



## Using the Applicability and Transferability Tool from the National Collaborating Centre for Methods and Tools

Featuring a story of Implementation from Dr. Megan Ward, Region of Peel Public Health

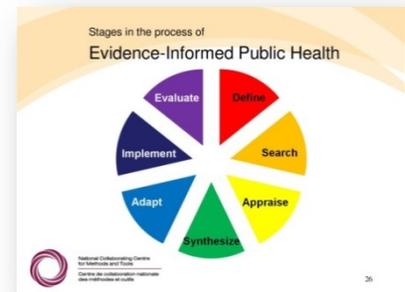
### Introduction

Welcome to “It worked there. Will it work here?”, a Spotlight on Knowledge Translation Methods & Tools. This is the first in a series of webinars that will feature a selection of popular resources from the Registry of Methods and Tools from the National Collaborating Centre for Methods and Tools (NCCMT). The Registry is a free online collection of methods (processes) and tools (instruments) for knowledge translation in public health. Today we’ll be looking at the Applicability & Transferability (A&T) Tool. We will discuss how the tool was created, how it is used, and an example of how it has been put into practice.



### The Stages of Evidence-Informed Public Health

NCCMT outlines seven steps to Evidence-Informed Public Health. First, a problem or priority must be defined. Next, available research evidence is searched to address the problem. This evidence is then critically appraised to determine its quality. After appraisal, it is time to synthesize recommendations based on the research findings. This synthesis must then be adapted to apply to the current context. Once this has happened, implementation of the program or policy comes next. The final stage is to evaluate the effectiveness of that implementation.



### What is the A&T Tool?

The A&T Tool provides a process and criteria to assess the *applicability* and *transferability* of research evidence to practice decisions in your setting. It was developed to help public health professionals use evidence to better channel resources into the best available programs and services for local delivery. The tool is used during the Adapt stage of Evidence-Informed Public Health, after a problem is defined, evidence is searched, findings are appraised, and conclusions are synthesized.



## How was the tool developed?

The development of the A&T Tool started with a literature review from 1996-2006, where 40 relevant articles were identified that related to criteria for deciding the transferability of evidence (an updated review in 2007 found one additional article, bringing the total to 41). From these 41 articles, a list of 21 questions was synthesized to help assess the applicability (feasibility) and transferability (generalizability) of evidence.

How was the tool developed?

- Literature review (1996-2006; updated 2007) identified criteria for deciding if/how evidence can be transferred to local setting
- Relevant work was synthesized into a list of 21 questions to assess applicability (feasibility) and transferability (generalizability) of evidence

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## Components of the Tool: Applicability

Applicability asks “Can the intervention we found work for us?”

Applicability considers:

- Would this intervention be accepted in the current political climate?
- Would the community accept the intervention?
- What human and financial resources exist to implement the intervention?
- Does the organization have the capacity to implement the intervention?

A&T Tool: Applicability

Applicability considers these factors:

- Political acceptability
- Social acceptability
- Resources
- Organizational capacity

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## Components of the Tool: Transferability

Transferability asks “Will it work for us? Can we expect similar results?”

Transferability considers:

- Does the need exist in your local setting? Is it the same health issue and is it as large of a problem?
- Can you reach a large proportion of your population with this intervention?
- Is your community comparable to that which you found in the research evidence? What are the differences? What impact will those differences have on the outcome?

A&T Tool : Transferability

Transferability considers these factors:

- Magnitude of health issue in local setting
- Magnitude of the reach and cost effectiveness of the intervention
- Characteristics of target population

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## A&T Tool: Now and Then

To the right is one version of the A&T Tool. Thanks to feedback from users, the tool now exists in two versions: one focusing on *starting* a program, and one focusing on *stopping* an existing program. For each version, the first page highlights the steps of using the tool. The second page outlines factors to consider, and specific questions to answer for your context.

Worked Example: Will it work here?  
A&T Tool for Assessing Applicability and Transferability of Evidence

Assessment of Applicability & Transferability

Factor	Applicability	Transferability
Political acceptability		
Social acceptability		
Resources		
Organizational capacity		
Magnitude of health issue in local setting		
Magnitude of the reach and cost effectiveness of the intervention		
Characteristics of target population		

A resource from the National Collaborating Centre for Methods and Tools [www.nccmt.ca](http://www.nccmt.ca)

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These webinar companions summarize *Spotlight on KT Methods and Tools* presentations. The webinar series is presented in partnership with the University of Ottawa’s CHNET-Works! How to cite this document : National Collaborating Centre for Methods and Tools. (2013). Webinar Companion : Spotlight on KT Methods and Tools. Episode 1. Hamilton, ON: McMaster University.

## Using the A&T Tool

When using the A&T Tool, there are five broad steps involved. Step one is to find stakeholders from a diversity of sectors, disciplines and client groups. Step two is to orient group members and set timelines. Step three is to choose the assessment criteria that are most relevant to you in your context. Step four is to decide on how you will score the criteria. Finally, step five is to document the process you use. Here is how one Public Health agency has used the tool in their decision-making.

## Case Study: Peel Public Health

Peel Public Health has a 10-year strategic plan to develop organizational capacity for the systematic use of research evidence for informing program and practice decisions. To achieve this goal, they have instituted a seven-step Rapid Review Process to inform evidence-informed decision-making. As a means of facilitating the process's fifth step, "assessing the applicability and transferability of the rapid review process," they have put the A&T Tool to work for them.

## Making the A&T Tool Their Own

In adopting the A&T Tool, Peel Public Health customized the tool to meet their needs. Additional prompting questions were added, as well as a notes section to allow discussion participants to bring their well-formed thoughts to the meeting. They chose to use the questions as discussion prompts rather than for a scoring system, and included a box at the end of the tool to record the proposed direction at the end of the discussion.

## Impact of the Tool

Prior to adopting the A&T Tool, creating practice changes in Peel was extremely challenging, even when research evidence was quite clear. After incorporating the tool, its use became viewed as one of the most important steps in the decision-making process. The resulting conversations elicited considerable passion from stakeholders, and could last over two hours. In response, it was decided that engaging affected parties in conversations about practice implications should become a formal part of the decision-making process.

**How to use the tool**

1. Select stakeholders who will be involved in the decision. Collaborate on the remaining steps.
2. Orient group members to the process; establish timelines
3. Choose assessment criteria from the tool that are most important/relevant to your issue and context
4. Decide if/how final scoring will be done (e.g., 1-5 rating for each question; sum individual ratings; discussion and consensus on each criteria)
5. Document the process you use

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**Steps of the Rapid Review Process:**

- Step 1: Developing a Conceptual/Analytical Model
- Step 2: Searching the Evidence
- Step 3: Critical Appraisal Tools
- Step 4: Data Extraction for Systematic Reviews
- Step 5: Assessing the Applicability and Transferability of the Rapid Review
- Step 6: Rapid Review Report Structure
- Step 7: Manager Checklist

eidsm evidence informed decision making

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**How Was the A&T Tool Adapted in Peel?**

Factors	Applicability and Transferability	Notes
Applicable: Feasibility	Starting a New Program	
Method availability or coverage	Qualitative	
Local applicability	Quantitative	

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**Process for Using the A&T Tool in Peel:**

- Staff affected by the decision invited to attend A&T meeting
- Participants document important issues in the 'notes' section before meeting
- Knowledge broker facilitates meeting
- Final decision shaped by the questions in the tool
- Summary of discussion included in the 1:2:20 Rapid Review Report

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## The A&T Tool in Practice

From its adoption in 2010 to January 2012, the A&T Tool was used to facilitate approximately 20 public health decisions. One such decision involved the discontinuation of a popular Heart-Mobile program for random cholesterol screening. Decision-makers took into account the best available research as well as the perspectives of the employers and participants with whom the program was quite popular.

Ultimately, the decision was made to discontinue the program due to a lack of supporting evidence, but not before including several stakeholders in the discussion through the A&T Tool.

## Limitations & Benefits

Peel Public Health has learned from experience that using the A&T Tool can take time to assemble stakeholders and engage in a thorough conversation. They have also found that the resulting discussions can reveal genuine passion among participants. However, when it comes to structuring reflection on public health decisions, building consensus, and facilitating transparency in decision-making, the A&T Tool has become an invaluable asset in their organization.

**Decisions Made Using the A&T tool:**

2. Should we continue this program/service/messaging?

Div	Review	Decision Made
CDIP	Quit and Win Contests for Smoking Cessation	Decision to discontinue the "Driven to Quit" contest
CDIP	The Association between Cardiovascular Risk Factor Screening and Health	Decision to discontinue one time community screening for cardiovascular risk factors
FH	Infant Feeding and Cognitive Development	Decision to not use messages that breastfeeding infants improves their cognitive performance
FH	Infant Feeding and Development of Type II diabetes	Decision to not use messages that breastfeeding infants reduces their risks of developing type II diabetes later on in life
FH	Public Health Messaging Related to Bed Sharing	Decision to target messages to decrease bed sharing for very young infants and for children whose parents smoke
FH	Recommendations for the Prophylactic Use of Analgesics and Antipyretics	Decision to not recommend prophylactic analgesics and antipyretics

**Benefits to Using the Tool**

- Creates the necessary structure to reflect on areas impacting the program decision
- Helps build team consensus
- Reassures staff that decisions are reached after a full range of considerations