Advancing Evidence-Informed Decision Making at Peel Public Health: Developing a model for Evidence-Informed Healthy Public Policy

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Working for you

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Key Take Home Messages

1. Evidence-informed healthy public policymaking (EIHPP) is the next strategic step in Peel Public Health's evolution toward an evidence-informed organization. This step is consistent with the current infrastructure priorities in Peel Public Health's 10-year strategic plan.

2. Developing and implementing an EIHPP approach will build on an existing foundation in evidence-informed decision making yet will require additional investment in workforce development, mentoring, and dedicated staff time to support successful implementation.

3. In partnership with the Public Health Senior Management Team, a dedicated EIHPP workgroup to lead and champion evidence-informed policy approaches should be established. This group should be responsible for developing tools, resources, and internal/external communication strategies to guide evidence-informed policy work.

Executive Summary

Within the health system there is growing recognition that health services delivery decisions should be informed by high quality research evidence. Evidence-informed decision making (EIDM) seeks to integrate best available research evidence into the decision making process. In 2008, PPH committed to a 10-year strategic plan to increase the use of EIDM in public health service delivery within the Region of Peel. [1]. PPH has built a solid foundation to support this strategic plan over the first four years through investments in leadership, academic partnerships, workforce development, infrastructure, change management, and communication [2].

To date most of the progress in integrating EIDM into PPH's operations has focused on evidence-informed program decisions. At present, Peel Public Health (PPH) lacks a consistent EIDM approach to policymaking processes. The purpose of this report was to develop a model of evidence-informed health public policy (EIHPP) suitable for local implementation at PPH.

A proposed model of EIHPP for PPH has been developed, building on the National Collaborating Centre for Healthy Public Policy's approach to synthesizing knowledge about public policies [3]. The knowledge synthesis model has been expanded to include additional steps that are relevant to policy implementation within the context of a local health department. A focused literature review, followed by an internal and external consultative process was undertaken to build understanding, develop, and refine the proposed model. The proposed model includes seven steps:

1. Identify problem and define policy options
2. Develop logic model, conduct policy and stakeholder scan
3. Find, assess, and synthesize evidence
4. Evaluate applicability and transferability
5. Engage in deliberative dialogue
6. Create evidence-informed policy options paper to inform policy decision
7. Implementation, knowledge translation, and evaluation

The guiding principles are to examine the relevant research and grey literature and then contextualize it to inform healthy public policy decisions within the Region of Peel. It is well recognized that research evidence may not provide direct guidance to inform a policy decision, however, it can increase understanding of an issue, shape thinking about a policy, provide rationale for selecting appropriate policy options, guide implementation, and help to understand future impacts [4]. Furthermore, when policy decisions are made through thoughtful examination of the literature and contextualization of policy options, evidence can help support or defend policy decisions. Evidence-informed approaches can also increase policy effectiveness and inform risk assessment [4].

In partnership with the Public Health Senior Management Team, a dedicated EIHPP workgroup to lead and champion evidence-informed policy approaches should be established. This group should be responsible for developing tools, resources, and internal/external communication strategies to guide evidence-informed policy work. This report should provide a useful foundation upon which to develop this work. Prior to rolling out an EIHPP process, it will be important to conduct an internal assessment of existing skills, capacities, and interest among staff that will become involved in implementing EIHPP. Mechanisms for workforce development need to be in place and workforce development needs addressed to ensure implementation success.

Abbreviations

AGREE	Appraisal of Guidelines for Research and Evaluation
AMSTAR	Assessment of Multiple Systematic Reviews
ASPHIO	Association of Supervisors of Public Health Inspectors of Ontario
A&T	Applicability and transferability
BC CDC	British Columbia Centre for Disease Control
CASP	Critical Appraisal Skills Programme
CHSRF	Canada Health Services Research Foundation
CIHR	Canadian Institutes of Health Research
CDIP	Chronic Disease and Injury Prevention
EIDM	Evidence Informed Decision Making
EIHPP	Evidence Informed Healthy Public Policy
EXTRA	Executive Training for Research Application
GRADE	Grading of Recommendations Assessment, Development, and Evaluation
INSPQ	Institut national de santé publique
MOHLTC	Ontario Ministry of Health and Long Term Care
NCCHPP	National Collaborating Centre for Healthy Public Policy
OPHA	Ontario Public Health Association
PHMT	Public Health Management Team
PPH	Peel Public Health
RNAO	Registered Nurses Association of Ontario
RR	Rapid Review
TOPHC	The Ontario Public Health Convention

1 Issue

Within the health system there is growing recognition that health services delivery decisions should be informed by high quality research evidence. Evidence-informed decision making (EIDM) seeks to integrate best available research evidence into the decision making process, acknowledging that such evidence can come from a variety of sources and that evidence needs to be interpreted within the context of local implementation factors. At present, Peel Public Health (PPH) lacks a consistent EIDM approach to policymaking processes. Indeed, there are few, if any, examples of policy options papers created by PPH, despite the regular use of policy as a public health intervention. The purpose of this report is to develop a model of evidence-informed health public policy (EIHPP) for PPH grounded in a review of evidence-informed policy approaches suitable for a local public health department.

2 Context

In 2008, PPH committed to a 10-year strategic plan to increase the use of EIDM in public health service delivery within the Region of Peel. As part of the strategic plan emerged PPH's philosophical approach to public health service delivery, "The Public Health Way". This approach includes five strategic priorities: i) workforce development, ii) making evidence-informed decisions, iii) measuring performance, iv) enhancing internal and external communication, and v) serving an ethno-culturally diverse community [1]. PPH has built a solid foundation to support this strategic plan over the first four years through investments in leadership, academic partnerships, workforce development, infrastructure, change management, and communication [2]. Key elements of PPH's success to date in moving the organization in this strategic direction has been strong leadership and mentoring through the Office of the Medical Officer of Health and the support of a knowledge broker. In addition, effective

mechanisms are currently in place at PPH for the production of rapid reviews that have informed program decisions.

To date most of the progress in integrating EIDM into PPH's operations has focused on evidence-informed program decisions. As efforts continue toward achieving PPH's strategic plan for incorporating EIDM, senior management has identified the importance of establishing an evidence-informed approach to the development of local level policies for implementation by the health department. EIHPP is the next natural step in the progression toward an evidence-informed organization.

It is important to acknowledge existing strengths and resources within PPH that will support the development and implementation of evidence-informed healthy public policy approaches. In recent years, substantial gains have been made in organizational approaches to:

- Program Planning and Evaluation
- Health Status and Surveillance Data
- Rapid Reviews
- Workforce Development strategies
- The Canadian Public Health Competencies Project
- The 'Public Health Way'
- Corporate support by the Board of Health and CAO Office for use of research evidence
- Senior Management Team – CHSRF EXTRA Fellowships that will focus on development and implementation of evidence-informed policymaking at PPH.

- Two PPH staff members are Associates within the CIHR Strategic Planning Program in Public Health Policy through the Dalla Lana School of Public Health at the University of Toronto, whose mandate is to build capacity in public health policy within the public health sector of the health care system
- PPH has hosted several policy-related placements for PhD students
- Policy options are being developed within each of the four departments of PPH, where a number of individual staff members have been identified for their expertise in policymaking

Beyond internal capacity, the health department has a number of established partnerships that further support the capacity to roll out such an initiative, including strong relationships with the National Collaborating Centres in Public Health and the EIDM promotion resource health-evidence.ca. In addition, The National Collaborating Centre for Healthy Public Policy (NCCHPP) has been doing extensive work developing an approach to synthesize knowledge about public policies. Building on the work of the NCCHPP, an approach to evidence-informed healthy public policy for PPH has been developed.

3 Literature review

3.1 Search:

A focused search of published literature associated with evidence-informed policymaking approaches and policy-related knowledge synthesis was conducted through PubMed in March 2012. The database was searched for documents published between 2002 to the present. Hand searching of grey literature, relevant key websites, and consultation with experts helped with further identification of additional relevant references. Websites searched include:

- Canadian Policy Research Networks www.cprn.org
- Canadian Population Health Initiative www.cihi.ca/cihi-ext-portal/internet/en/document/factors+influencing+health/environmental/cphi
- Centres for Disease Control and Prevention www.cdc.gov/
- Government Social Research Unit www.gsr.gov.uk
- McMaster Health Forum www.mcmasterhealthforum.org
- National Collaborating Centre for Healthy Public Policy www.ncchpp.ca
- National Collaborating Centre for Methods and Tools www.nccmt.ca
- Ontario Chronic Disease Prevention Alliance www.ocdpa.on.ca
- Ontario Public Health Association www.opha.on.ca
- Ontario Ministry of Health and Long Term Care www.health.gov.on.ca
- SUPPORT Tools for Evidence-Informed Policymaking www.support-collaboration.org/supporttool.htm
- Peel Public Health http://pathways.peelregion.ca/dept/health/default.shtm

3.2 Appraisal:

All published and grey literature documents were reviewed for relevance to public health practice and applicability to policy decisions at a local health department. The focus of the search was to gain insight into processes or approaches to support evidence-informed policymaking; however, a methodological critical appraisal tool to systematically review the documents did not exist. Instead, relevant resources were examined for insights that could be useful and applicable for local public health organizations. Documents were reviewed in terms of the following criteria: jurisdiction, integration of research evidence into policy process, and whether they could

provide exemplars, lessons learned, tools, and processes. Many of the documents focused on a health systems level, however, concepts and insights that could be extrapolated, adapted, and applied to local decision-making processes were examined and extracted.

3.3 Consultative process:

As part of the development of PPH's model of EIHPP and to build on and contextualize the literature search, a consultative process of meetings with internal and external experts was undertaken (See Appendix B). These discussions included meetings with the Medical Officers of Health, one-on-one and group meetings, presentations with the opportunity for dialogue, sharing of draft documents for feedback, resource sharing, and informal discussions.

4 Synthesis of Findings

A focused review of the literature identified several key resources to inform the development of an EIHPP approach for PPH. A summary of relevant resources and tools and how they can inform the development of steps within PPH's EIHPP process is seen in Table 2. Additional guidance into the development of PPH's proposed process for EIHPP was obtained from experts at the National Collaborating Centre for Healthy Public Policy www.ncchpp.ca and SUPPORT www.support-collaboration.org.

4.1 National Collaborating Centre for Healthy Public Policy

The National Collaborating Centre for Healthy Public Policy has developed an approach to synthesizing knowledge about public policies [3]. This knowledge synthesis approach provides guidance for planning and implementing a policy synthesis process and associated deliberative dialogue with stakeholders. This synthesis approach has provided an instrumental framework for several steps of the proposed model for PPH and a lens through which to examine various dimensions associated with policy effects and implementation (i.e., cost, effectiveness,

unintended effects, equity, feasibility, and acceptability) [3]. Although much can be learned through the knowledge synthesis approach and associated exemplar document [5], some limitations of this model have been identified. One such limitation is that the model does not explicitly identify the importance of considering risks associated with a policy option, although the model acknowledges that unintended consequences should be examined. In addition, the NCCHPP's approach begins with determining policy options and embarking on the knowledge synthesis project. To apply this model in a public health environment, it is necessary to begin with identifying whether a policy approach is appropriate and a priority to address the issue, as well as whether a relevant policy is within the mandate of the organization. Furthermore, NCCHPP's approach to policymaking does not extend to the steps of actually making a policy decision and the subsequent implementation, knowledge translation, and evaluation associated the policy decision. These steps have been added to the model proposed for PPH.

4.2 SUPPORT: Supporting Policy Relevant Reviews and Trials

John Lavis and colleagues have developed a series of tools for policymakers called SUPPORT [6-24], which provide guidance into finding, evaluating, and integrating research evidence into decisions. Dr. Lavis is currently the director of The McMaster Health Forum whose activities are focused on bringing researchers, policymakers, and other stakeholders in health issues together in deliberative dialogues and citizen panels, allowing for the opportunity to examine and learn further about how these processes can shape decisions [25-28]. Moat and Lavis very recently published a useful framework and guide to useful, publicly available resources to support integrating research evidence into a health policy process [29].

5 Applicability and Transferability

5.1 A model of evidence-informed healthy public policy

A proposed model of EIHPP for PPH has been developed (See Appendix A), building on the National Collaborating Centre for Healthy Public Policy's approach to synthesizing knowledge about public policies [3]. The knowledge synthesis model has been expanded to include additional steps that are relevant to policy implementation within the context of a local health department. An internal and external consultative process was undertaken to build understanding, develop, and refine the proposed model (See Appendix B). The proposed model includes seven steps:

1. Identify problem and define policy options
2. Develop logic model, conduct policy and stakeholder scan
3. Find, assess, and synthesize evidence
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6. Create evidence-informed policy options paper to inform policy decision
7. Implementation, knowledge translation, and evaluation

It should be noted that policymaking processes are prolonged, cyclical, and may iteratively involve a return to previous steps as the need arises [30, 31]. An estimated timeline for implementation of these steps can be found in Figure 2. The purpose and activities associated with each of these steps will be described in the following sections. The guiding principles are to examine the relevant research and grey literature and then contextualize it to inform healthy public policy decisions within the Region of Peel. Documentation is a critical component of the EIHPP process as it serves to increase transparency in the process of synthesizing evidence, documenting steps taken and not taken, and subsequently how evidence is introduced at policymaking tables.

It is well recognized that research evidence may not provide direct guidance to inform a policy decision, however, it can increase understanding of an issue, shape thinking about a policy, provide rationale for selecting appropriate policy options, guide implementation, and help to understand future impacts [4]. Furthermore, when policy decisions are made through thoughtful examination of the literature and contextualization of policy options, evidence can help support or defend policy decisions. Evidence-informed approaches can also increase policy effectiveness and inform risk assessment [4].

5.1.1. Identify problem and define policy options

> *This preliminary stage begins with an assessment of whether the issue of interest is amenable to a policy approach, if it is within the mandate of the organization to respond to this issue, and whether a policy course is valuable and a priority.*

Priority setting of public health issues will typically be based on divisional or departmental strategic directions [1] or issues brought forward by the Board of Health. As part of priority setting, teams should consider windows of opportunity that may open within the political climate with respect to a policy area, which may be predictable or unpredictable [11]. At this point, a decision should be made about whether to proceed or if the process should be stopped or put on hold for a period of time. If a policy approach is both appropriate and a priority, teams can begin to develop their understanding of the issue, examine the existing policy (if a policy is currently in place), and define potential policy options for a new or modified approach. Categories of policy options may include functional, intentional, population-focused, and programmatic (part of a package of policies) [32]. Policy options should include the potential for inaction or maintaining

the status quo, unless this is not an option [11]. It may also be beneficial to identify policy alternatives that will not work and why.

To increase familiarity with the issue and policy options, teams should conduct an initial situational assessment to determine what information will be important to inform the policy decision-making process. It is during this stage that teams should seek to define the health problem and determine its magnitude locally through local reports and studies, together with survey, demographic, and surveillance data, as well as any relevant business process review data. Anticipated impacts associated with acting or not acting on the issue should be identified. The role of public health in addressing this issue and organizational capacity should be made with consideration given to human resources, technical capacity, infrastructure, equipment, costs, and expected reach [1, 18].

Teams, in collaboration with the PPH librarians, should also undertake a preliminary search of the literature to identify potentially relevant policy options. Through this preliminary search, two to five policy options should be identified for the focus of the policy knowledge synthesis. At the end of the situational assessment and preliminary literature search, teams should select the focus for their policy synthesis paper. At this early stage it would also behove teams to document their decision-making process and begin to develop an evaluation plan associated with their policy options and implementation process. It will likely be important to conduct both process and outcome evaluations, particularly for the early adopters of this policy approach. Process evaluations will be useful for refinement of Peel's evidence-informed healthy public policy process and associated procedures.

Once a policy area is determined, teams should be involved in the early issue identification and policy consideration process including determining if the policy area will require

involvement of external stakeholders and will likely benefit from a deliberative process. Key stakeholders should be selected based on their technical knowledge and/or understanding of the issue, ability to represent the views of the organization or interest group they represent, and ability to champion policy approaches within their organization/group [8]. Stakeholder involvement should be reflective of core values of public participation with a goal of co-creating policy options [33, 34]. Early, ongoing, and prolonged interaction with stakeholders can be critical to the subsequent success of implementation of a feasible and acceptable policy [35]. This problem identification and policy option definition step should take approximately 1-2 months to complete (See Figure 2).

5.1.2. Logic model, conduct policy and stakeholder scans

The goal of this step is to make the intervention logic explicit [3], determine if a policy options synthesis document has been previously produced by other public health or academic policy groups, and initiate a stakeholder scan that can inform strategic partnership development.

In the construction of the logic model, teams should identify the sequence of effects between the policy option and outcomes [3]. Identifying intermediate effects between policy and ultimate outcome measures can facilitate the identification of steps amenable to policy intervention. It should be noted that if the plausibility of the intervention logic or plausibility within the public health environment is weak then the synthesis process should be stopped. An example of a logic model that has successfully been developed at PPH related to *Supportive Environments, Healthy Weights* can be found in Figure 1.

Prior to initiating literature search, Research & Policy Analysts should contact the following agencies to determine if a policy options review on the topic has already been completed:

- Public Health Ontario
- MOHLTC
- Health Canada
- Public Health Agency of Canada
- INSPQ
- BC CDC
- Extra-jurisdictional evidence: local public health units, health authorities
- Professional societies – OPHA, RNAO, ASPHIO
- For legislation beyond health: local municipalities, school boards, conservation authorities, Hansard reports

Beyond the policy options scan, the Research and Policy Analysts, together with their team, should initiate a stakeholder assessment. It will be beneficial that individuals invited to participate possess a technical understanding of the issue, can articulate the views or experiences of the organization or interest group they represent, and can champion the policy approaches within their group [8]. A goal of the stakeholder assessment is to gain insight into stakeholder perspectives, values, and preferences associated with the issue, as well as assess equity issues to determine whether there may be differential effects on particular groups [1, 19]. As part of the stakeholder assessment, it will also be important to conduct a power analysis [36] to assess levels, spaces, and forms of power associated with the issue and a force field analysis of driving and restraining factors associated with specific policy approaches [37]. A force field analysis can help to identify potential strategic partners for moving forward with policy option development and implementation. Polling for pubic opinion early in the process and scanning media coverage associated with an issue can also be beneficial to identify community and stakeholder perspectives.

5.1.3 Find, assess, and synthesize evidence

A guiding principle in this stage of finding, assessing, and synthesizing the best evidence is that for policy approaches, it is necessary to consider a broader definition of evidence to inform decisions beyond answering questions of effectiveness.

There is a wealth of policy-related literature that exists outside of traditional bibliographic published literature databases and as such it is important that policy syntheses include grey literature documents [3]. An inclusive definition of evidence should guide development of policy approaches in public health, including tacit knowledge about the implementation context [38]. Policymakers have identified that a "mixed economy" of research evidence and other evidence commonly prevail in shaping policy decisions [39]. The evidentiary search should be guided by the framework developed by the NCCHPP and include evidence related to: effectiveness, risks and unintended consequences, equity, cost, feasibility, and acceptability [3].

The approach to searching the evidence should be systematic and transparent in order that it limits bias and error [3]. Teams should work in collaboration with the librarians to provide insight into searchable questions, sources of evidence, search terms, and the overall search strategy. A preliminary list of databases and sources of healthy policy evidence was developed and can be found in (Appendix B, adapted from [3]). The literature search should be iterative in its approach to guide decisions with respect to publication dates and geography/relevant contexts. Decisions about breadth of the search scope (e.g., narrowing for a broad literature base and broadening scope when limited evidence exists) should be guided by a preliminary search. All decisions with respect to data sources, search dates and terms, and inclusion/exclusion criteria should be documented to facilitate replication.

Inclusion and exclusion screening questions likely will include:

1. Does this source focus on one or more of the policy options chosen?
2. Does it examine or address one or more of the following policy features:

    2.1. Effects: Effectiveness, Equity, Risks or Unintended consequences

    2.2. Implementation: Cost, Feasibility, Acceptability [3]

Relevance should be explicitly established when considering whether a source is appropriate for a given policy option. The team and/or stakeholders may identify additional questions beyond these examples.

Quality assessment of all documents should be undertaken using validated instruments for each study design. The following data should be extracted, as available:

- Type of document (scientific journal article, grey literature, conference abstract)
- Source
- Context – country/location of implementation
- Implementation process
- Study design
- Pilot study or full implementation study
- Direct or parallel evidence (parallel evidence may be used if the literature search turns up little evidence)
- Equity
- Views of stakeholders, stakeholder involvement

In presenting and synthesizing the evidence, transparency is critical to allow readers to assess how much weight to give to the evidence and how documents contribute to the reader's understanding of the issue [3]. For clarity it has been recommend presenting published literature evidence in black font side by side with grey literature evidence presented in grey font [3]. A draft framework for the policy synthesis paper can be found in Table 4. Policy options articulated in this paper should be based on best available research and grey literature evidence. Where possible both optimistic and pessimistic estimates of impacts should be included.

5.1.4 Applicability and transferability

An internal applicability and transferability (A&T) process similar to what is currently used in Peel's Rapid Review process should be undertaken prior to engaging in a deliberative dialogue with broader stakeholders.

If strategic alliances were established early in the process, teams will want to consider if these partners should be involved in the A&T meeting. A goal of this meeting is to contextualize the evidence, examining how the evidence interacts with the organization's understanding of the implementation context [31]. It is during this A&T process that the team should discuss the level of confidence in the available evidence, stakeholders' values and preferences, and feasibility of implementation [28]. Based on the A&T meeting and the policy synthesis paper, a policy brief (2-3 pages) should be developed and disseminated to all deliberative dialogue participants in advance of the dialogue.

5.1.5 Deliberative dialogue

When a policy area would benefit from engagement of external stakeholders to contextualize policy options and plan successful implementation, teams should plan and host a deliberative forum to facilitate dialogue amongst citizens, experts, decision makers, and other stakeholders.

The NCCHPP defines a deliberative process as "a process that allows a group of actors to receive and exchange information, to critically examine an issue, and to arrive at an agreement that informs decision-making" [40].The goal of a deliberative dialogue is to enrich and contextualize the findings from the policy literature [3]. In Steps 1 and 2 of this EIHPP process, the team should identify actors concerned with the policy issue and invite these stakeholders to

engage in the policy option development process. Teams may decide to involve additional stakeholders in the deliberative dialogue forum. The goal of the deliberative process is to share the findings of the policy synthesis paper and facilitate discussions to contextualize and build on this knowledge filling any gaps in knowledge with respect to potential policy effects and implementation considerations through the expertise and perspectives of all participants (n=10-20). The facilitator should be seen as an 'honest broker' rather than trying to influence a particular policy direction [3]. From their work on deliberative dialogue approaches, the NCCHPP provide guidance with respect to organizing, implementing, documenting, and evaluating deliberative approaches [3, 40].

5.1.6 Evidence-informed policy options paper and policy decision

The evidence-informed policy options paper should provide a brief report on findings from the policy synthesis and document the deliberative dialogue(s) yet should primarily focus on articulating the policy options that may be suitable for the local context. This paper should provide support for a research-informed policy decision.

As part of the process of developing the policy options paper and reaching a policy decision, evidence is one among many factors that impact decision-making [41]. It will be important to document how the evidence was brought to deliberative and decision-making tables and how contextual understanding of the issue helped to shape the decision. A draft framework for the policy synthesis paper can be found in Table 5.

5.1.7 Implementation, knowledge translation and evaluation

Once a policy decision has been made, efforts need to shift to implementation and knowledge translation within the community, with ample consideration to internal

and external change management. Process and outcome evaluations will be important to measure impact and inform future policy implementation approaches.

In planning knowledge translation of a policy decision, it would be beneficial to follow the knowledge-transfer framework by Lavis, Robertson, Woodside, et al., p.222 [42]:

- What should be transferred (the message)?
- To whom should the message be transferred (the target audience)?
- By whom should the message be transferred (the messenger)?
- How should the message be transferred (the knowledge-transfer processes and supporting communications infrastructure)?
- With what effect should the message be transferred [43]?

Building on this framework, the Institute for Work and Health's knowledge transfer planning guide provides some useful worksheets to support this process [44].

5.2 Workforce development, capacity, and needs

Prior to rolling out an EIHPP process, it will be important to conduct an internal assessment of existing skills, capacities, and interest among staff that will become involved in implementing EIHPP. Mechanisms for workforce development need to be in place and workforce development needs should be identified. Each department or division may wish to identify Policy Leads that would take primary responsibility within their team on EIHPP processes. A preliminary structure to delineate responsibilities within the EIHPP process can be seen in Table 1.

5.3 Important considerations and implications for implementation of process

A general timeline for the various stages of the EIHPP process is suggested in Figure 2, however, there are several factors that could impact these projections. For example, if a particular policy approach requires broad consultation with external stakeholders, the process may be lengthened. In particular, if consultations at a provincial or federal level are necessary for policy implementation, this could lengthen the timeline substantially.

In contrast, another policy approach may be within the mandate of a department within PPH and/or may have been implemented in several other local health departments in Ontario, which may mean that external stakeholder discussions and deliberative processes may be more limited or not necessary altogether. It should also be noted that if policy implementation needs to be presented to Regional Council, there is a specific timeline and approval process that must be undertaken to bring an issue forward on Council's agenda.

The EIHPP process may need to be expedited when the opportunity of an open policy window becomes available. Should this arise, policy leads and teams, in consultation with management and the Office of the Medical Officer of Health, may decide to expedite the process through a variety of approaches, which may include narrowing the scope of literature search (e.g., restricting publication dates, geographic areas, databases searched, and extent of grey literature search) and the scope of external consultation. In a NCCHPP workshop (April 2012, TOPHC) focused on their knowledge synthesis approach, the NCCHPP suggested that the policy synthesis approach could be streamlined in the following ways:

- Using automatic documentary searches in PubMed by topic
- Limiting the number of databases searched

- Limiting the number of documents to be analyzed, e.g., systematic reviews and primary studies published more recently than the systematic review search
- Narrowing search strategy inclusion criteria (e.g., by date or geography)
- Implementing saturation criteria and reviewing documents reverse chronologically and stopping review when data saturation is achieved

5.4 Guidance provided through the Public Health Management Team

In early May 2012, a preliminary draft of the model for evidence-informed healthy public policy contained in this paper was presented at Peel at a Public Health Management Team (PHMT) meeting. Collectively the PHMT showed great interest in this initiative and were actively engaged in a discussion of the process, providing insightful feedback into additional steps not previously depicted in the visual model of the process that have since been integrated (i.e., policy decision, implementation and evaluation). Furthermore, the PHMT facilitated the addition of both details and consideration for several steps of the process.

The PHMT strongly supported the idea that the proposed EIHPP process should be appropriately framed within the context of the other congruent strategic priorities for PPH, including the communications infrastructure and workforce development priorities. It was also identified that EIHPP processes would be complementary to and could build upon existing projects and approaches such as the Rapid Review process, CDIP Program Planning and Evaluation approach, Health Status and Surveillance Data project, and Workforce Development initiatives.

5.5 Guidance provided through other consultations

A source of valuable feedback into the process were several meetings with internal staff who could share their insights into local level policymaking and one external meeting with Dr. A. Brown, University of Toronto, to provide broader perspective into policymaking at the provincial level. These discussions were fruitful in terms of increased understanding of how decisions are implemented by policymakers at various levels of government and challenges associated achieving consistently bringing research evidence to decision making tables. The external meeting with Dr. Brown helped to crystallize the highly political nature of policy implementation. Again, the importance of strategic alliance development and targeted communication strategies was highlighted. Specific recommendations for a given policy approach were to identify: i) this is the right thing to do, ii) this is how people will react to it, and iii) this is the right way to communicate it.

Through various discussions with internal and external experts in policymaking it became apparent that there would need to be some internal workforce development in terms of setting a foundational knowledge with respect to clarifying concepts such as policies versus programs, policy mechanisms (specifically policy windows), and deliberative dialogues in policymaking processes. Additional invaluable feedback with respect to the model was integrating a step for strategic partnership and alliance development, as well as early and ongoing involvement of strategic partners throughout each step of the EIHPP process.

6 Recommendations

1. That Peel Public Health proceeds with planning, implementing, and evaluating an Evidence-Informed Healthy Public Policy (EIHPP) process, as is consistent with all five infrastructure priorities in the 10-year strategic plan.
2. That Peel Public Health builds on the existing foundation in evidence-informed decision making in terms of knowledge, skills, human resource development strategies, and tools used in the Rapid Review process at Peel Public Health.
3. An Evidence-Informed Healthy Public Policy (EIHPP) workgroup should be established to support the work of the Senior Management Team in rolling out this strategic initiative.
4. The EIHPP workgroup should develop:
    a. Tools to support each step of the EIHPP process, including guidance for how to shorten the process as needed to meet timelines associated with policy windows.
    b. A clear rationale for and guidance articulating the focus/scope of each type of document (policy synthesis paper, policy brief, policy options paper) as well as templates for these documents, to facilitate a consistent reporting and knowledge translation mechanism.
    c. Clear guidance to staff involved in report writing in terms of presenting different types of evidence (i.e., different fonts to represent published literature vs. grey literature).
5. The EIHPP workgroup should implement a change management strategy to unfold concurrently with the roll out of the EIHPP process that includes:

a. Workforce development strategies through Research and Education team such as the workshops planned for Fall 2012 by the National Collaborating Centre for Healthy Public Policy.
b. Mentoring support for policy leads, managers and supervisors.
c. Dedicated staff time to support implementation of the EIHPP process and associated mentorship work.

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Appendices

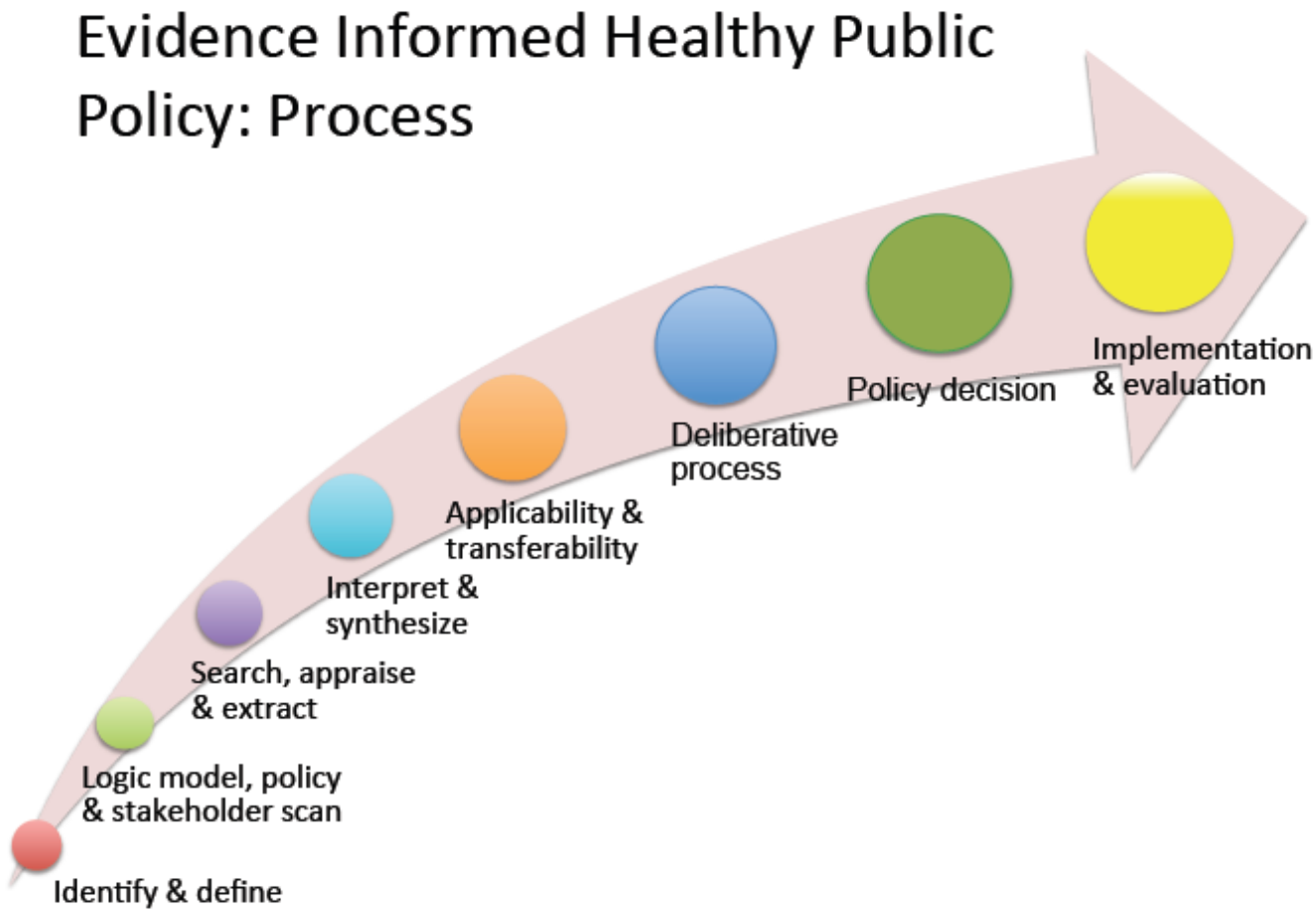
Appendix A: Concept Model

Appendix B: Sources of Evidence

Appendix C: Literature Search Flowchart

Appendix D: Data Extraction Tables

Appendix A: Concept Model



Appendix B: Consultative Process

Internal:

- Dr. Mowat and Dr. Ward
- Public Health Management Team
    - Additional meetings with Dr. de Villa & Gayle Bursey, and subsequently Rebecca Fortin
- Research and Education Team
    - Additional consultations with Librarians
- Associates for CIHR Strategic Training Program in Public Health Policy
    - Research and Policy Analyst, Family Health Division
    - Manager, Health Hazards, Environmental Health Division
- Director, Family Health Division

External:

- Dr. A. Brown, Dalla Lana School of Public Health, Division of Health Policy, University of Toronto
- K. Black, PhD student, CIHR Fellow in Public Health Policy, University of Toronto; on placement with Peel Public Health

Appendix C: Peel Public Health – Context & Tools to Support Implementation

- Workforce capacity & needs
  - Determine existing capacity with respect to:
    - Finding, appraising, using policy evidence
    - Language capacity e.g., who can read French fluently
  - Library resources/supports:
    - What supports need to be in place? Additional resources?
      - *Librarians to link with librarians who work with policy researchers such as: J. Lavis [25], A. Brown (University of Toronto), MOHLTC*
      - *Issues flagged:* May be challenges with full-text access, associated costs
  - Additional staffing/resource reallocation
  - Communication plan re: this component of EIDM roll out; packaging
  - Knowledge and skill development training needs
    - Workshops through NCCHPP
    - Ongoing supports – mentoring, change management
    - Understanding the relative merits of different types of evidence – types of evidence by types of questions *Resource: Analysis for policy: evidence-based policy in practice [4]*
    - Developing role of policy analysts as knowledge brokers to communicate with stakeholders *Long-term goal?*
- Mechanisms to support process – internally who to involve and when to support decision making (See Table 1)
  - May be beneficial to develop an algorithm that guides staff re: resources/supports for each step of the process that includes:
    - Decisions about when process will be managed in house vs. need to commission report, e.g., where existing evidence has not be synthesized
  - Library resources/supports
    - Guidelines re: grey literature searching – Trusted websites
    - Overview of where policies are implemented – municipal, provincial, federal: to facilitate search for relevant policies
    - Links from pyramid to resources – Develop "Policy page" similar to RR page
  - Develop/adapt a stakeholder engagement guide that includes:
    - Guidelines for staff on who to talk to, reasonable scope, connecting with lower tier municipalities
    - How to best recruit, involve, and engage external stakeholders, facilitate interactions, build capacity
    - Timing and level of involvement
    - Managing arising conflicting views and competing priorities
  - Templates and tools to support work
    - Literature search – sources for different types of evidence (see Appendix B)
    - Critical appraisal tools for different study designs. Tools will likely include: AGREE II, GRADE, AMSTAR, CASP tools (various), health-evidence tool
    - Data extraction tool (see draft in Table 3)
    - Adapt, as necessary, format for reports (see drafts in Tables 4 & 5), communication to staff re: the purpose/focus of each type of document
    - Guide to facilitate deliberative process, ensuring effective involvement
      - Acting as "honest broker" vs. influencing policy decision

Appendix D: Sources of policy evidence

- Scientific literature *Responsibility: Librarians*
    - Database searches – Medline, EMBASE, CINAHL, Cochrane Library, BiblioMap, TRoPHI (Trials Register of Promoting Health Interventions), DoPHER (Database of Promoting Health Effectiveness Reviews), EPPI-Centre, Public Health electronic library (NIH and Clinical Excellence), Global Health, Popline, Social Policy and Practice (via OVID)
    - Pre-processed research evidence in PH [45]

- Grey literature *Responsibility: Librarians for websites, Leads for proceedings*
    - Board of Health reports – search through Board of Health reports for Ontario Health Units: http://www.health.gov.on.ca/english/public/contact/phu/phuloc_dt.html#7
    - Ministries of Health - Canadian provinces/territories http://hc-sc.gc.ca/hcs-sss/delivery-prestation/ptrole/index-eng.php#a1
    - OPHS website http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/index.html
    - Canadian Evaluation Society Grey literature database search http://www.evaluationcanada.ca/
    - Canadian Population Health Initiative – CIHI http://www.cihi.ca/cihi-ext-portal/internet/en/document/factors+influencing+health/environmental/cphi
    - Grey literature of the New York Academy of Medicine http://www.nyam.org/library/online-resources/grey-literature-report/
    - CDC Guide to Community Preventive Services http://www.cdc.gov/epo/communityguide.htm
    - National Guideline Clearinghouse http://guideline.gov/
    - Guidelines Advisory Committee http://www.gacguidelines.ca/
    - National Collaborating Centres for Public Health www.nccph.ca
    - Environmental Protection Agency http://www.epa.gov/
    - Canadian Environmental Assessment Agency http://www.ceaa.gc.ca
    - World Health Organization www.who.int/
    - Conference proceedings
        - Ontario Public Health Association/TOPHC conferences
        - CPHA
        - APHA
        - INSPQ
        - Topic specific key conferences e.g., Chronic Disease: California, Massachusetts, and Minnesota state public health association conferences/reports. *Identified by: program teams/leads*

- Hand search of scientific journals *Responsibility: Librarians*
    - Consider the following journals:
        - Health Policy
        - Evidence & Policy
        - Policy Studies Review
        - Journal of Evidence Based Health Policy and Management

        - Health Research Policy & Systems
        - Canadian Journal of Public Health
        - American Journal of Public Health
        - Preventing Chronic Disease: Public Health Research, Practice, & Policy
        - Implementation Science
    - Journals frequently cited for content area *Identified by: program teams*
    - Search for 12 months prior to date of search

Figure 1 - Sample Logic Model

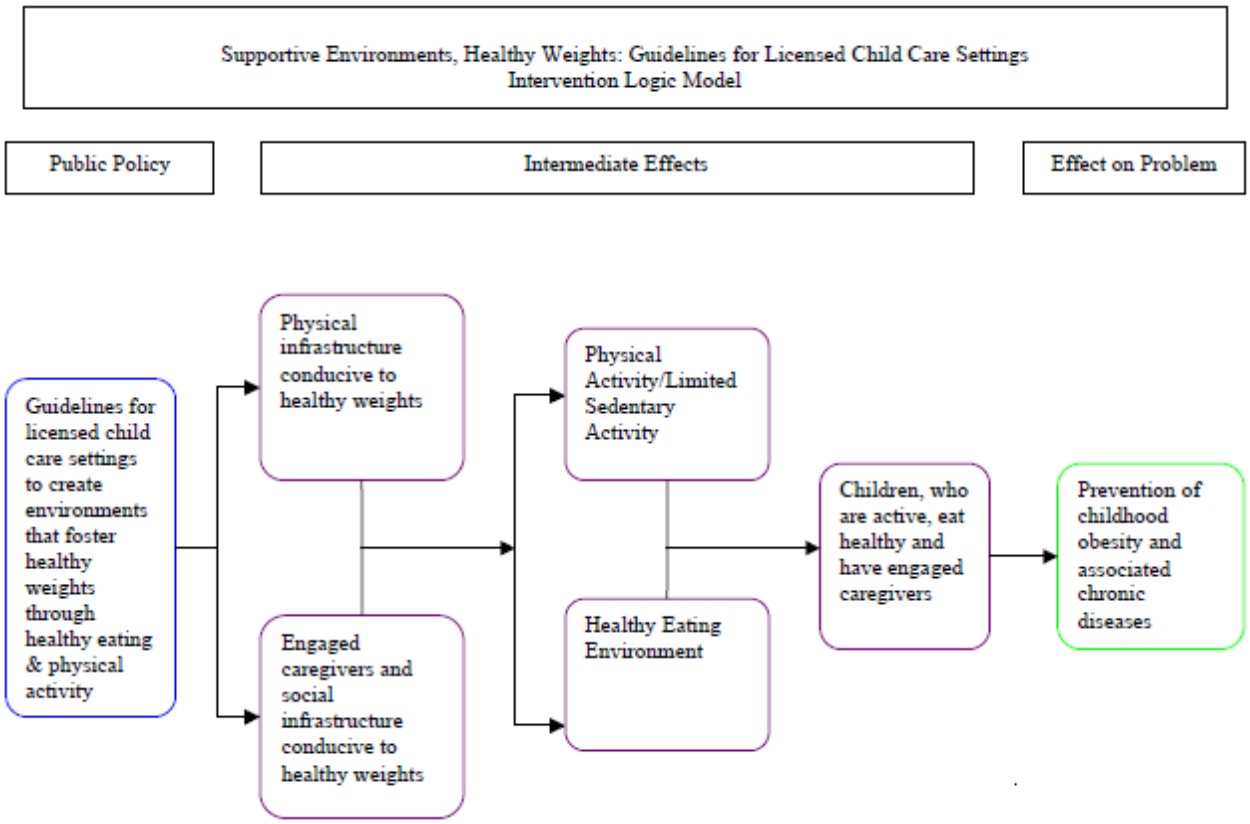


Figure 2 – Timeline for implementation of EIHPP process

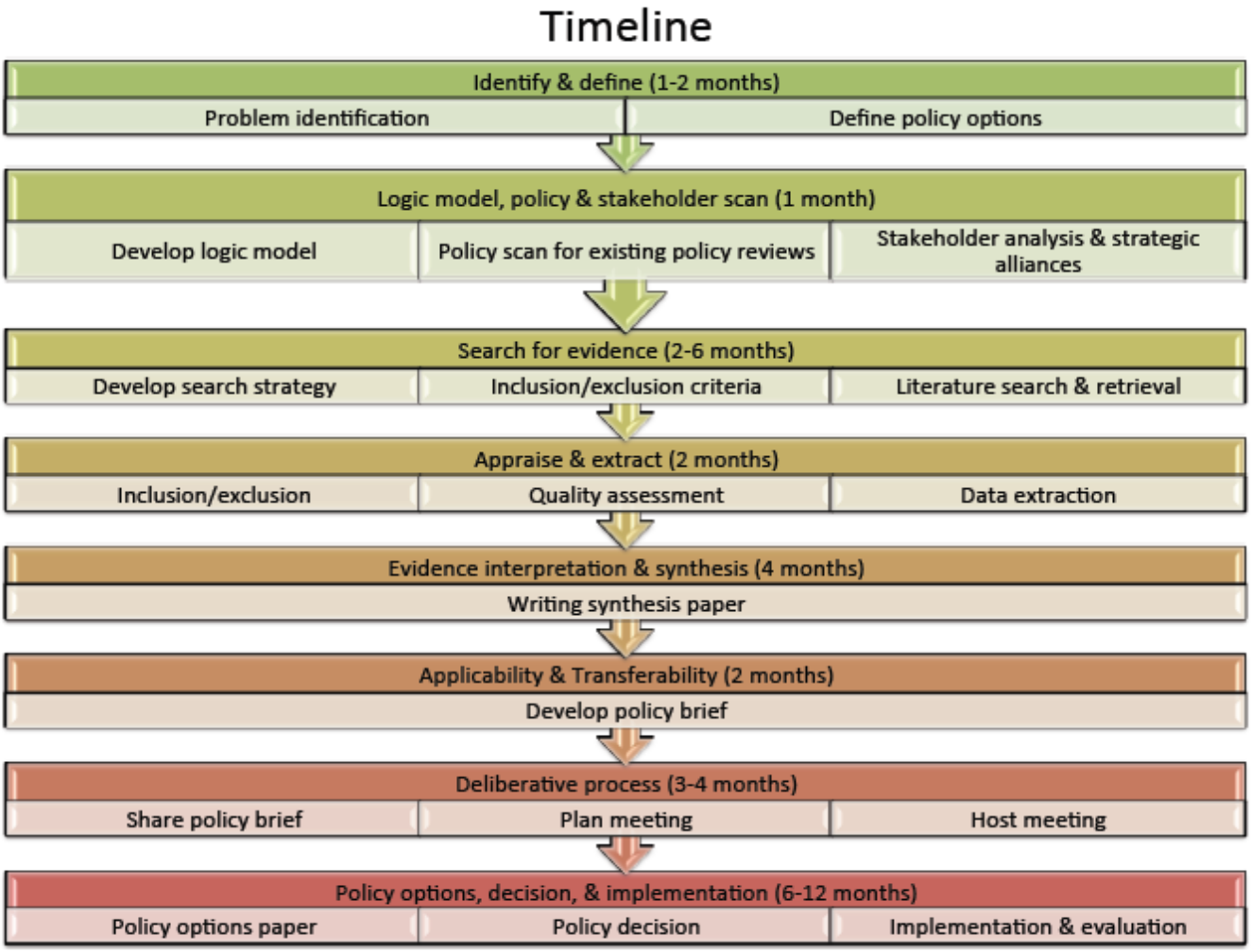


Table 1: Roles and involvement in the EIHPP process

Role / Step	Policy review lead	Supervisor/ Manager/ Director	Staff team	Librarians	OMOH	External stakeholders
1. Identify the policy area & define policy options						
1A. Problem identification	✓	✓	✓			
1B. Define the policy options	✓			✓		
2. Logic model, policy & stakeholder scan						
2A. Develop Logic Model	✓	✓	✓			✓
2B. Policy Scan	✓					
2C. Stakeholder identification and strategic alliance development	✓	✓	✓			
3. Find, Assess, & Synthesize the Evidence						
3A. Search for evidence	✓			✓		
3B. Quality assessment & data extraction	✓					
3C. Evidence interpretation & synthesis	✓					
4. Applicability & transferability	✓	✓	✓		✓	✓
5. Deliberative process	✓				✓	✓
6. Policy options paper & policy decision	✓					
7. Implementation, knowledge translation, & evaluation	✓	✓			✓	✓

Table 2: Sources of information and relevant information/tools to shape PPH's process

Source	**Jurisdiction or lens** **Federal=F** **Provincial=P** **Municipal=M** **International=I**	**Describe a policy process that includes research evidence**	**Provides:**		**Steps in EIHPP process**						
			Exemplars	Lessons learned &/or tools	1. Identify & define	2. Logic model & scans	3. Find, assess & synthesize evidence	4. A&T	5. Deliberative process	6. Policy options paper & decision	7. Implementation, KT, & evaluation
Campbell et al., 2007 [4]		√		√			√				
Gaventa, 2006 [36]	F/I			√		√					
Gauvin, 2010 [40]	F/P/M			√					√		√
IAP2, 2007 [33, 34]	I					√					√
Lavis et al., 2003 [42]	F/P										√
Lavis, 2009 [46]	F/P/M				√		√				
Lewin et al., 2012 [28]	F/P/M	√		√				√			
NCCHPP www.ncchpp.ca Morestin et al., 2010 [3]	F/P/M	√	√	√	√	√	√		√		
NCCMT Registry of Methods and Tools www.nccmt.ca				√				√			
NICE, 2009 [47]	F	√						√	√	√	
OCDA, 2010 [37]	P			√	√	√					√
Robeson et al., 2010 [45]	F/P/M			√			√				
SUPPORT tools Lavis and colleagues [6-24]	F/P/M	√	√	√	√	√	√		√	√	√
USAID & Measure Evaluation, 2011[43]	F			√		√					
Viergever et al., 2010 [48]	I Priority setting				√						

Table 3: Step 3B: Draft data Extraction Table*

Items Reviewed	Review #1 (Name[s], year)
]General Information & Quality Rating for Review	
Author(s) and Date	
Country	
Source	□ Published literature □ Grey literature □ Conference proceeding □ Hand search
Study Design	□ Guideline □ Systematic review (quantitative) □ Systematic Review (qualitative) □ RCT □ Quasi-experimental □ Cluster controlled □ Before-after (no control) □ Observational □ Qualitative
Quality Rating	
Objectives of Study	
Details of Review (as relevant to study design)	
Number of primary studies Included	
Types of Studies	
Search Period	
Number of databases searched	
Inclusion and Exclusion Criteria	
Details of policy Interventions included in study/review	
Description of policy interventions	
How policy works:	*Examples: requires behavioural change, financial disincentive, requires organizational change, psychological motivator, changes physical environment*
Implemented by whom	
Scope of policy implementation	□ Pilot □ Full
Setting for policy implementation	□ Local □ Provincial □ National □ Other
Outcome Measurements	
Does this article address the following policy dimensions?	□ Effectiveness □ Unintended effects □ Equity □ Cost □ Feasibility □ Acceptability
Results of Study/Review	
Main Results of Review – Include intermediate and ultimate effects *(Report results for all policy dimensions identified above)*	
Comments/Limitations: *May include:* • Direct or parallel evidence • Equity considerations • Views of stakeholders	

Items Reviewed	Review #2 (Name[s], year)
General Information & Quality Rating for Review	
Author(s) and Date	
Country	
Source	□ Published literature □ Grey literature □ Conference proceeding □ Hand search
Study Design	□ Guideline □ Systematic review (quantitative) □ Systematic Review (qualitative) □ RCT □ Quasi-experimental □ Cluster controlled □ Before-after (no control) □ Observational □ Qualitative
Quality Rating	
Objectives of Review	
Details of Review (as relevant to study design)	
Number of primary studies Included	
Types of Studies	
Search Period	
Number of databases searched	
Inclusion and Exclusion Criteria	
Details of policy Interventions included in study/review	
Interventions Specifications	

Authors, Year	**Population**	**Intervention**	**Comparator**	**Results/Outcomes**

Results of Study/Review	
Main Results of Review – Include intermediate and ultimate effects *(Report results for all policy dimensions identified above)*	
Comments/Limitations May include: • Direct or parallel evidence • Equity considerations • Views of stakeholders	

* Adapted from Rapid Review data extraction form developed by M. Kusi-Achampong.

Table 4 – Framework for policy synthesis paper

Section heading	Guideline for page allocation
1. Issue	10 pages + Appendices
2. Context	
3. Published research – identification, search, inclusion/exclusion	
4. Grey literature research – identification, search, inclusion/exclusion	
5. Literature appraisal	
6. Synthesis – how does the evidence interact with contextual factors?	
7. Results	
8. Policy options – based on evidence found in literature Each policy option description should include the following subsections: <u>Effects:</u> a. Effectiveness b. Unintended effects & risks c. Equity <u>Implementation:</u> d. Cost e. Feasibility f. Acceptability	~2 pages per option; 2-4 options
	Total page limit = 20

Table 5 – Framework for policy options paper

Section heading	Guideline for page allocation
1. Issue	~5 pages
2. Context	
3. Published research – identification, search, inclusion/exclusion	
4. Grey literature research – identification, search, inclusion/exclusion	
5. Literature appraisal	
6. Results	
7. Applicability & Transferability and Deliberative Process	3-4 pages
8. Policy options – contextualized policy decisions for Peel PH Each policy option description should include the following subsections: <u>Effects:</u> a. Effectiveness b. Unintended effects & risks c. Equity <u>Implementation:</u> d. Cost e. Feasibility f. Acceptability	2-3 pages per option; 2-4 options
	Total page limit = 20