Building staff capacity.

Cluster 3 - Structural supports for developing, accessing and using evidence.

Cluster 4 - Supporting relevant, PH specific evidence.



Strategies to Support Integration of Evidence

•Enhanced buy-in when frontline practitioners are involved or have input into policy making and programmatic decision making – collaborative and respectful processes.
•Practitioners are more willing to make practice changes when evidence of intervention effectiveness and/or efficiency is clear.
•Small changes through quality improvement processes are more welcomed than major shifts in programming.
•Shift toward valuing both process and result outcomes – how we get there is important, as is the end product.
•Ensure commitment to and support in place from leadership to integrate evidence.
•Develop context specific evidence to better guide PH practice and decision making.

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