

An Overview of the Canadian Best Practices Portal: Learning What Works in Health Promotion and Chronic Disease Prevention

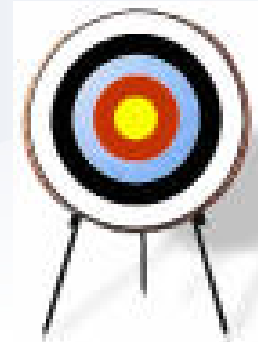
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Today's Objectives

Participants will:

- Be oriented to the Canadian Best Practices Portal (CBPP) – history, format and content
- Learn about the latest improvements
- Have increased confidence to use and promote the CBPP in your work
- To encourage submission of SK evidence to the Portal

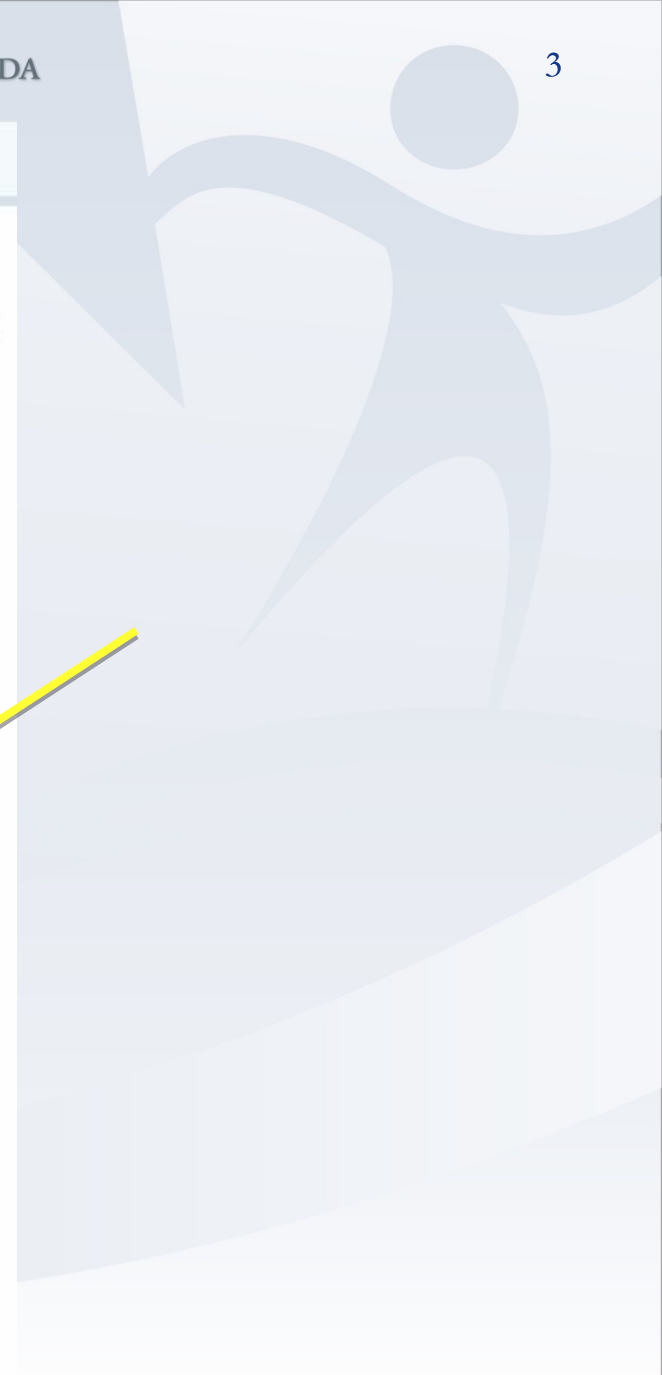
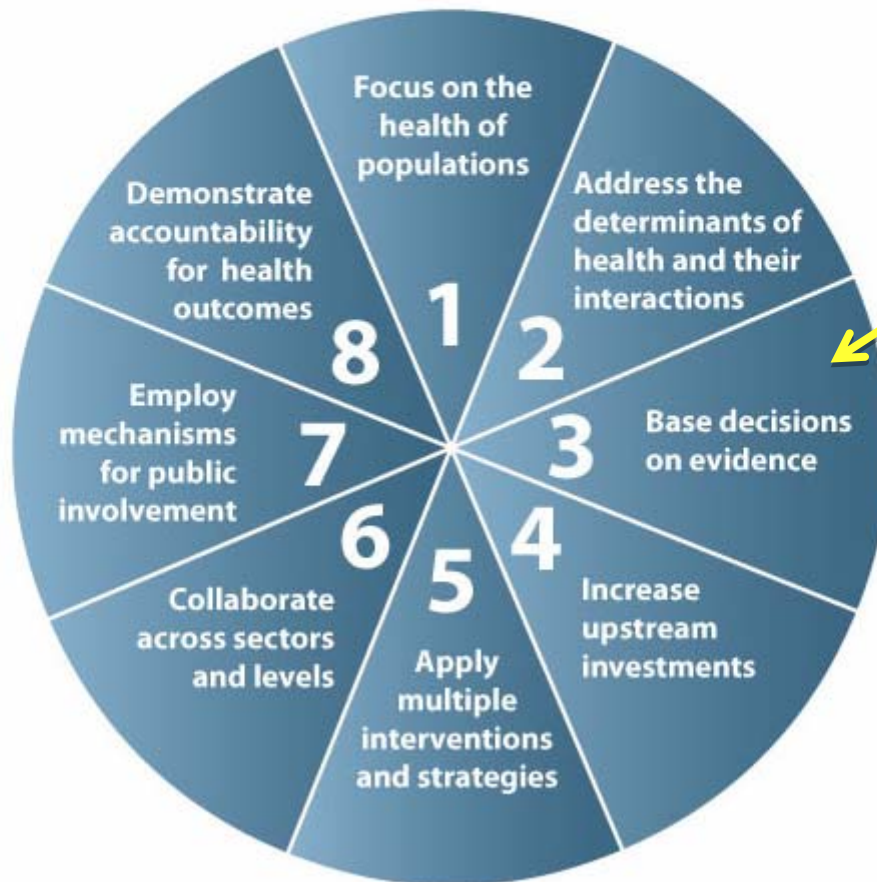


POPULATION HEALTH APPROACH: THE ORGANIZING FRAMEWORK

Best practices are only a part of an overall process that addresses the health of the population.

As defined by [PHAC](#), the Population Health Approach focuses on improving health status through action directed toward the health of an entire population, or sub-population, rather than individuals.

To learn more, please click through the Population Health Approach Elements:

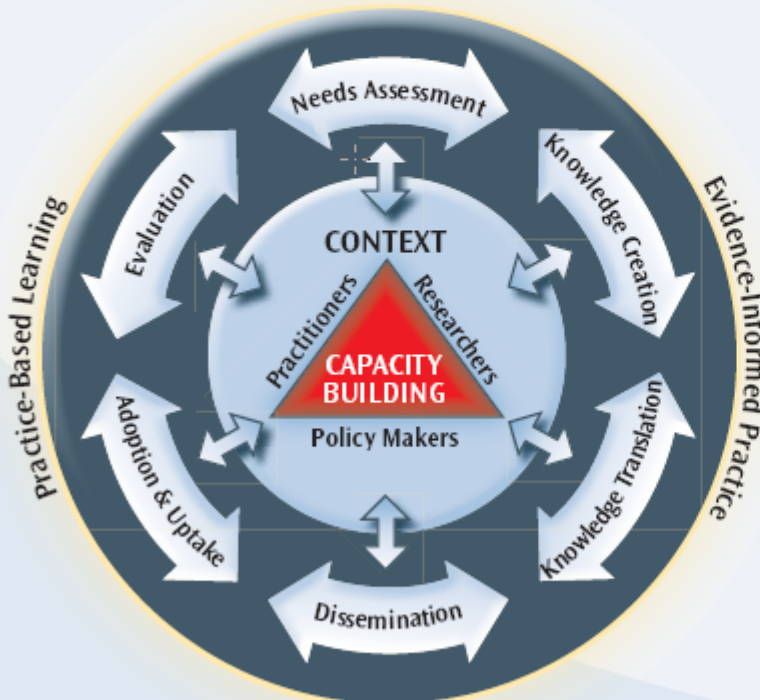


Goal of the CBPP

To increase the proportion of decisions made by the intended populations of interest using best available evidence.

These decisions are particularly important when they support the changing face of Canada, the reduction of health disparities and integrated approaches to the prevention and treatment of chronic diseases.

The Knowledge Cycle Framework



Overview of the Knowledge Cycle Framework

The Knowledge Cycle framework depicts a complex and dynamic phenomenon - the development and use of knowledge in public health. The framework was developed to support best practices work at the Public Health Agency of Canada. It was inspired by the Mental Health and Addictions Best Practices Framework (British Columbia Provincial Health Services Authority) and further refined through consultations with knowledge exchange leaders from practice, research and policy across Canada.

The purpose of the Knowledge Cycle Framework is to provide a model to guide knowledge development and exchange efforts aimed at increasing evidence-informed policy and practice by providing evidence that is relevant and action-oriented. In addition, as noted in the outer ring of the model, sharing of practice-based learning contributes significantly to our knowledge base and an evidence-informed approach.

In the context of public health where a variety of players interact with one another, a broad view of knowledge and evidence is assumed. Knowledge encompasses a fluid mix of experience, values, contextual information, evidence interpretation and expert insight that provides a framework to aid with decision making, evaluating and incorporating new experiences and information.

This framework recognizes that knowledge does not travel in one direction; it is an ongoing exchange between policymakers, practitioners, researchers and others with a stake in public health (including the media, general public, etc.). Interactive exchanges throughout the cycle contribute to mutual learning through planning, producing, disseminating, applying and evaluating knowledge.

The components of the knowledge cycle are (clockwise from the top): needs assessment, knowledge creation, knowledge translation, dissemination, adoption and uptake, and evaluation. These processes are not mutually exclusive. In practice, knowledge development, exchange and use does not often follow a linear process from one stage to the next. Although historically in public health emphasis has been placed on knowledge creation and synthesis, this framework highlights the importance of planning specific mechanisms to support translation of evidence into implications and applications, and supports for adoption in decision-making settings. All of the processes in the Knowledge Cycle are influenced by engagement of different players and interaction with contextual factors, such as health and social system structures, resources, infrastructure, policy priorities, culture and timing.

This model also reflects that capacity building is central to effective knowledge exchange and use. Capacity building is the foundation that encourages meaningful long-term involvement of policymakers, practitioners and researchers and is key to supporting evidence-informed public health. In the Knowledge Cycle, all players contribute to the development, exchange and use of knowledge. No single group can undertake knowledge translation, dissemination or offer adoption/uptake supports. The interaction of representatives of all three groups with support from knowledge brokers or intermediaries is likely required for effective knowledge exchange and use. For definitions of roles in the context of the framework, please see the box below.

- ▶ **Policy makers** are individuals with the capacity to enable and make policy decisions. They access knowledge sources to develop a sound understanding about a specific subject matter, contribute new knowledge through the creation of reports and policy options, document and summarize their processes, disseminate these to peers/management and evaluate policy outputs and outcomes.
- ▶ **Practitioners** are individuals responsible for the implementation of a policy or program intervention. They are professionals or volunteers operating in a variety of organizational settings, tasked with assessing the needs of their clients in preparation for the implementation of interventions or programs. They access knowledge sources to gain understanding about the effectiveness, practicality, and suitability of interventions or programs and contribute to knowledge development and practice-based learning through the development, implementation and evaluation of policy and program interventions.
- ▶ **Researchers** are individuals whose primary focus is documenting and analyzing public health evidence ranging from the size/scope of health issues, mechanisms and factors linking cause and effect, intervention effectiveness and the role of context. This contributes to the creation of new knowledge, which is most often disseminated through peer-reviewed publications. Researchers also access various knowledge sources to assess processes, outcomes, related facilitators and barriers, as well as context.

Three Phases of the CBPI

Phase I: Fall 2005 – Fall 2006

Portal 1.0 launched Nov/06

Phase II: Fall 2006 – Fall 2008

Portal 2.0 launched Nov/08

Phase III: Fall 2008 – Summer 2010

Portal 2.5 Jan/10

Portal 3.0 – Anticipated Winter 10/11

So what is now meant by “Best Practices”?

- A complicated landscape -- this has evolved over time
- Initially focused on best quality evidence (RCTs)
- Now – We value many forms of evidence and believe that the user should decide what is “best” for them based on their context and the information and KE opportunities provided to them.

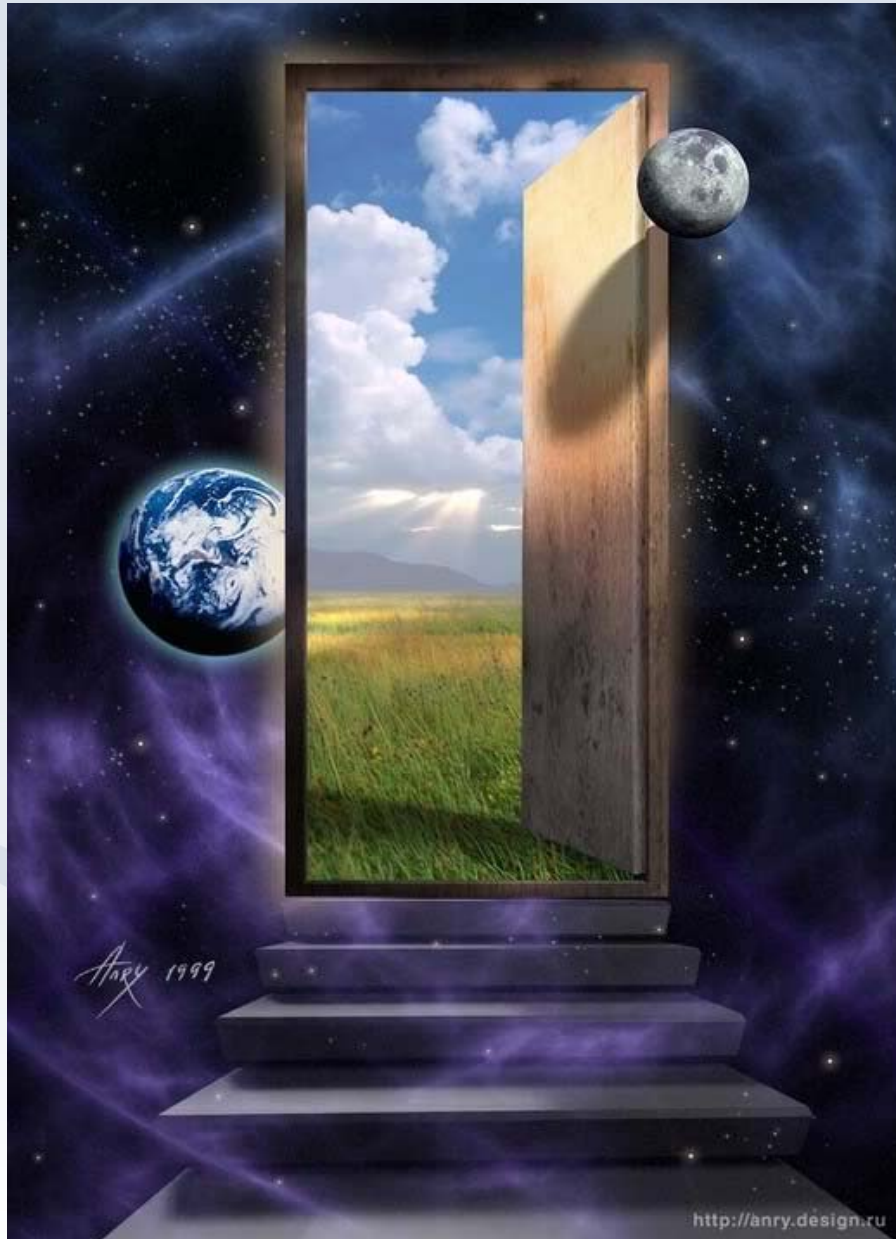
Growing Topics for the Portal

- Asthma and lung disease – crossovers with the built/physical environment (moulds, asbestos)
- Children/youth aged 3 to 17, etc.
- **Hypertension/Cardiovascular Disease** – crossovers with health literacy
- Misuse of medications
- Adults/seniors
- Tobacco/alcohol
- **Chronic Gambling** – crossovers with younger/older age groups; social environment; income, etc.
- **Food Security**
- Physical Activity – crossovers with parents/children; after-school setting; built environment
- Aboriginal Populations

RED = somewhat limited collections to date

Injury Prevention

- 37 public injury prevention interventions so far
- 09/10: Sports injury, road safety, falls across the lifespan, shaken baby syndrome, and re-injury.
- Planned 10/11: **Aboriginal adult injury; and adult injury prevention related to falls in everyday activities including on ice and snow**



The Canadian Best Practices Portal

The Home Page

CANADIAN BEST PRACTICES PORTAL

Home
Interventions & Resources
Population Health Approach: the Organizing Framework
Partners
Join/Login
Help
About Us

+/- TEXT E-MAIL PRINT SHARE

Welcome to the Canadian Best Practices Portal, your first step to planning health-related programs. The Portal is a virtual front door to community and population health interventions related to chronic disease prevention and health promotion. Click [here](#) to learn more.



SPOTLIGHT

teip your program in the best direction
TOWARDS EVIDENCE-INFORMED PRACTICE
 Setting the standard for health promotion excellence!

QUICK ACCESS BAR

Selection criteria
Nominate Resources and Interventions

To search our database of interventions and resources, click the links below:

Search for Interventions

Search for Resources

Improving Public Health Practice together, OPHA and the Portal build capacity

[READ >>](#)

The "NAVigation Bar"

Home
Interventions & Resources
Interventions-at-a-Glance
Intervention Search Centre
Resources-at-a-Glance
Resource Search Centre
Systematic Review Sites
About Our Process
Recommend an Intervention or Resource
Population Health Approach: the Organizing Framework
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Join/Login
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QUICK ACCESS BAR
Selection criteria
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Take the “Web Tour”

Home

Interventions &
Resources

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QUICK ACCESS BAR

Selection criteria

Nominate Resources
and Interventions

- Where do you think you might find it in the Nav bar?

[Currently found under Help > FAQ]

A. There are five ways to find interventions:

1. Scroll with arrow keys and sort using column headers.
2. Narrow your search with 'quick search' pull down menus.
3. Focus on just one topic sub-set by clicking on an icon.
4. Use a Simple Keyword search.
5. Use an Advanced search.

In all cases you can read more about any intervention by clicking on the intervention title.



B. There is more to the interventions!

Detailed descriptions

Engagement through comments and ratings

Information about the icon classification system

Explanation about how the interventions are chosen

Opportunity to be notified through RSS feeds about new interventions

The screenshot displays the Public Health Agency of Canada website. At the top, the Canadian flag and the text 'PUBLIC HEALTH AGENCY OF CANADA' are visible. Below the header, there is a navigation menu and a search bar. The main content area features a blue banner for 'ACTION SCHOOLS BC' with social media icons for Facebook, Twitter, and YouTube. To the right of the banner, there is a box for 'Subscribe to RSS', 'View Comments (0)', and 'Average User Rating (0): N/A'. Below the banner, there is a detailed description of the intervention, followed by a section for 'Related Information and Links'. At the bottom of the page, there is a navigation bar with icons for back, forward, and search, along with the text 'Menu A B C D'.

Intervention Search Centre

Resources

- Interventions-at-a-Glance
- Intervention Search Centre
- Resources-at-a-Glance
- Resource Search Centre
- Systematic Review Sites
- About Our Process
- Recommend an Intervention or Resource

- Population Health Approach: the Organizing Framework
- Partners
- Join/Login
- Help
- About Us

QUICK ACCESS BAR

- Selection criteria
- Nominate Resources and Interventions

INTERVENTION SEARCH CENTRE

Keyword Search

Keyword(s): [Search Help](#)

Search History

▪ Search History will be lost after one month of inactivity.

#	Search Query	When	Results
#3	Topics: Obesity, Elementary school	8 minutes ago	15
#2	Topics: Asthma, Obesity, Elementary school	13 minutes ago	0
#1	Topics: Asthma	14 minutes ago	2

Limit By Topics

Year of Publication: ▼

Display only interventions linked to systematic review

Limit By Intervention Characteristics

Chronic Disease

Health Promotion Topics

Chronic Condition

Behaviour-Related Risk

Strategy

Educational Settings

The Results of the Intervention Search

TARGETED SEARCH RESULTS

There are **15 interventions** in the database that meet your search criteria:

- Obesity
- Elementary school

[Understand how interventions are chosen](#) for the database.



- Compare all **0** interventions
- Save all **0** interventions
- Clear all **0** selections
- Export interventions to the Online Health Program Planner
- Send via Email
- Export to Text

Related Programs/Interventions:

Title (click to sort) (asc)	Intervention Characteristics VIEW LEGEND	Evaluation Methodology/ Design	Linked to systematic review evidence	
Action Schools! BC		Analytic obs., Process evaluation, Grounded theory	To be determined	<input type="checkbox"/>
Annapolis Valley Health Promoting Schools		Analytic obs., Other	To be determined	<input type="checkbox"/>
Be Active Eat Well (BAEW)		Quasi-exp.	To be determined	<input type="checkbox"/>

The Intervention Annotation

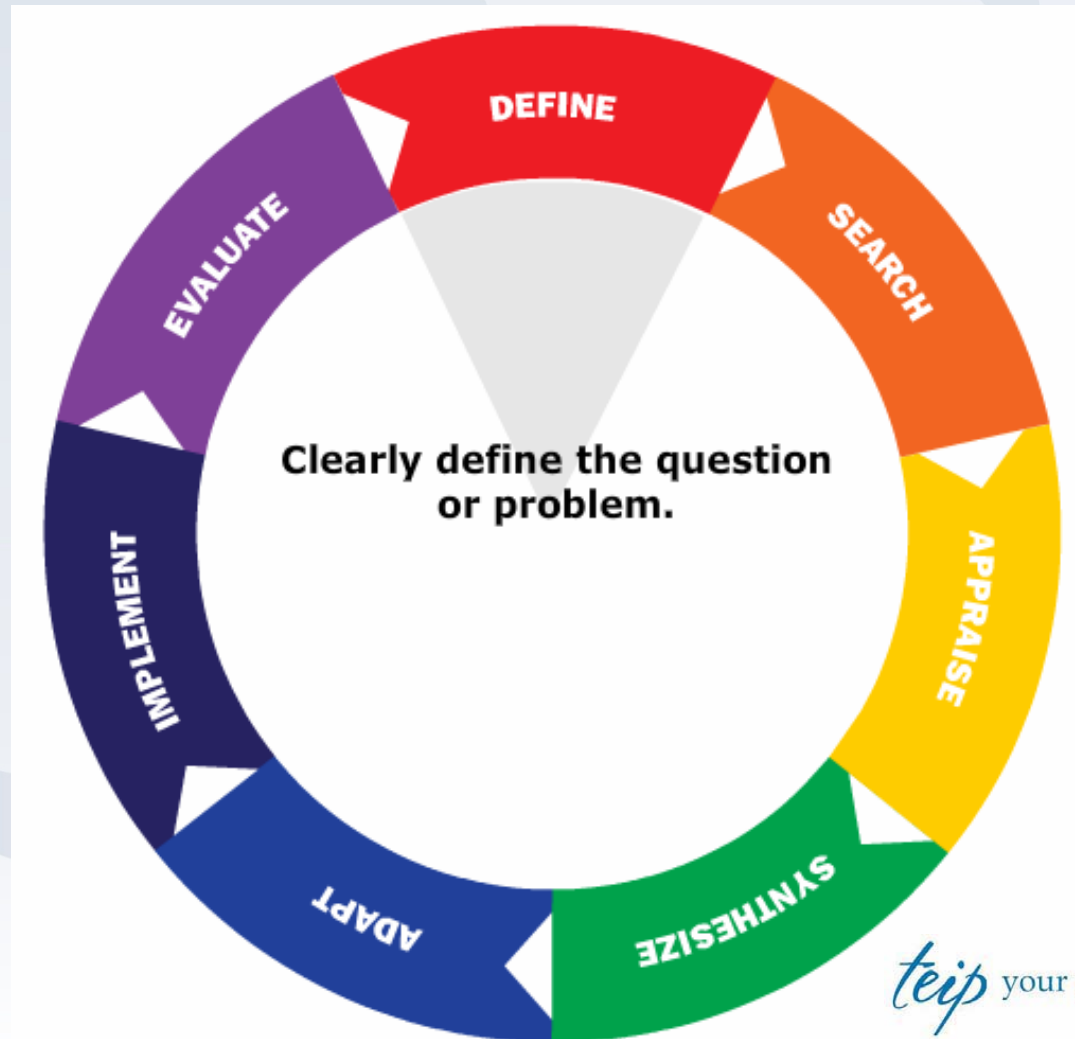
CANADIAN BEST PRACTICES PORTAL

Home	Home > Interventions-At-A-Glance > Child Development Project
Interventions & Resources	+/- TEXT E-MAIL PRINT SHARE
Interventions-at-a-Glance	CHILD DEVELOPMENT PROJECT
Intervention Search Centre	
Resources-at-a-Glance	<p>The Child Development Project (CDP) was a research-based, multi-faceted K- grade 6 school-change program focused on creating caring, supportive learning environments that foster students' sense of belonging and connection to school. The CDP program incorporated cooperative learning approaches, classroom and school wide community-building activities, engaging curriculum, and an emphasis on literacy development to create a coherent, comprehensive program for elementary schools. Program elements include: (a) an intensive classroom program (involving three major elements: collaborative learning, a literature-based language arts curriculum, and "developmental discipline," an approach to classroom management that emphasizes the development of students' self-control and personal responsibility); (b) a school wide component; and (c) a family involvement component. CDP's emphasis is on the promotion of positive development among all children and youth, rather than on the prevention of disorder among those deemed at risk.</p>
Resource Search Centre	<p>Have you used this intervention? Please share your learnings: User Comments (0)</p>
Systematic Review Sites	<p>This interventions links to systematic review evidence prepared by The Community Guide. See reference 48. http://www.thecommunityguide.org/violence/School_Evidence_review.pdf</p>
About Our Process	<p>The "Child Development Project" is now known as "Caring School Community"</p>
Recommend an Intervention or Resource	<p>Observed program effects included positive effects on students' sense of the school as a community and other school-related attitudes and motives (e.g., liking for school, achievement motivation); social attitudes, skills, and values (e.g., concern for others, conflict resolution skill, commitment to democratic values); and involvement in problem behaviours (i.e., reduced use of alcohol and marijuana, and less participation in some forms of delinquency, including violent behaviours such as "gang fighting"). The follow-up study showed continuation of positive effects but for alcohol and marijuana use, program</p>
Population Health Approach: the Organizing Framework	
Partners	
Join/Login	
Help	
About Us	

QUICK ACCESS BAR

Selection criteria
Nominate Resources and Interventions

Stages in Evidence Informed Public Health



Currently, the Portal contains **55 resources**. All appear in the table below.

On this page you can search for resources to inform your public health practice. These resources are organized around the [National Collaborating Centre for Methods and Tools' Evidence-Informed Public Health framework](#). Click [here](#) to go to our database of "best practices" for well-evaluated community interventions.

Portal Resources

Title (click to sort) (asc)	Year	DEFINE	SEARCH	APPRAISE	SYNTHESIZE	ADAPT	IMPLEMENT	EVALUATE
A Plan for Action 2005–2007: Promoting mental health and wellbeing	2005	✓						
A Schema for Evaluating Evidence on Public Health Interventions	2002			✓	✓			
Aboriginal Youth: A Manual of Promising Suicide Prevention 🇨🇦	2004	✓	✓					
The Good Indicators Guide: Understanding how to use and choose indicators	2008							✓
The Community Tool Box: Links to Databases of Best Practices	2009		✓					
The Community Health Promotion Handbook: Action	2008				✓	✓	✓	✓

Other Features

- Help Section
- Join / Login
- Partners Section
- About Us

Enhancements in 2.5

- New content in mental health (in relation to home, community, school and workplace settings), obesity (protective and risk factors), and interventions targeted to vulnerable groups
- More user-friendly in terms of navigation and access to information

Version 2.5 Continued

Online Health Program Planner

- View Overview Webcast
 - http://www.thcu.ca/videos/ohpp_tutorials.htm#ohpp_nutshell
- Collaboration between THCU, NCCMT and CBPI
- Interactive Feature on Portal will import selected interventions directly into OHPP
 - In Interventions & Resources, conduct a search, select those to export to OHPP

Version 2.5 Continued

- Email Alert: allows members to receive email alerts (coming soon)
 - general portal news / events (portal newsletter?)
 - new interventions, resources (in their areas of interest)
- Search Memory: allows members to save targeted searches to 're-run' at a later date, or have the system email them if their saved search returns new interventions/resources
- Better linkages with evidence sources to support Portal content

Find the Web-Site you need

The FWS tool is a search engine that searches evidence-related websites in the Database

The tool provides you with a series of criteria to help us match various websites with your needs.

Coming Soon

- More content on injury prevention, seniors health, Aboriginal health, tobacco cessation
- New areas including dental health, nutrition school policies, impact of buying local, innovative interventions, maternal health, GSBT health
- CDPAC & CBPP webinars on prevention of childhood obesity

How did the Interventions and Resources Get in There?

- About our Process
- Selection Criteria
- Types of Evidence
- Systematic Reviews
- Nominate
- About Us – Background Papers



Knowledge Exchange - Getting your “best” evidence onto the Portal

We want to increase the contribution of Canadian content to the Portal from practitioners and researchers of chronic disease prevention and health promotion.

- Recommend an Intervention or Resource

Identified target/partner groups:

- Intermediary/resource organizations
- Practitioners and policymakers
- Researchers/groups

*Canadian Best Practices System for Health Promotion and
Chronic Disease Prevention*

Thank you

www.phac.gc.ca/cbpp

*Good, better, best: Apply good evidence, make better
decisions, use best practices*

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