

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).

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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,