Data and Evidence to Action for Youth Violence Prevention in Peel

Friday, April 26, 2013

Community Health Initiatives,
Health Services, Region of Peel

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Agenda

- Welcome

- Introduction to Violence Prevention

- Peel Health Status Data

- BREAK

- PHAC Best Practices Portal and Best Practices for Violence Prevention

- Q & A / Evaluation

Community Health Initiatives Team

- Supporting Peel community agencies in their youth violence prevention efforts:

  – Enhancing evidence-informed decision-making

  – Enhancing evidence-based practices

  – Sharing what works locally

  – Collaborating with community partners to achieve shared goals

  – Highlighting the needs of the Peel community

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Partners - connect with others

Sharing what works to prevent youth violence in Peel Region.

Upcoming Workshop

We are pleased to be launching our free Workshop Series - Sharing What Works to Prevent Youth Violence.

Evidence to Action for Youth Violence Prevention

Date: Friday, April 26th 2013
Time: 8:30-12:00pm
(8:30-9:00am continental breakfast and networking)
Location: 7120 Hurontario Street, Mississauga, Room #421, 2nd Floor

Topic:
This workshop will focus on practical sources of evidence that your organization can apply to programming and service delivery. The sources include Peel-specific data and evidence-based interventions for programming. The resources will be

EVENTS CALENDAR
Conferences, workshops, seminars, Webinars, special week/day events

FEATURE

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Feature: *One Voice One Team*

OneVoice
OneTeam

Continuum of Prevention

Prevention Stage	Flu	Youth Violence
Primary Prevention (*Before it Occurs*)	Vaccines for all	Policy, education and supportive environment
Secondary Prevention (*In the Thick*)	Targeted vaccine efforts for high risk groups (e.g. babies, elderly)	Targeted interventions for high-risk youth (e.g. living in high-crime neighborhoods, low family attachment)
Tertiary Prevention (*After the Fact*)	Treat patients who have the flu and limit exposure to others	Rehabilitate young offenders and provide services for victims of violence

Adapted From: *A Public Health Approach to Preventing Violence: FAQ*. Prevention Institute, 2009.

Community Foundations	Early Prevention	Intervention	Treatment and Support
• Preventing violence before it occurs. • Targeted at the general (whole) population as everyone benefits from these strategies • Addressing many of the societal level determinants (i.e. roots) of youth violence.	• Preventing violence before it occurs. • Targeted at the general (whole) population as everyone benefits from these strategies. • Addressing violence through community, family, and personal risk and protective factors.	• Targeted at children and youth at increased risk for violence and/or those who exhibit early signs of violent behaviour. • Increased risk could be due to neighbourhood characteristics, relationships and family situation, or personal factors such as mental health or socioeconomic status.	• Support and treatment for youth already engaged in violent behaviour. • Aims to deal with violence and prevent its consequences. • Aims to prevent the reoccurrence or escalation of violence.

Community Design Strategies	Early Years/ Preschool Enrichment	Mentoring Programs	Diversion from Adult Justice System
Managing Drinking Environments	Parenting Programs/Skills Training		Wraparound/Multi-Agency Approach
Promoting Diversity and Anti-Racism	Social Skills Development Programs		Therapeutic Foster Care
Child and Youth Mental Health System and Services			
Youth Opportunities (e.g. jobs, extracurricular, recreational, leadership, education)		Gang Prevention and Intervention Programs	
School Based Violence Prevention Programs			Community Policing
Cultural Norms that Reject Violence			Restitution/Reintegration Programs
Reducing Inequality and Poverty			Victim Services
Social Marketing/ Public Education			
Education Policies			

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Process of Inquiry "Data to Action"

Centers for Disease Control and Prevention. "A Public Health Approach to Violence Prevention". Retrieved from:
http://www.cdc.gov/ViolencePrevention/overview/publichealthapproach.html

What Informs and Influences our Decisions?

Sources of Evidence

Community Health Issues, Local Context

Community and Political Preferences

Lobbyists & Advocacy Groups

Research

Resources

Values & Policy Context

Habits & Tradition

Experience & Expertise

Model adapted from:
- National Collaborating Centre for Methods and Tools (2012). A model for Evidence-Informed Decision Making in Public Health. [fact sheet]. Retrieved from www.nccmt.ca
- Armstrong, Doyle, et al. (2006). Multi-sectoral health promotion and public health: the role of evidence. *Journal of Public Health*, 28(2).

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Evidence- Informed Decision-Making (EIDM)

- EIDM is the process of involving the best available **research evidence** into the decision making process.

- Additional factors create the **environment** in which the research evidence is interpreted and applied.

National Collaborating Centre for Methods and Tools (2012). *A model for Evidence-Informed Decision-Making in Public Health*. [fact sheet]. Retrieved from www.nccmt.ca

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Barriers to Using Research Evidence

- Lack of time

- Limited access to current literature

- Lack of actionable messages in research reports

- Limited critical appraisal skills

- Conflicting evidence between studies

- Organizational culture

- Lack of consensus on what is "evidence"

Wilson MG, Rourke SB, Lavis JN, et al. Community capacity to acquire, assess, adapt, and apply research evidence: a survey of Ontario's HIV/AIDS sector. *IS* 2011*; 6*:54.

Lavis JN, Lomas J, Hamid M, et al. Assessing country-level efforts to link research to action. *Bulletin of WHO* 2006; 84:620-628

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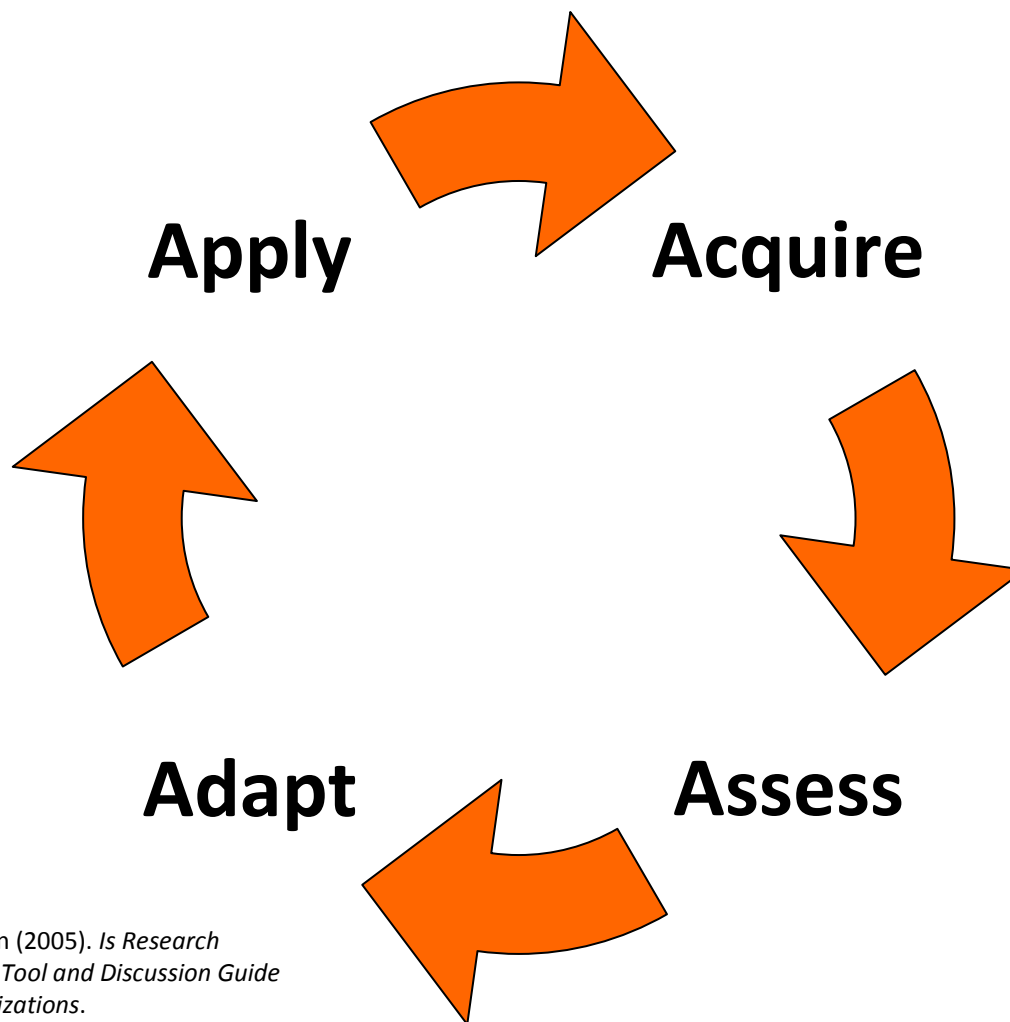Working for you

Overcoming Barriers

- Draw upon body of knowledge vs. single studies
  - E.g. systematic reviews and syntheses
  - Increases validity and applicability of evidence

- Draw upon existing evidence-based practices

- Applicable research; focus on use in daily practice

- Engage end-users

- Tailoring messages to end-users

- Increasing the value for research evidence

Lavis JN, Robertson D, Woodside J, et al. How can research organizations more effectively transfer research knowledge to decision-makers? *Millbank Q,* 2003; 81(2): 221-248.

Zarinpoush, F, Von Sychoski S, Sperling J. Effective Knowledge Transfer & Exchange for Non-profit Organizations: A Framework. Imagine Canada, 2007.

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Capacities for Research Use

Apply

Acquire

Adapt

Assess

Health Services Resource Foundation (2005). *Is Research Working for You? A Self-Assessment Tool and Discussion Guide for Health Services and Policy Organizations*.

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Benefits of EIDM

- Adoption of the most effective and cost-efficient interventions

- Careful use of limited resources
  ($, time, people)

- Better health and social outcomes for individuals and communities

www.peelthinkshare.ca

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Questions?

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