

Supporting Evidence-Informed Public Health Decision Making in Cancer Prevention: Findings from a 2-pronged recruitment strategy

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Acknowledgements

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CIHR IRSC



Canadian Institutes of Health Research
Instituts de recherche en santé du Canada

Background

- Expectations to implement EIDM in public health are increasing
- Effective evidence based cancer prevention strategies need to be implemented
- Challenges in achieving EIDM continue to exist
- Knowledge translation (KT) strategies (e.g. webinars, tailored messaging, social media) hold promise to minimize challenges

Study Objectives

- Disseminate synthesized, high quality research evidence on cancer prevention to Canadian public health professionals using 3 KT strategies
- Evaluate the impact of the KT strategies on awareness and use of the research evidence, as well as interaction and satisfaction with the strategies

Methods

- 18-month prospective cohort study
 - (Fall '15 to Spring '17)
- Recruit Canadian public health professionals working in:
 - Tobacco/alcohol use, sun safety, nutrition, physical activity

Health Evidence™ Supporting awareness and uptake of cancer prevention knowledge in practice
Funded by the Canadian Institutes of Health Research

Announcing: Implementation of a research project to build capacity among Canadian public health professionals to use research evidence in program planning decisions.


Timeline: 18 months (Fall '15 to Spring '17)

Intervention: Participants will receive concise actionable messages based on high-quality systematic review evidence via: Twitter, webinars, and/or tailored email messages. Participants will be surveyed at baseline and follow-up to assess awareness and use of research evidence.

Now recruiting: Individual public health professionals across Canada working in the areas of:

- Tobacco/Alcohol use
- Sun safety
- Healthy eating
- Physical activity

More info: Click here <http://kt.healthevidence.org> or scan the QR code for the Participant Information Form (Consent). If you decide to participate in this study, you will have the option to continue to a 20 minute baseline online survey to begin your participation.



Complete the survey for a chance to win an iPad Air 2 64GB!
Announcement of the winner will be made in approximately one month's time.

Our goals: High-quality research evidence, disseminated through this project, will be useful to the programs in your health unit. We aim to identify a cost-effective knowledge translation strategy for public health in Canada, to save decision makers time, and reduce duplication in identifying and locating research evidence.

Should you have any further questions or concerns, please do not hesitate to contact the Research Coordinator or Study Investigators listed below.

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HEALTH SCIENCES

KT Strategies: Weekly Tweets

 **Health Evidence** @HealthEvidence · Mar 28
No effect of Vit D supplementation on cancer occurrence in adults with Vit D insufficiency #KTA_HE ow.ly/ZCkET



Health Evidence
Search Profiles Tools Categories


Vitamin D supplementation for prevention of mortality in adults






Review Only Status:                                            


Chen Y, Wang C, Li H, Li L, Niu X, D, Jia H, K, Wang L, Wang J, Li G, Gao K, M, Sun L (2016). Vitamin D supplementation for prevention of mortality in adults: Evidence synthesis of systematic reviews. *BMJ Open* 10:e009175.






Abstract

BACKGROUND: The evidence on whether vitamin D supplementation is effective in preventing mortality

 **Health Evidence** @HealthEvidence · Mar 30
Vit D only supplements have no sig. effect on secondary adverse events in adults; low confidence in findings #KTA_HE ow.ly/ZCI1X

 **Health Evidence** @HealthEvidence · Apr 1
Vit D supplements may decrease all-cause and cancer mortality in adults; low confidence in the findings #KTA_HE ow.ly/ZCI93

KT Strategies: Monthly Tailored Emails

Having trouble reading this email? [View it on our website.](#)

Health Evidence™

Helping public **health** use best **evidence** in practice

Dear Olivia Marquez,

On behalf of Health Evidence™, thank you for your interest in receiving information provided through the research study *Supporting awareness and uptake of cancer prevention knowledge in practice*, led by Dr. Maureen Dobbins and Dr. Jennifer Yost at McMaster University. Tailored email messages will arrive on the third or fourth Monday of each month.

7 quality-rated reviews are included in this month's tailored message. You can expect your next tailored message January 25th, 2016.

| Review evidence on the effectiveness of public health interventions | Quality Rating |
|---|----------------|
| Tobacco | |
| <ul style="list-style-type: none">Self-help interventions are not effective for increasing smoking cessation in the workplace | Strong |
| <ul style="list-style-type: none">Behavioural change counselling provided by dental professionals increases smoking cessation in adults | Strong |
| Alcohol | |
| <ul style="list-style-type: none">Alcohol interventions targeting first-year university students result in small | |

KT Strategies: Quarterly Webinars

Health Evidence™
Helping public health use best evidence in practice

Welcome!

Health-related effects of government tobacco control policies: **What's the evidence?**

You will be placed on hold until the webinar begins. The webinar will begin shortly, please remain on the line.

Health related effects of government tobacco control policies: What's the evidence?

Health Evidence
77 people
Subscribed

+ Add to Share More

Health Evidence™
Helping public health use best evidence in practice

Welcome!

Interventions with potential to reduce sedentary time in adults: **What's the evidence?**

You will be placed on hold until the webinar begins. The webinar will begin shortly, please remain on the line.

Interventions with potential to reduce sedentary time in adults: What's the evidence?

Health Evidence
77 people
Subscribed

+ Add to Share More

43 views

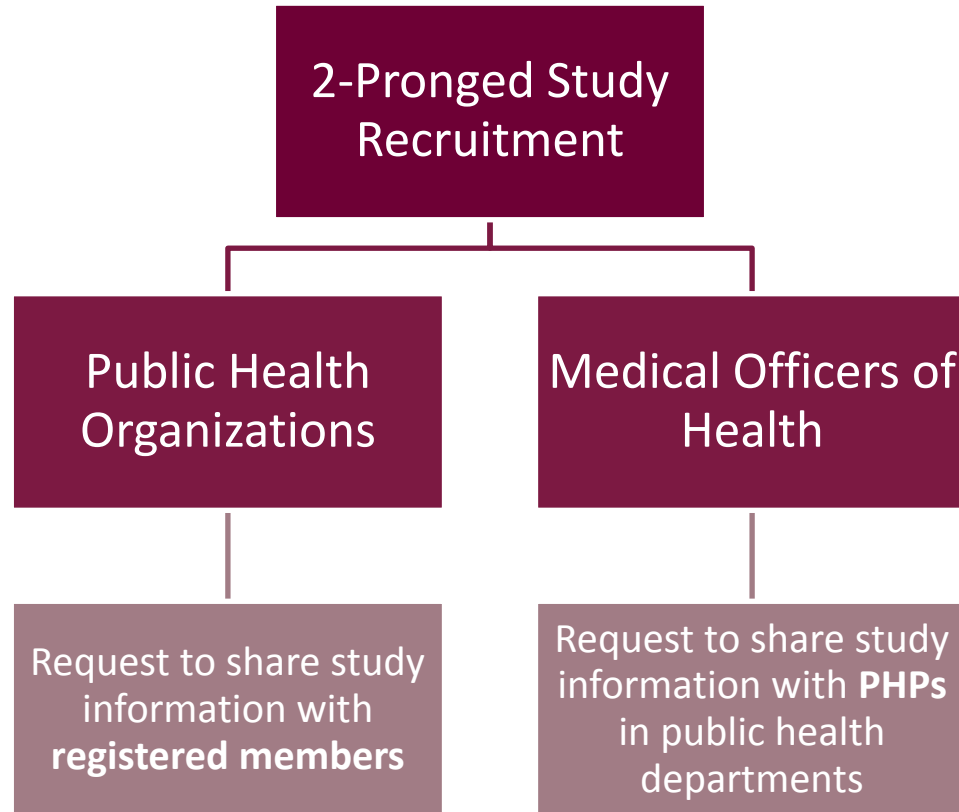
Data Collection

- **Electronic survey:**

| | Baseline Survey | Follow up Survey |
|-------------------------------------|-----------------|------------------|
| Consent | √ | |
| Demographic information | √ | |
| Barriers & facilitators to EIDM | √ | |
| Knowledge of public health evidence | √ | √ |
| Use of review evidence in practice | √ | √ |
| Satisfaction with KT strategies | | √ |

- **Web analytics** collect data on use and engagement with KT strategies

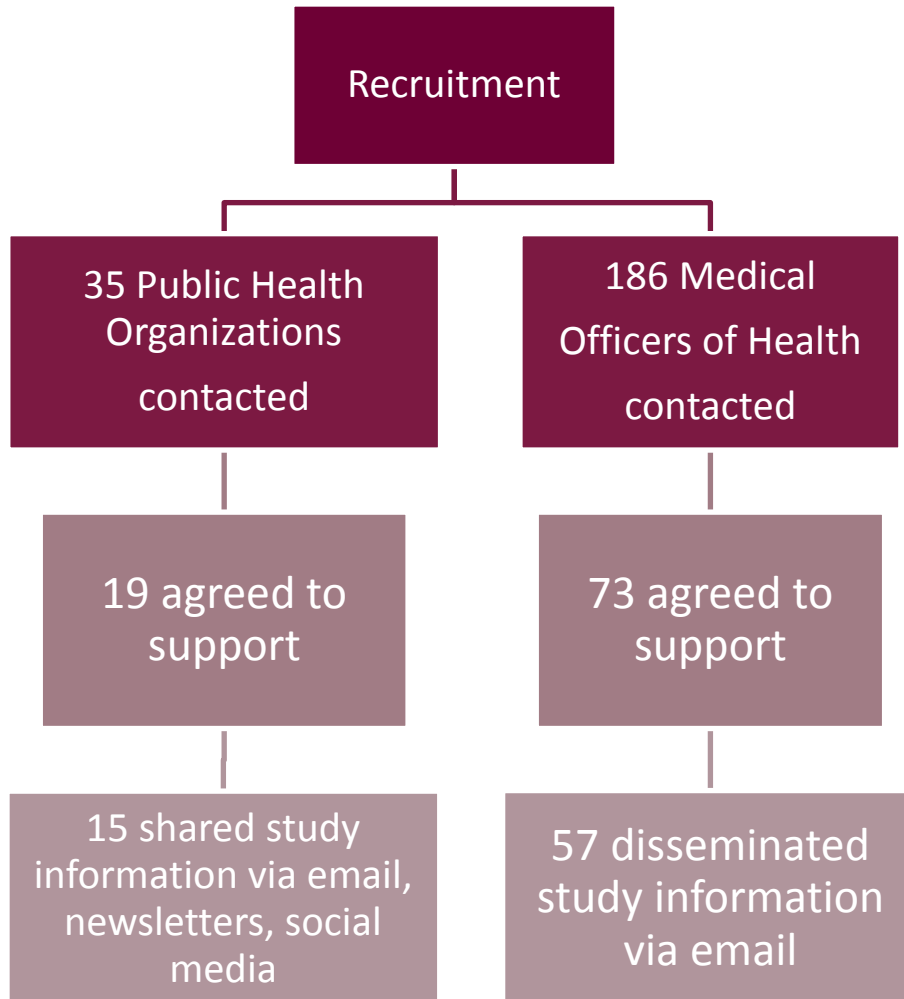
Recruitment Strategy



Study information also shared via:

- Health Evidence Twitter & Facebook and monthly newsletters

MOH and Organization Recruitment



- Initial contact began July 2015
- Individual recruitment Oct 2016 - Mar 2016

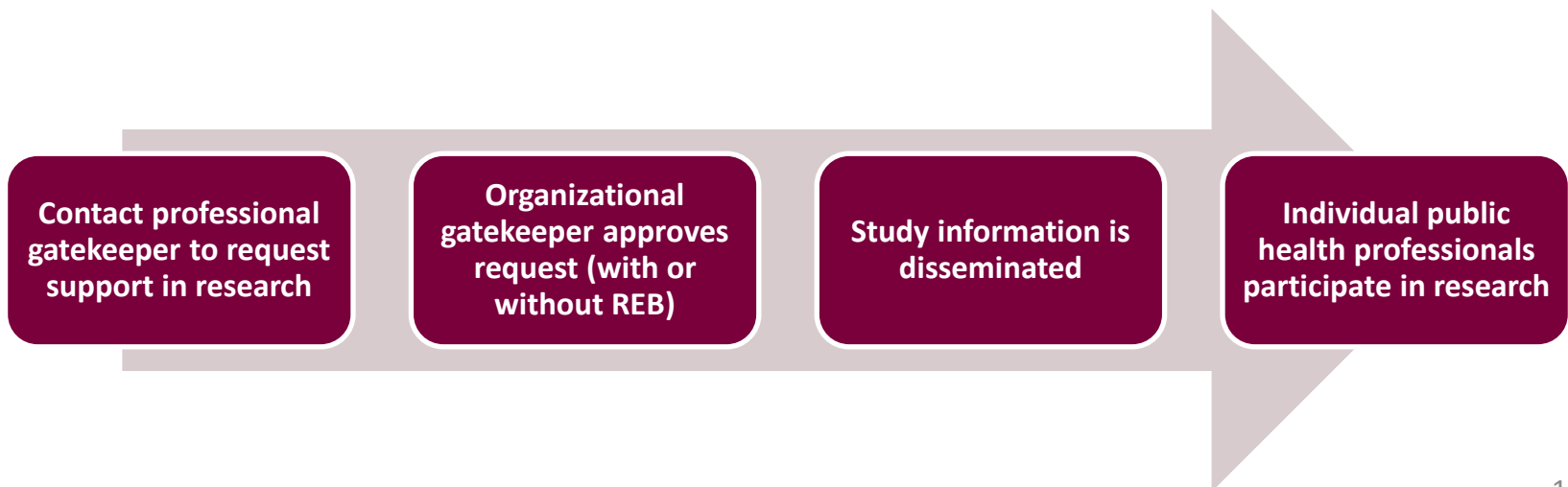
Reach

- MOHs and organizations were requested to send potential reach to researchers

| Source | Potential Reach |
|-------------------------------------|-----------------|
| MOHs across Canada | 835 |
| Public health organizations | 2632 |
| Health Evidence social media | 459 |
| Health Evidence newsletters | 817 |
| Total Known Reach: | 4743 |
| Total Participants Enrolled: | 317 |

Gatekeepers

- **Professional gatekeepers** - First point of contact (e.g. MOH)
- **Organizational gatekeepers** - E.g. Internal review ethic boards, corporate policies



Additional REBs

- 8 RHAs/units requested REBs, 1 provincial request
 - Application review duration = 2-5 weeks for approval
- 3 REB applications required study revisions / resubmissions
- 1 REB application was not approved

Declining Support

- Reasons MOHs declined support:
 - Study is not related to field of work (n=4), not appropriate for the unit/department (n=2), budget cuts/lack of resources (n=1), REB not approved (n=1)
 - No reason provided (n=2)
- Reasons organizations declined support:
 - Study is not relevant to organization (n=6)

Successes

- Use of a 2-pronged approach (MOH & organizations)
- Offering multiple options for disseminating study information (e.g. social media, newsletters)
- Supplying pre-prepared documents / materials for dissemination

Challenges

- Organizational gatekeepers (e.g. REB applications, competing with corporate policies)
 - Longer than anticipated recruitment time
- Connecting with MOHs/organizations with competing schedules
- Lack of follow through in disseminating study information

Recruitment Recommendations

- **Plan** an appropriate duration for recruitment
 - Consider time for **additional ethics** applications
- Identify **gatekeepers** and determine appropriate contacts
- Use **tailored, simple** communication
- Use **KT** strategies to promote study
- Provide tailored **pre-prepared** promotional materials to supporting organizations

Questions?

Contact Us:
info@healthevidence.org