

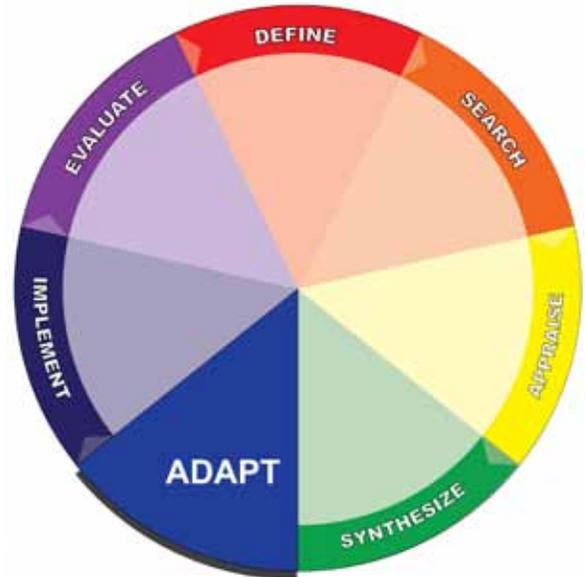


## Webcast:

### Part five: Adapt

This is step five in the series about evidence-informed public health. For this series, we have explored how to define the problem, do a literature search, critically appraise the information and synthesize it and look at the various criteria to decide if this information will be relevant in your population. And now I'd like to talk about adaptation. If the research is good and you think it's relevant to your population, you need to consider all the other factors that come into the decision-making process to determine whether or not you are going to use this new intervention or stop using an intervention. We have developed a tool, which is available on our website, called the Applicability and Transferability tool. A research paper on the website helps you understand how we developed the tool through a systematic look at the literature. We also provide a one-page process outlining how you might put this tool into practice. For each intervention you're thinking about doing or stopping, you might want to weight different criteria in different ways. You can use this process to weight a particular factor two or three times more than any of the other factors, or to take out some criteria that might not be relevant in your situation. We also suggest having people fill out the tool in advance, either collating their ratings of the criteria or coming together with their pre-completed ratings and reaching a consensus about each criteria, about how this intervention may or may not work, and the factors that will come into play for making the decision about the intervention.

Let me give you some examples of the criteria. The second page includes all of the criteria that you might consider in relation to the decision-making process. For example, there are sections about applicability and transferability. The applicability criteria ensure you include issues like the political acceptability or leverage that this intervention will bring to your region. Would this intervention be allowed or supported in the current political climate? Will there be a public relations benefit for your local region, your health authority or your health unit if you did this intervention? Would the program enhance the stature of the organization? Would it be seen as a positive thing for your group to do? And



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Can I Use This Evidence in my Program Decision?

Assessing Applicability and Transferability of Evidence

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would the public and the target group accept and support the intervention in the current format? There are also issues about social acceptability, such as is the target population really going to be interested in this? Will you be able to achieve the kind of reach that you would like to achieve with this kind of intervention? There is also a large section about resources. For example, do you have the financial resources in your regional health authority to actually put this intervention into place? What will it cost on an annual basis, but also what are the kinds of training costs and the support costs that will be coming into play? Are there audio visual or Internet interventions that you will need to use to support what you want to do in this program? What are you expecting in terms of outcomes and incremental benefits of having an intervention like this for your community over what they now experience? Finally, in terms of the applicability or feasibility, is there really the organizational expertise within your unit or your regional health authority to do this intervention, or is it really going to push them in terms of the learning, the supports and the structure within the organization?

The second part about transferability examines the extent of the problem that this intervention will address. What will the reach be? How will you target the population you're trying to influence? Is your target population the same type of population that this intervention has been tried on in studies, or have all of the studies that you've found only included university students, for example, which is really not that transferable to a population like yours? In considering these multiple questions and discussing them in terms of your own region, you will make a much better-informed decision about whether or not you really want to do this intervention.

The model that I am going to discuss next is available on a fact sheet on our website and is on the video that we have produced. One of the big criticisms of evidence-informed decision making is that it blindly follows what the research evidence says and doesn't consider the population needs, the context and the political situation or the resources that are required to do that intervention.

Contrary to that criticism, from the very beginning, writing for evidence-informed practice or evidence-based practice has made it clear that those are critical factors. For a long time we have not included research evidence in our decisions. And now, even in public health, we have a tremendous amount of research that is applicable to those decisions. Yet for some reason, we have lagged in bringing evidence into this accommodation of circles, into this Venn diagram.



Evidence-informed decision making

is not about just bringing research evidence into the decision; it's about considering research evidence, combined with the resources that are available, the context of the regional health authority or of the health unit where you work and the population's preferences and values that seem to work in public health. By considering the kinds of values, preferences and research that are available for you in this Venn diagram, all the information within this diagram will help you in making decisions. And then it's up to you and your expertise and the expertise of the people and the population you've brought together when you make the

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decision about how to use evidence, how to include issues of resources, of population preferences and the community context in making the final decision about whether or not you'll do an intervention.

We are just finishing a revision of the Applicability and Transferability tool that will help rephrase the questions for you to consider when you're thinking about stopping an intervention. For example, you might have been doing your program for years, and now you've taken a more recent look at the literature and you've found that in fact there's not good evidence for the program. You used to think the evidence was good enough, and now there's more evidence to say there really isn't a good effect of this intervention, and you're thinking about stopping the intervention. We have reworded each of the criteria for you to use if you're thinking about stopping an intervention. Will there be a political backlash? Will the population be unhappy that this intervention has stopped? Are you losing some other important contact with the community that this intervention might be allowing you to have? The original Applicability and Transferability tool is available for those programs you're thinking about beginning, and the revised version of the questions is available for you to consider when you are thinking about stopping an intervention for your community. Both of these versions are available on our website, at [www.nccmt.ca](http://www.nccmt.ca). I hope you will explore these tools, try them out and look for some other useful tools.

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