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Knowledge Translation Methods and Tools to Support Evidence-informed practice

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March 14, 2018

1 PM EST

Objectives

1. Introduce the NCCMT
2. Introduce 7 step process of evidence-informed practice (EIP)
3. Describe resources to support EIP

EIP self-assessment

My knowledge of EIP is:

1)   Very proficient (I can teach others)

2)   Good (I can obtain good evidence with little support)

3)   Fair (I can get started but need support along the way)

4)   Poor (I need help to even get started)

5)   What is EIP?

NCCMT's Mission

- Enhance *evidence-informed public health* in practice, programs and policy in Canada
- Provide leadership and expertise in supporting the uptake of what works in public health

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Why is EIP important

In your opinion, what is the most important reason to use research evidence in practice?

1)   To better evaluate program outcomes

2)   To inform program/intervention development

3)   To support efforts and secure funding

4)   To include researchers in the public health network

5)   Don't know

Barriers to EIP

What is the 2nd greatest barrier to EIP for you (TIME is always #1)?

1) Lack of skills in EIPH

2) Lack of access to research

3) Not valued in our work culture

4) Political pressures overwhelm research evidence

Decision making models

Opinion-based

Ask question

Make Decision

Find Evidence

Evidence-based

Ask question

Find Evidence

Make Decision

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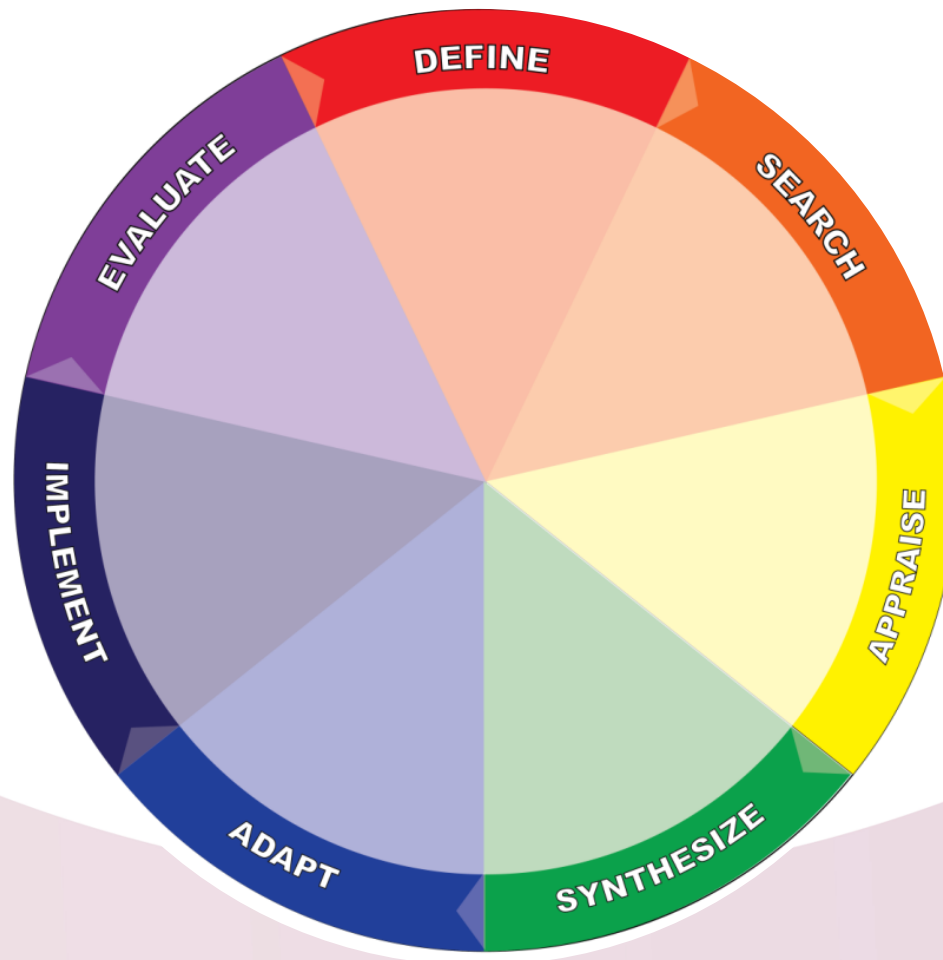
What is Evidence-Informed Public Health?

The process of distilling and disseminating the best available evidence from research, context and experience, and using that evidence to inform and improve public health practice, programs and policy.

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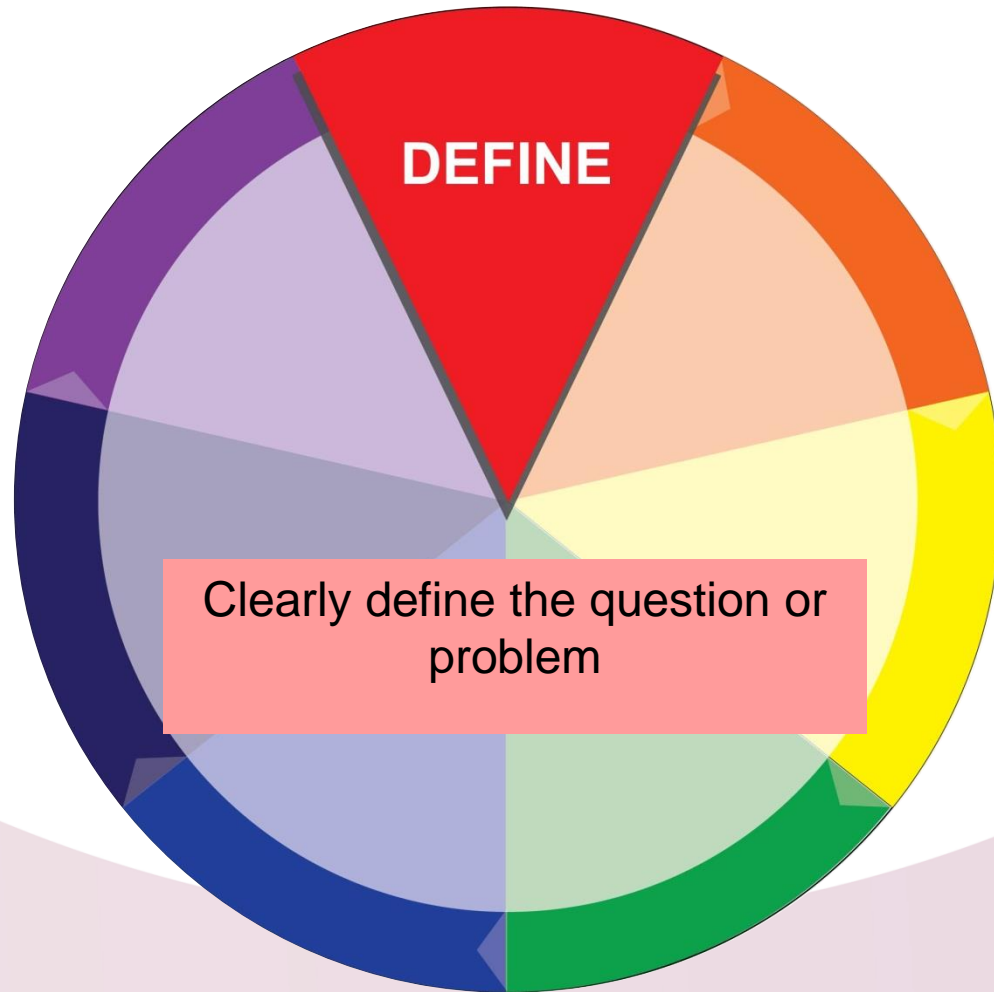des méthodes et outils

A Model for Evidence-Informed Decision Making in Public Health

Steps in the process of Evidence-Informed Public Health

Evidence-Informed Public Health

DEFINE

Clearly define the question or problem

Define

- Identify type of question (effectiveness, causation/association, diagnosis, lived experience, economic)

- Depending on type of question use:
  - PICO
  - PECO
  - PS
  - Progress Plus (determinants of health framing)

Define - Supporting Tools

Health Evidence™ tool for developing a question

- **PICO Search Terms Table**: For Searchable **Quantitative** Research Questions

Health departments are welcome to adapt this tool. Requirements for adapting this tool include: Health Evidence and Peel Health are acknowledged for tool development; and adapted tool cannot be used for profit (not to be sold).

	Population	**I**ntervention or **E**xposure	**C**omparison	**O**utcomes
From clinical question	*Describe the* **population** *that you come into contact with and are relevant to your practice.* *This could include:* - **General population** - **Specific community types** *(e.g., rural or urban-dwelling)* - *Other population-based descriptors such as:* → **Age** *(e.g., youth / adolescent, seniors/elderly)* → **SES** *(e.g. low-income, homeless)* → **Risk status** *(high risk, at risk, MSM, IDU)*	**Intervention** *refers to the therapy, test, organizational / systems strategies that we want to find out more about. This can be about environmental factors, health services, counseling, or screening (diagnostic tests).* **Exposure** *refers to the population's exposure to a risk factor, disease, condition or harm.*	*The* **comparison** *can be standard or routine interventions, an alternative treatment or exposure, or no treatment.*	*Make a distinction between the* **outcome** *which is relevant to your population of interest or the issue/problem and the outcome measures deployed in studies. Spend some time working out exactly what outcome is important to you, your population, and the time-frame which is appropriate.*
Synonyms or other key words or phrases				
MeSH headings *Consult each specific database's thesaurus for specific terms used (e.g. in MEDLINE these terms are MeSH headings, other databases use other terms)*				

✓ Remember: *Save the table and search strategy used in the bibliographic database(s) for future reference and to document your search process*

- **P.S. Search Terms Table**: For Searchable **Qualitative** Research Questions

	Population	**S**ituation
From clinical question	*Describe the* **population** *that you come into contact with and are relevant to your practice.* *This could include:* - **General population** - *Specific* **community types** *(e.g., rural or urban-dwelling)* - *Other population-based descriptors such as:* → **Age** *(e.g., youth/adolescent, seniors/elderly)* → **SES** *(e.g. low-income, homeless)* → **Risk status** *(high risk, at risk, MSM, IDU)*	*This refers to the phenomenon or* **situation** *we want to find out more about, such as:* - **Circumstances** - **Conditions** - **Experiences**
Synonyms or other key words or phrases		
MeSH headings *Consult each specific database's thesaurus for specific terms used (e.g. in MEDLINE these terms are MeSH headings, other databases use other terms)*		

✓ Remember: *Save the table and search strategy used in the bibliographic database(s) for future reference and to document your search process.*

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https://healthevidence.org/documents/practice-tools/HETools_DevelopingEfficientSearchStrategyUsingPICO_January2018.doc

Supporting Tools

Using an equity perspective

PROGRESS-Plus

- CONSORT-equity
- Evidence for Equity
  - E4E series
  - PROGRESS-Plus
- PRISMA-E 2012
- Home-Based Records
- Sex/Gender Cochrane Corner
- Youth Refugees

PROGRESS-Plus is an acronym used to identify characteristics that stratify health opportunities and outcomes.

- **PROGRESS** refers to:
  - Place of residence
  - Race/ethnicity/culture/language
  - Occupation
  - Gender/sex
  - Religion
  - Education
  - Socioeconomic status
  - Social capital

- **Plus** refers to:
  1) personal characteristics associated with discrimination (e.g. age, disability)
  2) features of relationships (e.g. smoking parents, excluded from school
  3) time-dependent relationships (e.g. leaving the hospital, respite care, other instances where a person may be temporarily at a disadvantage)

Cochrane Methods Equity

SEARCH

Efficiently search for research evidence

Search and Relevance

- Develop efficient and effective search strategy
- Follow 6S Pyramid
- Document search results
- Save search strategies
- Download results to reference management software
- Develop inclusion criteria
- Note reasons for exclusion

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Search - Supporting Tools

6S Pyramid

Evidence-Informed Public Health

| DEFINE | SEARCH | APPRAISE | SYNTHESIZE | ADAPT | IMPLEMENT | EVALUATE |

Search: Efficiently search for research evidence

A clearly defined question or problem is the starting point for an effective literature search. This step of the EIPH process helps you answer the question:

> "Where should I look to find the best available research evidence to address the issue?"

Your search strategy should aim to locate the strongest quality and most relevant evidence first. When searching for quantitative evidence (e.g., effectiveness of an intervention, health effects, cost effectiveness, etc.) some study designs are considered stronger than others. It is important that the research design is the most appropriate to answer the question being asked.

For more information about different types of questions relevant to public health and related research designs you can refer to:

- Quantitative Research Questions and Study Designs
- Compendium of Critical Appraisal Tools

Using the 6S pyramid can help public health decision makers find the best research evidence with the least amount of time and effort.
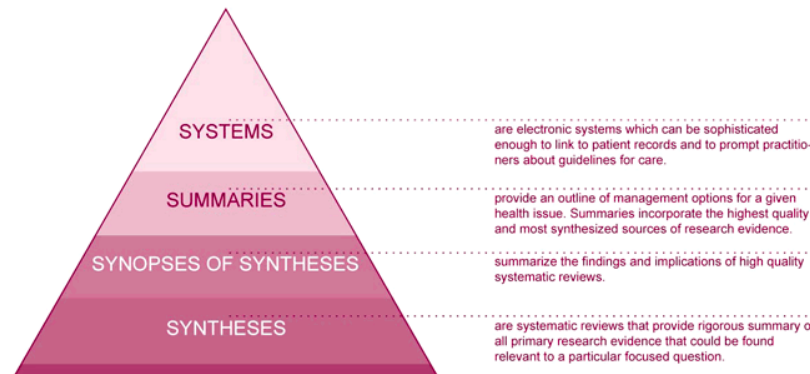
Efficiently search for research evidence.

Click **here** to access a Search Pyramid of General Public Health Research Evidence.

tutorial video

Login to the Learning Centre

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SYSTEMS are electronic systems which can be sophisticated enough to link to patient records and to prompt practitioners about guidelines for care.

SUMMARIES provide an outline of management options for a given health issue. Summaries incorporate the highest quality and most synthesized sources of research evidence.

SYNOPSES OF SYNTHESES summarize the findings and implications of high quality systematic reviews.

SYNTHESES are systematic reviews that provide rigorous summary of all primary research evidence that could be found relevant to a particular focused question.

http://www.nccmt.ca/about/eiph/search
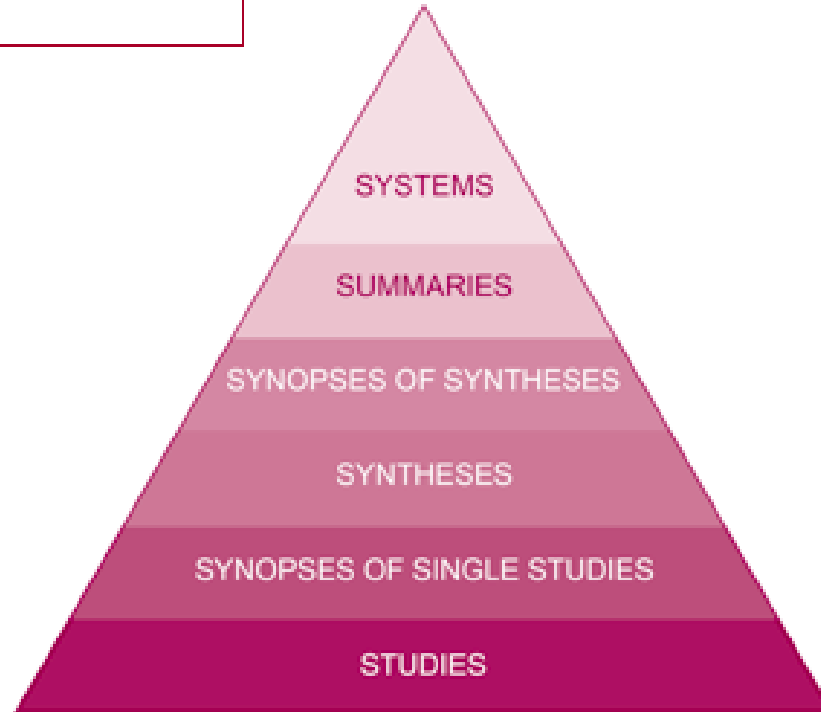
18

Search - Supporting Tools

Levels of Evidence Tool

Health departments are welcome to adapt this tool. Requirements for adapting this tool include: Health Evidence and Peel Health are acknowledged for tool development; and adapted tool cannot be used for profit (not to be sold).

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https://healthevidence.org/documents/practice-tools/HETools_Levels&SourcesPublicHealthEvidence_Jan2018.doc

Search - Supporting Tools

Tracking Search Results Tool

Health departments are welcome to adapt this tool. Requirements for adapting this tool include: Health Evidence and Peel Health are acknowledged for tool development; and adapted tool cannot be used for profit (not to be sold).
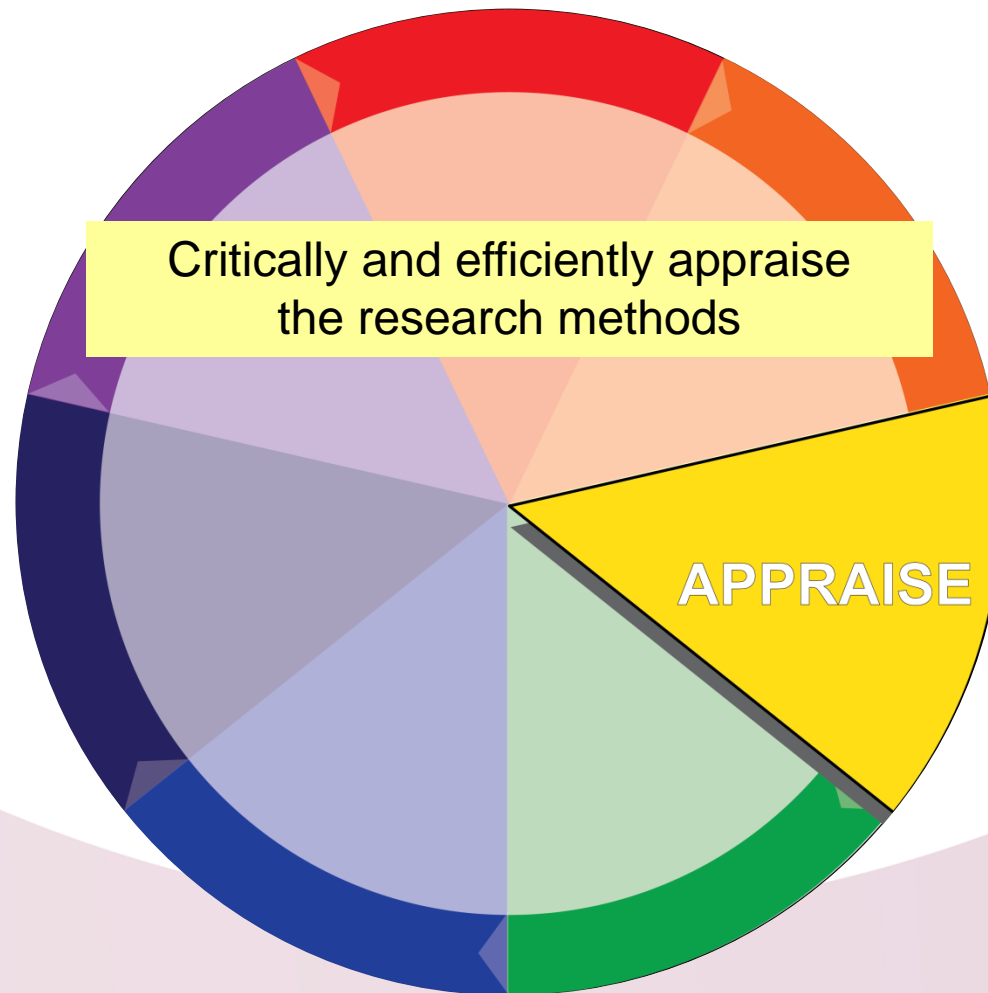
Date Search Conducted:

Question Searched:

- Insert the question that you are conducting this search to answer.
- Remember **PICO**: Population, Intervention, Comparison, Outcome(s)
  → See *Developing an Efficient Search Strategy Using PICO*

P:

I:

C:

O:

Level of the 6S Pyramid	Publicly Available YES / NO	Critical Appraisal Required YES / NO					Total No. Results (through search)	Link to Saved Search Strategy & Results (insert here)
SUMMARIES Evidence-Based Texts	NO	**NO**	**Clinical Evidence** http://www.clinicalevidence.com	**Dynamed** http://www.ebscohost.com/dynamed	**StatIRef** Pier http://pier.acponline.org/index.html	**UpToDate** http://www.uptodate.com		
SUMMARIES Guidelines	**YES**	**NO**	**Guideline Advisory Committee (GAC)** http://www.gacguidelines.ca/index.cfm?pagepath=GAC_Endorsed_Guidelines&id=21080 *Note: only archive accessible*					
	YES	**YES**	**National Guidelines Clearinghouse (NGC)** http://guideline.gov *Note: includes guidelines from the following organizations* • **National Institute for Health and Clinical Excellence (NICE) Public Health Guidance** http://guidance.nice.org.uk/PHG?textonly=false • **Registered Nurses Association of Ontario (RNAO)** http://www.rnao.org/bestpractices/index.asp • **Canadian Medical Association** (CMA Infobase) http://www.cma.ca/index.cfm/ci_id/54316/la_id/1.htm • **Center for Disease Control and Prevention (CDC)**			**Turning Research into Practice (TRIP) Database** http://www.tripdatabase.com *Note: filter search by "Guidelines"*		

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https://www.healthevidence.org/documents/practice-tools/HETools_ResourcesGuideTrackYourSearch_Jan2018.DOC

Evidence-Informed Public Health

Critically and efficiently appraise the research methods

APPRAISE

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Critical Appraisal

- Identify level of evidence (guideline, systematic review, single study)

- Choose appropriate appraisal tool for level of evidence

- Complete tutorials/online modules if needed

- 2 raters independently rate each article/ compare results and come to consensus

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Critical Appraisal - Supporting Tools

Practice Guidelines: AGREE II Tool

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www.agreetrust.org/agree-ii

Critical Appraisal - Supporting Tools

Systematic Reviews: Health Evidence™ Tool

CRITERIA	YES	NO
Q1. Did the authors have a clearly focused question [population, intervention (strategy), and outcome(s)]?		
Q2. Were appropriate inclusion criteria used to select primary studies?		
Q3. Did the authors describe a search strategy that was comprehensive? *Circle all strategies used*: • health databases • handsearching • psychological databases • key informants • social science databases • reference lists • educational databases • unpublished • other		
Q4. Did search strategy cover an adequate number of years?		
Q5. Did the authors describe the level of evidence in the primary studies included in the review? • Level I → RCTs only • Level II → non-randomized, cohort, case-control • Level III → uncontrolled studies		
Q6. Did the review assess the methodological quality of the primary studies, including: *(Minimum requirement: 4/7 of the following)* • Research design • Study sample • Participation rates • Sources of bias (confounders, respondent bias) • Data collection (measurement of independent/dependent variables) • Follow-up/attrition rates • Data analysis		
Q7. Are the results of the review transparent?		

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https://www.healthevidence.org/documents/our-appraisal-tools/QA_Tool&Dictionary_10Nov16.pdf

Supporting Tools

Single Studies: Collection of CASP Tools

CASP CHECKLISTS

This set of eight critical appraisal tools are designed to be used when reading research, these include tools for Systematic Reviews, Randomised Controlled Trials, Cohort Studies, Case Control Studies, Economic Evaluations, Diagnostic Studies, Qualitative studies and Clinical Prediction Rule.

These are free to download and can be used by anyone under the Creative Commons License.

CASP Checklists (click to download)

CASP Systematic Review Checklist	CASP Qualitative Checklist
CASP Randomised Controlled Trial Checklist	CASP Case Control Checklist
CASP Diagnostic Checklist	CASP Cohort Study Checklist
CASP Economic Evaluation Checklist	CASP Clinical Prediction Rule Checklist

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www.casp-uk.net/casp-tools-checklists

Evidence-Informed Public Health

Interpret information;
understand how to prioritize
conflicting results

SYNTHESIZE

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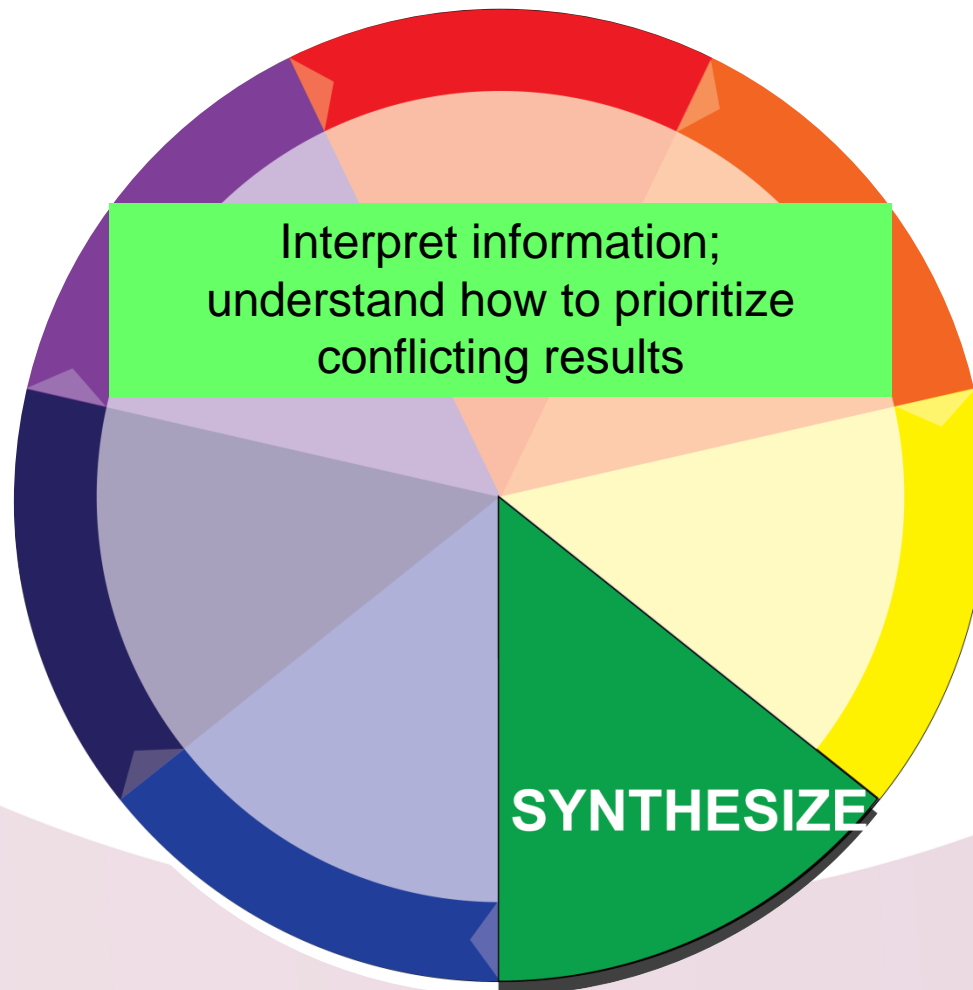
Briefing Note #:

Insert briefing note number or other identifier

Date:

Issue:

☐ Explain in one or two lines why the briefing note matters to the reader.

☐ Sets out, in the form of a question or statement, what the rest of the note is about.

Background:

☐ Gives a brief summary of the history of the topic and other background information and provides details the reader needs in order to understand what follows
- How a situation arose
- Previous decisions/problems
- Actions leading up to the current situation

☐ What led up to this problem or issue? How has it evolved?

☐ Do not repeat information that you're including in the Current Status section.

Current Status:

☐ Describes only the current situation, who is involved, what is happening now, the current state of the matter, issue, situation, etc.

☐ What are we currently doing on this topic?
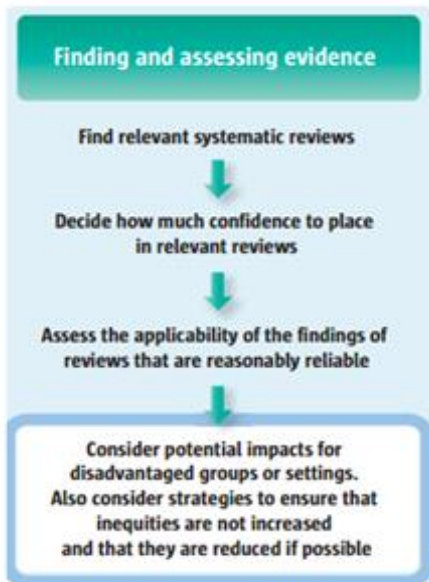
Key Considerations

The subsections below provide a summary of important facts, considerations, developments—everything that needs to be considered now. While you will have to decide what to include and what to leave out, this section should be as unbiased as possible. Your aim is to present all the details required for the reader to be informed or to make an informed decision. Keep the reader's needs uppermost in your mind when selecting and presenting the facts.

The Evidence:

☐ **Research evidence**
- Indicate results of literature search conducted based on 6-step pyramid in _Levels & Sources of Public Health Evidence_. See _Evidence-Informed Decision Making (EIDM) Checklist_
  → What **do** we know from the evidence?
    - What works to address the issue?
    - What does not work?
    - What factors are associated (e.g. barriers and facilitators)?
  → What **don't** we know?

☐ **Organizational evidence**

☐ **Colloquial evidence**
- Environmental scan evidence (evidence from other health units)
  → What are other health units doing?
  → Results of outcome and/or process evaluations
  → Expertise, views and realities of stakeholders
  → Partner or other in-kind resources

☐ **Expert (practice/research) consultation evidence**

☐ **Political evidence**
- Public attitudes towards proposed policies, media reaction

Synthesize - Supporting Tools

Finding and assessing evidence

Find relevant systematic reviews

↓

Decide how much confidence to place in relevant reviews

↓

Assess the applicability of the findings of reviews that are reasonably reliable

↓

Consider potential impacts for disadvantaged groups or settings. Also consider strategies to ensure that inequities are not increased and that they are reduced if possible

➡ Consider which groups or settings are likely to be disadvantaged by the option under consideration

➡ Look for evidence of differences in baseline conditions across groups or settings that would result in differences in the absolute effectiveness of the option for disadvantaged groups or settings
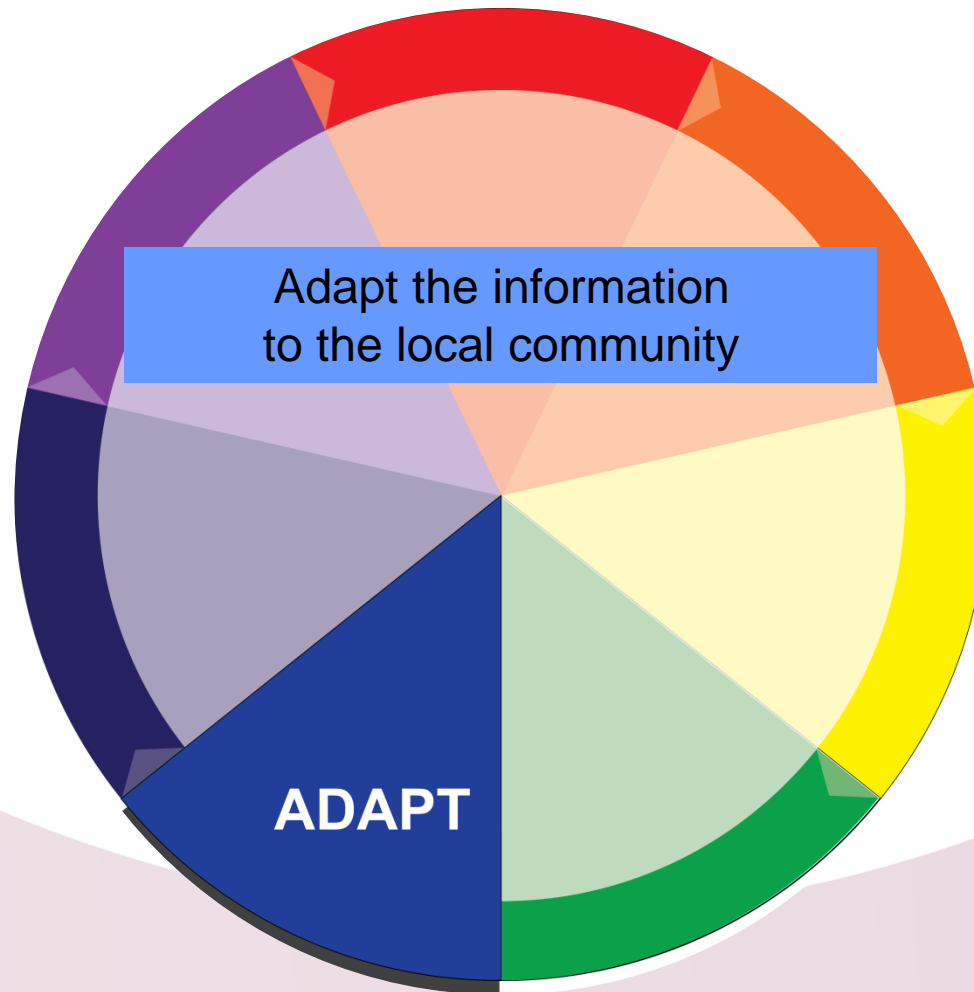
➡ Look for evidence of differences in access to – or the quality of care for – disadvantaged groups or settings

➡ Consider the implications of these differences for implementing the option to ensure that inequities are reduced if possible, and that they are not increased

Applying a health equity perspective to data extraction. Image from Oxman, A. D., Lavis, J. N., Lewin, S. & Fretheim, A. (2009). SUPPORT Tools for evidence-informed health Policymaking (STP) 10: Taking equity into consideration when assessing the findings of a systematic review. *Health Research Policy and Systems*, 7, (S1): S10. doi: 10.1186/1478-4505-7-S1-S10

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Evidence-Informed Public Health

Adapt the information
to the local community

ADAPT

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It worked there. Will it work here?
a *tool* for assessing Applicability and Transferability of Evidence

A: When considering **starting a new program**

Purpose and target audience

To help public health managers and planners use evidence to choose appropriate programs for their community.

Where does this fit?

This tool helps you with the fifth step in the evidence-informed public health process: **Adapt** the information to a local context.

You may have found evidence about an intervention that worked, but can you apply that evidence to your situation? Do you need to adapt the intervention for your population? ... your community? ... your team?

This tool gives you a process and criteria to assess the applicability (feasibility) and transferability (generalizability) of evidence to public health practice and policy.

How to use this tool

At this stage, you will have already completed the first four steps in the evidence-informed public health process. You have defined your question (step 1), found (step 2) and appraised (step 3) the research evidence relevant to your question. You have also formed some recommendations based on the evidence that you found (step 4). (See *www.nccmt.ca/eiph* for more information.)These are all necessary steps, but you are not yet ready to decide whether to introduce, continue, or end a program or intervention in **your** local community.

1. Decide who will be involved in the decision. Consider including partners from other sectors, disciplines and client groups. (*The remaining steps are done in collaboration with this entire group.*)

2. Orient group members to the process; establish time lines.

3. From the following list of criteria, choose the most important applicability and transferability assessment questions for the intervention of interest and the local context. Are these criteria equally important or should they be weighted differently? If so, choose what weights to assign. Not all criteria are relevant all the time. The group may decide that some criteria are more important than others at a particular time period and in a particular community.

4. Decide how final scoring will be done: Will you discuss each criterion to achieve consensus or add ratings from all group members ? In that case, you would individually rate the importance/relevance of each question on a scale of 1 to 5, where 1 is low and 5 is high. Priority would then go to the highest scoring program.

5. Be sure to document the scoring process used.

How to cite this resource

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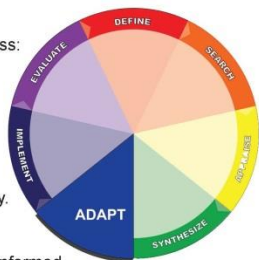
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Assessment of Applicability & Transferability

Construct	Things to consider	Questions to Ask
Applicability (feasibility) **Can the intervention we found work for us?**	Political acceptability or influence	• Will the intervention be allowed or supported in the current political climate? • Is there a potential public relations benefit for local government? • Will the public and target groups accept and support the intervention in its current format? • Is this intervention allowed/expected or required by local or provincial legislation /bylaws?
	Social acceptability	• Will my target population be interested in the intervention? • Is the intervention ethical?
	Available essential resources (human and financial)	• Who / what is essential for the local implementation? • Who will do the work? Are these people available (or are they too busy with other projects)? Do they know how? If not, is training available (and affordable)? • How much will the intervention cost? Can we afford to deliver the program (or is our budget already committed to other projects)? • How do we need to change the intervention to suit our local situation? • What are the full costs (include supplies, systems, space requirements for staff, training, technology/administrative supports, etc.)? How much will this intervention cost per unit of expected outcome? (total cost divided by number of people we expect to help) • Are there any other incremental health benefits to consider that could offset the costs of the intervention?
	Organizational expertise and capacity	• Does the intervention fit into the organization's current strategic and operational plans? • Does the intervention fit with the organization's mission and local priorities? • Does the intervention overlap, or will it compliment, existing programs? • Will this program enhance the reputation of the organization? • What barriers/structural issues or approval processes within the organization need to be addressed? • Is the organization motivated and open to new ideas? Is it a learning organization?
Transferability (generalizability) **Can we expect similar results?**	Magnitude of health issue in local setting	• Does the need exist? • How many people in my local population does this issue affect now? (i.e., what is our baseline prevalence?) How does this compare to the prevalence of the issue (risk status) described in the intervention we are considering?
	Magnitude of the "reach" and cost effectiveness of the intervention	• Will the intervention effectively reach a large proportion of the target population?
	Characteristics of target population	• Is the local population comparable to the study population? • Will any differences in characteristics (ethnicity, socio-demographic variables, number of persons affected) influence the effectiveness of the intervention locally?

The National Collaborating Centre for Methods and Tools is affiliated with McMaster University and funded by the Public Heath Agency of Canada

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Adapt - Supporting Tools

From an equity perspective

Knowledge Translation Toolkit

Tools and tips to help maximize the practical impact of inner city health research.

We also offer KT training for researchers and for organizations that work for inner city health.

TOOLS FOR RESEARCHERS

Self-reflection exercises

These questions will help you be more intentional in your research and communication.

Getting started: Identify KT goals and relevant activities

What kind of change do you want to contribute to? An options list.

Planning KT intentionally: Environmental scan questions

Questions to ask about your audience and their policy context.

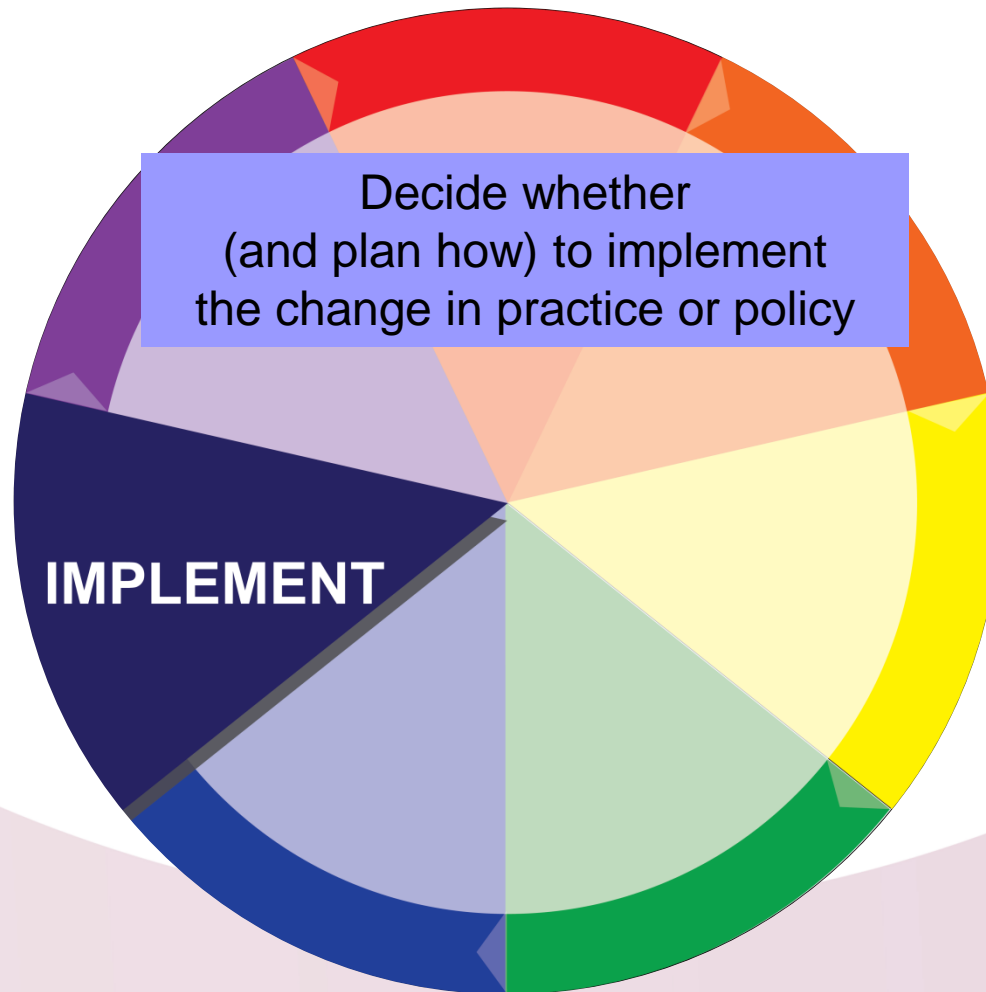### Formats for KT reports and face-to-face meetings

Organizing a KT report: Design tips

KT writing: Style tips

Tailoring messages for different KT audiences: Case example

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http://stmichaelshospitalresearch.ca/research-programs/urban-health-solutions/resources-and-reports/knowledge-translation-toolkit

Evidence-Informed Public Health

Decide whether
(and plan how) to implement
the change in practice or policy

IMPLEMENT

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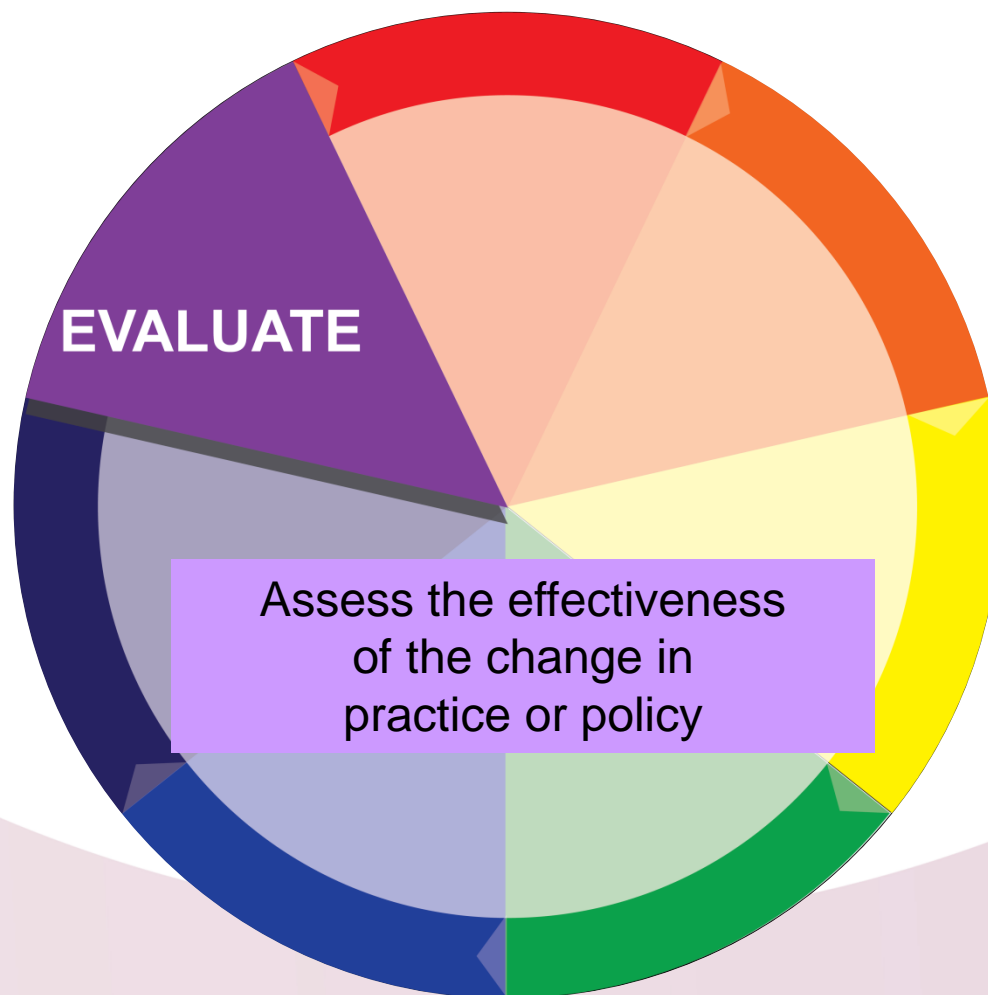
Knowledge Translation Planning Template©

INSTRUCTIONS: This template was designed to assist with the development of Knowledge Translation (KT) plans for research but can be used to plan for non-research projects. The Knowledge Translation Planning Template is universally applicable to areas beyond health. Begin with box #1 and work through to box #13 to address the essential components of the KT planning process.

(1) Project Partners

- ☐ researchers
- ☐ consumers - patients/families
- ☐ the public
- ☐ decision makers
- ☐ private sector/industry
- ☐ research funding body
- ☐ volunteer health sector/NGO
- ☐ practioners
- ☐ other

NOTES

(2) Degree of Partner Engagement

- ☐ from idea formulation straight through
- ☐ after idea formulation & straight through
- ☐ at point of dissemination & project end
- ☐ beyond the project

Consider: Not all partners will be engaged at the same point in time. Some will be collaborators, end users or audiences, or people hired to do specific activities.

(3) Partner(s) Roles

(1) What do the partner(s) bring to the project?

(2) How will partner(s) assist with developing, implementing or evaluating the KT plan?

Action: Capture their specific roles in letters of support to funders, if requested.

▶

(4) KT Expertise on Team

- ☐ scientist(s) with KT expertise
- ☐ consultant with KT expertise
- ☐ knowledge broker/specialist
- ☐ KT supports within the organization(s)
- ☐ KT supports within partner organization(s)
- ☐ KT supports hired for specific task(s)

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Evidence-Informed Public Health

EVALUATE

Assess the effectiveness
of the change in
practice or policy

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Registry   About the Registry   Browse the Registry   Suggest a Method or Tool

Home » Resources » Registry of Methods and Tools » Browse the Registry » Detailed Summary

« Return to search results

Implementing best practice guidelines: The RNAO Toolkit

A summary of Registered Nurses' Association of Ontario. (2012). Toolkit: Implementation of Best Practice Guidelines (2nd ed.). Toronto, ON: Registered Nurses' Association of Ontario.

How to cite this NCCMT summary:

National Collaborating Centre for Methods and Tools (2013). *Implementing best practice guidelines: The RNAO Toolkit*. Hamilton, ON: McMaster University. Retrieved from http://www.nccmt.ca/registry/view/eng/163.html.

Keywords: Appraise, Adapt, Implement, Evaluate, Program planning, Situational assessment, Stakeholder analysis and engagement, Organizational capacity and management

Link to Method/Tool ▶

Download PDF Summary ▶

These summaries are written by the NCCMT to condense and to provide an overview of the resources listed in the Registry of Methods and Tools and to give suggestions for their use in a public health context. For more information on individual methods and tools included in the review, please consult the authors/developers of the original resources.

Relevance for Public Health	This tool supports users in developing an implementation plan to move best practice guidelines into practice. A comprehensive resource with checklists, resources and case scenarios, this resource supports groups in working with stakeholders and assessing organizational resources to implement a practice change.
Description	The Registered Nurses's Association of Ontario (RNAO) developed this resource to help organizations implement best practice guidelines to improve practice and health outcomes. Revised from the original Toolkit (2002) with new additions and resources, Toolkit: Implementation of Best Practice Guidelines provides a systematic, evidence-based approach to implementing best practice guidelines. The Toolkit is based on the Knowledge-to-Action Framework (Straus, Tetroe & Graham, 2009), which was adapted for implementation of best practice guidelines. This resource provides templates, case examples and resources for each step of the framework as follows:

Have you used this resource? Share your story!

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Networking and Outreach

Online Learning Resources

Video Series

Workshops and Webinars

Knowledge Repositories

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for Methods and Tools

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des méthodes et outils

Registry of Methods and Tools

Searchable database of KT resources

Summaries and links 200+ resources

Categorized by:

- Method/tool
- KT and related activity
- EIP step

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Online Learning Modules

MODULES BY STEPS

Estimated Time To Complete

DEFINE · SEARCH · APPRAISE · SYNTHESIZE · ADAPT · IMPLEMENT · EVALUATE

Learners who complete these modules and achieve at least 75% on the final tests earn certificates of competence for each module completed.

Module	Time	DEFINE	SEARCH	APPRAISE	SYNTHESIZE	ADAPT	IMPLEMENT	EVALUATE
Introduction to Evidence-Informed Decision Making	2-3 hours	●	●	●	●	●	●	●
Quantitative Research Designs 101	3-4 hours	●	●					
Searching for Research Evidence in Public Health	3-4 hours		●					
Critical Appraisal of Guidelines	3-4 hours			●	●			
Critical Appraisal of Systematic Reviews	3-4 hours			●	●			
Critical Appraisal of Qualitative Studies	3-4 hours			●	●			
Critical Appraisal of Intervention Studies	3-4 hours			●	●			
Assessing the Applicability and Transferability of Evidence	2-3 hours					●		
Implementing KT Strategies in Public Health	2-3 hours						●	
Evaluating KT Strategies in Public Health	2-3 hours							●
New! Organizational Change	2-3 hours						●	
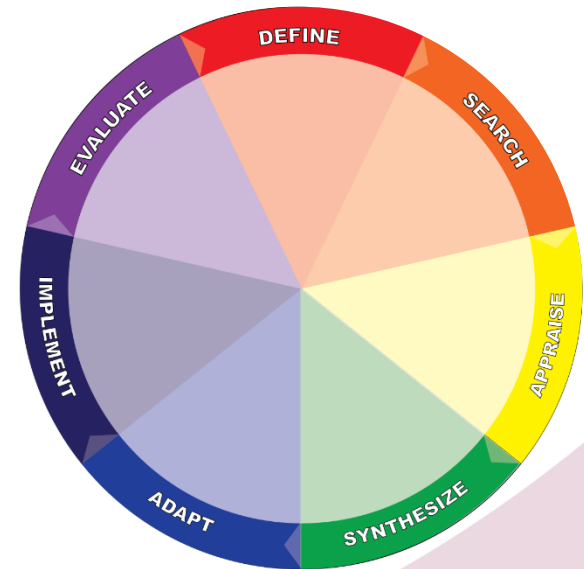
Skills Assessment Tool

- Free online tool

- Tests knowledge and skills for EIDM

- Recommends resources for areas that need improvement

Online EIDM Skills Assessment

LAUNCH

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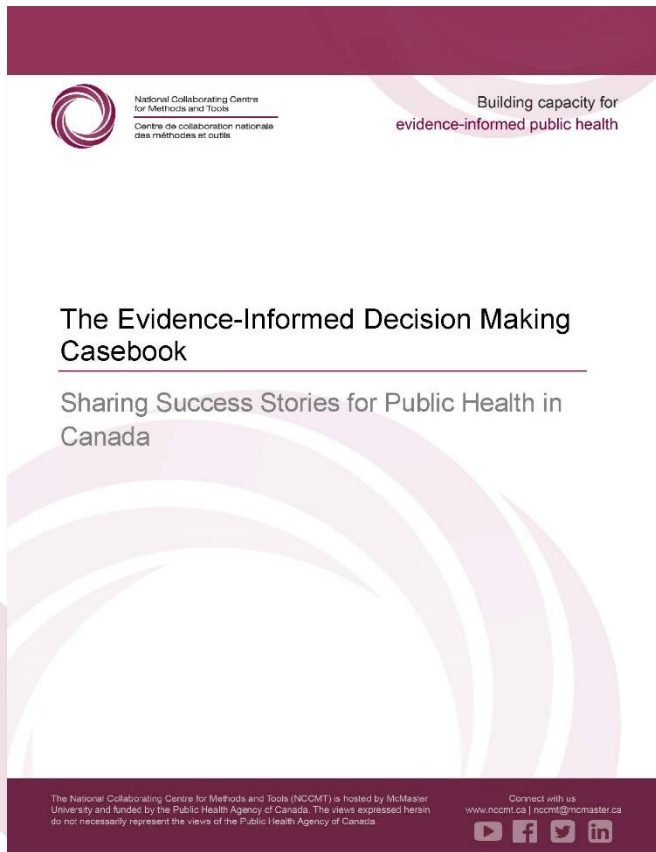Centre de collaboration nationale des méthodes et outils
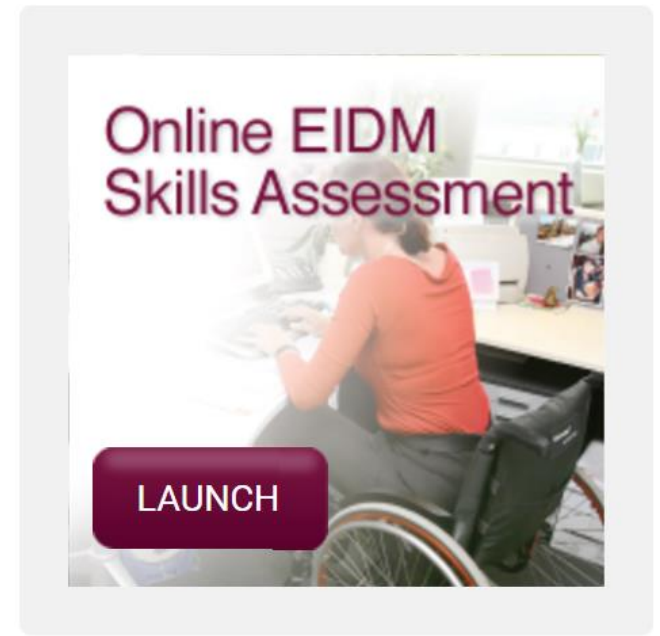
Rapid Review Guidebook

- Detailed guide to steps of rapid review process

- Notes for tailoring based on time/resources

- Writing guide for each section of final document

The EIDM Casebook

The Evidence-Informed Decision Making Casebook

Sharing Success Stories for Public Health in Canada

- Collection of success stories in public health
- Available at www.nccmt.ca/resources/eidm-casebook

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**Knowledge
Repositories**

Health Evidence™ Repository

Almost 5000 quality-rated systematic reviews evaluating the effectiveness of public health interventions

Results for: breastfeeding

Returned 135 results

		Article	Authors	Date	Rating
1	☐	Support for healthy breastfeeding mothers with healthy term babies ⚡	McFadden A, et al.	2017	
2	☐	Meta-analysis of the effectiveness of educational interventions for breastfeeding promotion directed to the woman and her social network ⚡	Oliveira I, et al.	2017	
3	☐	Dietary advice interventions in pregnancy for preventing gestational diabetes mellitus ⚡	Tieu J, et al.	2017	
4	☐	Nonpharmacological interventions to prevent type 2 diabetes in women diagnosed with gestational diabetes mellitus: A systematic overview	Miyazaki C, et al.	2017	
5	☐	The unique needs of pregnant, violence-exposed women: A systematic review of current interventions and directions for translational research	Howell K, et al.	2017	

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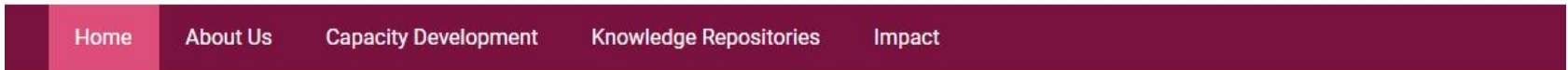**Knowledge Repositories**

Meta-Analyses: Using Forest Plots

o http://www.nccmt.ca/resources/multimedia-eng.html

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What are your next steps?

1) Access the tools referenced in the presentation

2) Read the NCCMT summary about the tools described today

3) Consider using the method/tool in practice

4) Tell a colleague about the method/tool

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For more information about the National Collaborating Centre for Methods and Tools:

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