National Collaborating Centre for Methods and Tools

Can I Use This Evidence in my Program Decision? Assessing Applicability and Transferability of Evidence

November 2007

Prepared by C. Buffett, D. Ciliska, H. Thomas for the National Collaborating Centre for Methods and Tools



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Tool for Assessing Applicability and Transferability of Evidence

Purpose and Target Audience

To assist public health managers and planners in decision-making about program priorities for their community.

Where does this fit?

The relevant research evidence should be retrieved and appraised in preparation for making decisions about which programs to introduce, continue, or end,. While assessing the evidence is a necessary step, it is not sufficient to make the decision about implementation of an intervention in the local community.

This tool highlights a process and criteria for assessing applicability (feasibility) and transferability (generalizability) of evidence to public health practice and policy.

How to Use this Tool

Prior to using this tool, search for, retrieve and appraise the relevant research. Then:

- a) Choose stakeholders to be involved in decision. Consider inter-sectoral, multidisciplinary, and consumer groups. The following steps are done in collaboration with the entire group.
- b) Give orientation to the process; establish time lines.
- c) From attached list of criteria, choose which of the applicability and transferability assessment questions are most important for the particular intervention of interest and the local context, if these should be weighted, and what weights to assign. Not all criteria are relevant all the time. The group may decide to weight some criteria as being more important than others, for this particular time period, in their particular community.
- d) Determine if/how final scoring will be done: addition of individual ratings; or discussion and consensus on each criteria. For example, you can individually rate each criterion on a 1-5 point scale, where 1 is low impact/relevance or match and 5 indicates high level impact/relevance or match. Priority then goes to the highest scoring program.
- e) Document whatever process was used in d).

Contact: Donna Ciliska <u>ciliska@mcmaster.ca</u>
National Collaborating Centre for Methods and Tools (NCCMT)
School of Nursing, McMaster University
Suite 302, 1685 Main Street West
Hamilton, ON L8S 1G5
P: (905) 525-9140, ext. 20455 F: (905) 529-4184

Affiliated with McMaster University Funded by the Public Heath Agency of Canada

Assessment of Applicability & Transferability

| Construct | Factors | Questions to Ask |
|--------------------|--|--|
| Applicability | Political acceptability or | Will the intervention be allowed or supported in |
| (feasibility) | leverage | current political climate? |
| | | Will there be public relations benefit for local |
| | | government? |
| | | Will this program enhance the stature of the |
| | | organization? |
| | | Will the public and target groups accept and |
| | | support the intervention in its current format? |
| | Social acceptability | Will the target population be interested in the |
| | | intervention? Is it ethical? |
| | Available essential | Who/what is available/essential for the local |
| | resources (personnel and | implementation? |
| | financial) | Are they adequately trained? If not, is training |
| | | available and affordable? |
| | | What is needed to tailor the intervention locally? |
| | | What are the full costs (supplies, systems, space |
| | | requirements for staff, training, |
| | | technology/administrative supports) per unit of expected outcome? |
| | | Are the incremental health benefits worth the costs |
| | | of the intervention? |
| | | or the intervention? |
| | | |
| | Organizational expertise | Is the current strategic plan/operational plan in |
| | and capacity | alignment with the intervention to be offered? |
| | | Does this intervention fit with its mission and local |
| | | priorities? |
| | | Does it conform to existing legislation or |
| | | regulations (either local or provincial?) Does it |
| | | overlap with existing programs or is it symbiotic?) |
| | | Any organizational barriers/structural issues or |
| | | approval processes to be addressed? |
| | | Is the organization motivated (learning |
| | | organization)? |
| Transferability | Magnitude of health issue | Does the need exist? |
| (generalizability) | in local setting | • What is the baseline prevalence of the health issue |
| | | locally? |
| | | What is the difference in prevalence of the health issue (risk status) between study and lead |
| | | issue (risk status) between study and local settings? |
| | Magnitude of the "reach" | |
| | , , | , |
| | | population. |
| | | Are they comparable to the study population? |
| | | , , , |
| | 2 | |
| | | socio-demographic variables, number of persons |
| | Magnitude of the "reach" and cost effectiveness of the intervention above Target population characteristics | Will the intervention broadly "cover" the target population? Are they comparable to the study population? Will any difference in characteristics (ethnicity, |