

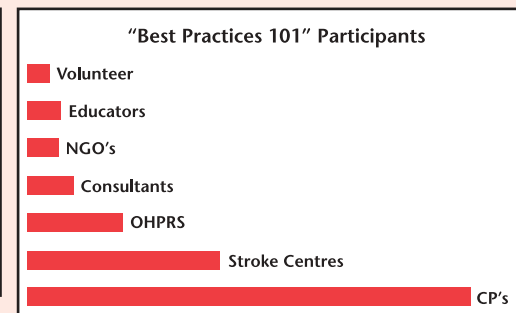
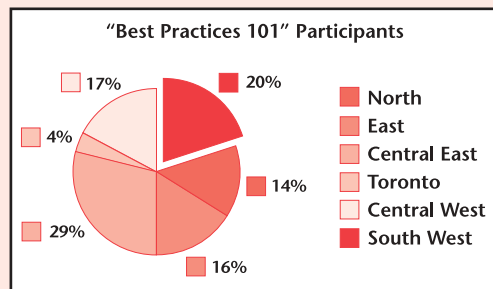
- 1 • Best Practices 101  
• Defining Best Practices
- 2 • Understanding the Evidence  
• Consider a Broad Range of Sources as Evidence  
• "Practice – Based Evidence"
- 3 • Understanding the Evidence (cont'd)  
• Putting the Pieces Together: A Physical Activity Example
- 4 • So How is Something Determined to be a Best Practice?  
• What Contributes To Success?  
Paula Stenghetta
- 5 • Best Practice Plausibility & Practicality Assessment Criteria
- 6 • Who's Doing What in Best Practices: Some Selected Sites
- 7 • Who's Doing What in Best Practices: Some Selected Sites (cont'd)
- 8 • A Focus on Best Practices at the Heart Health Resource Centre  
• International Best Practices in Heart Health  
• Towards Evidence-Informed Practice: A Project of the Heart Health Resource Centre
- 9 • Disseminating Best Practices  
• Using Best Practices in Ontario Communities
- 10 • Transferability and Integrity  
• Workshop Facilitator: Nancy Dubois  
• Link to Sustainability
- 11 • Exploring Fidelity and Adaptation Needs and Balances: Lessons From the Substance Abuse Field  
• OHHP: TAFHL - "In-depth Evaluation"  
• Larry Hershfield, THCU Manager - Workshop Presenter
- 12 • Models of Best Practices in Health Promotion

## The focus of this edition is on "Best Practices 101":

"Best Practices" is a term that is interpreted in many different ways and it can be very confusing to know how to address this topic when planning and implementing programs. Health promotion practitioners in many settings and program areas are increasingly challenged to be accountable for their programs, which often means using an "evidence-based approach". As straightforward as this sounds, questions such as "What level and type of evidence are acceptable?" and "What about communities being innovative in their approaches?" often arise.

The HHRC provided an introductory workshop on Best Practices 101 in May of 2005 as an opportunity to explore issues such as these by examining a variety of approaches to "best practices", especially related to the prevention of chronic diseases, applying these concepts to the work of Community Partnerships in the "OHHP-Taking Action for Healthy Living" program, and understanding more about available resources related to programs with strong evidence of effectiveness.

The intended audience for the workshop was the OHHP-Taking Action for Healthy Living Coordinators, representatives from the Community Partnerships, other Resource Centres across Ontario, Regional Stroke Coordinators, and other allied health professionals such as nurses. All tolled, there were 81 participants from across the province.



### Defining Best Practices:

*Best practices in health promotion are those sets of processes and activities that are consistent with health promotion values/goals/ethics, theories/beliefs, evidence, and understanding of the environment, and that are most likely to achieve health promotion goals in a given situation.*

Source: *Best Practices in Health Promotion: The Interactive Domain Model (IDM)* - <http://www.bestpractices-healthpromotion.com/id12.html>

*"Initiatives that have been assessed as being effective and worthy of replication".*  
Desmeules 2004

*"Best practices is the continual process of reflecting on how to improve and enhance our health promotion practice."*  
[www.hearthealth.ns.ca/hpc/best\\_practices.htm](http://www.hearthealth.ns.ca/hpc/best_practices.htm)

*"A process rather than a packaged intervention: diagnostic planning-evaluation cycle"*  
Larry Green, 2005

## Consider a Broad Range of Sources as Evidence



The Canadian Tobacco Control & Research Institute ([www.ctcri.ca](http://www.ctcri.ca)) suggests the inclusion of a broad range of sources, including both traditional "evidence" and less "scientific" sources of knowledge. Although emphasis should be placed on quality to ensure that the information obtained is reliable, traditional published literature often lacks important information about many of the questions defined in the scope, such as complete characteristics of the study population, environmental conditions, follow up measures of outcomes, and so on. This implies that the team should consider a broad range of sources, such as:

- Peer-reviewed journals or professional periodicals publishing:
- Experimental or quasi-experimental intervention studies
- Qualitative and case study reports of intervention studies
- Reviews of evidence (e.g., Cochrane Collaboration)
- Reviews of practices published as evidence-based guidelines, evidence reviews in practice-specific journals, or reports from health agencies
- Theoretical frameworks, available in periodicals or texts
- Book chapters that synthesize and integrate a body of knowledge
- Program and policy intervention descriptions or evaluation reports
- Financial reports provided by program implementers
- Government reports
- Reports available from professional societies, "think tanks" or voluntary organizations
- Surveys and surveillance reports
- Expert interviews or consultation

## "Practice – Based Evidence"

Where 'Evidence Based Practice' operates at a level of generality, 'Practice Based Evidence' acts at a deeper connection with real practice. The approach requires a direct acknowledgement of the context in which individuals and teams work. It gives a voice to practitioners and service users, recognizing that they have first hand knowledge and experience of what works, what needs to change, and how it may change. Ordinary people have the ability to do the most extraordinary things, and these messages deserve to inform the concept of good practice every bit as much as the messages from research.



## Understanding the Evidence

Evidence can be shared in many forms. Three in particular were highlighted at the workshop:

### 1. Systematic reviews

A systematic review uses explicit and rigorous methods to identify, critically appraise, and synthesize relevant studies. When the results of primary studies are summarized but not statistically combined, the review may be called a **qualitative systematic review**. A **quantitative systematic review**, or **meta-analysis**, is a systematic review that uses statistical methods to combine the results of two or more studies. Meta-analysis is a statistical procedure that integrates the results of several independent studies considered "combinable." Well conducted meta-analyses allow a more objective appraisal of the evidence than traditional narrative reviews, provide a more precise estimate of a treatment effect, and may explain heterogeneity between the results of individual studies.<sup>1</sup>

**An example:** The Effective Public Health Practice Project (EPHPP) is a key initiative of the Public Health Research, Education and Development Program (PHRED), jointly funded by the Ministry of Health and Long-term Care and the City of Hamilton Public Health Services. In 2005, 16 Systematic Reviews of particular interest to Ontario public health staff were conducted and results posted at: <http://www.myhamilton.ca/myhamilton/CityandGovernment/HealthandSocialServices/Research/EPHPP/>.

A specific example: *Effectiveness Of Physical Activity Programs At Worksites*

**How practitioners can use a Systematic Review:** When planning the strategic direction for an initiative, the results of a systematic review can identify where resources are best allocated, and where the evidence does not support investment. From the above example on physical activity in the workplace: "There is inconclusive evidence for effectiveness regarding job satisfaction, job stress, and employee turnover. There is no evidence for effectiveness in respect to productivity."

### 2. Recommendations for effective practice

Often as a result of a Systematic Review, principles or recommendations are generated by the authors to summarize findings.

**An example:** CDC's *Guide to Community Preventive Services*

(The Community Guide)

(<http://www.thecommunityguide.org>)

provides public health decision makers with recommendations regarding population-based interventions to promote health and to prevent disease, injury, disability, and premature death, appropriate for use by communities and health care systems. The independent Task Force on Community Preventive Services, makes its recommendations based on systematic reviews of topics



<sup>1</sup> <http://www.shef.ac.uk/scharr/ir/units/systrev/definitions.htm>

(Understanding the Evidence Cont'd)

in three general areas: changing risk behaviours; reducing diseases, injuries and impairments; and addressing environmental and ecosystem challenges (see *Am J Prev Med 2000; 18 (15): 18-26*). The *Community Guide* is a federally sponsored initiative and is part of a family of federal public health initiatives including Healthy People 2010 and the Guide to Clinical Preventive Services. Specific to the physical activity in the workplace example a systematic review of published studies, conducted on behalf of the Task Force on Community Preventive Services in 2003-4, found that interventions in the worksite that combine nutrition and physical activity are effective in helping employees lose weight and keep it off in the short term. Based on the review, the Task Force recommends use of these interventions to help employees control overweight and obesity.

### How practitioners can use *Recommendations for Effective Practice*:

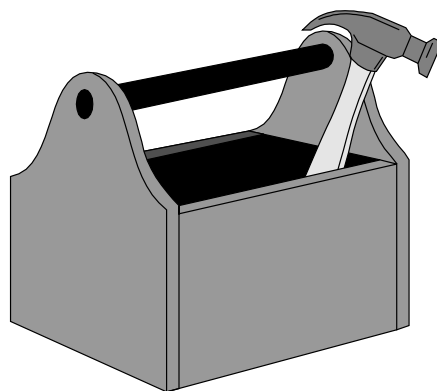
A program has been in place but has not been showing the desired or anticipated results. Critical reflection on the details of the program based on the recommendations for effective practice can be used to evaluate where changes to the program are warranted. One might think of this as "mid-course correction" or "continuous quality improvement."

## 3. Catalogues of best practice interventions

These compendiums are usually collections of individual programs that have been assessed and given a label based on how well they were evaluated and how effective they were in reaching stated objectives. When compiled together, they are typically organized by such dimensions as the setting, the risk factor or risk condition, the population and/or the approach used. See page 4 for a more detailed explanation of this process.

**An example:** The HHRC has produced many such catalogues over the years. These are listed on page 8 in full. The most recent addition is the "Best and Promising Practices Toolkit" which is designed for OHHP - TAFHL

Coordinators and their communities in Ontario. It will assist in the review and selection of potential interventions for local implementation. The Toolkit is a database of 87 Diabetes Prevention, Stroke Prevention and Heart Health/Cardiovascular Disease Prevention interventions that academics and/or practitioners have assessed as either "best" or "promising." (<http://www.hhrc.net/bpt/index.cfm>)



### How practitioners can use *Recommendations for Effective Practice*:

A strategic priority has been established; now you need a specific program to implement. Search the catalogues for the intervention that best meets your needs.

## Some terms by which health promotion "best practices" are alternatively known:

- "recommended"
- "model"
- "exemplary"
- "well-regarded"
- "better"

## Putting the Pieces Together: A Physical Activity Example



### Access Systematic Reviews

- The Community Guide: Physical Activity identifies that "point-of-decision prompts" are effective in increasing physical activity through stair use.

### Review Recommendations for Effective Practice

- Findings from several of the studies suggest that tailoring the prompts to describe specific benefits or to appeal to specific populations may increase the intervention's effectiveness. For example, in one study, obese people used the stairs more if the signs linked stair use to weight loss rather than to health benefits.



### Select an Intervention

- Public Health Agency of Canada provides all the research and program materials for a specific program developed by Ottawa Public Health – Stairway to Health that applies the evidence to a specific intervention. (<http://www.phac-aspc.gc.ca/sth-evs/english/>)

## "What contributes to success?"

### Workshop Speaker: Paula Stenghetta



- Adopt multiple approaches
- Higher intensity and longer duration likelier to result in behaviour change
- Involve active participation of target groups
- Invest in training for project leaders
- Incorporate evaluation
- Collaborate with key stakeholders



*"We should not expect to be exempted from the evidence-based requirements now imposed on other fields of health practice, but the evidence brought to bear should be tested methods of intervention combined with procedures and theories to achieve the appropriate fit between the possible methods and the targeted population's circumstances"*

L. Green 2001

## So How is Something Determined to be a Best Practice? Nancy Dubois

### A typical Ontario review process –

When the first International Scan of Best Practices in Heart Health was conducted in 1998, a team based out of the University of Waterloo created a process and an assessment tool to examine interventions. Although modifications have been made to this process over time, the same basic premise continues to be used by the HHRC & others. Here's how it would typically work:

- A literature search and call for nominations from field experts generate a pool of possible interventions on whatever the topic is (e.g. stroke prevention). This in itself requires many decisions often resulting in what is called "inclusion or selection criteria". Some of the possible interventions are then dropped based on this criteria. For example, the program may not be available in English, or it doesn't fit with the search parameters such as being focused in primary prevention, as well as initially thought.
- Then the real work begins! Details on the remaining interventions need to be "harvested" from anywhere possible – Web sites, telephone interviews, published literature, archived documents – in order to gather the necessary information about each program in order to assess it. Several more may drop off the scene at this point because information is just not available. Decisions need to be made in this stage as to what information is needed and this relates to the criteria for assessment (see page 5 on Criteria for details).
- Once the information on each intervention has been gathered, this data is then reviewed by "experts". In some cases these reviewers are part of a pool that is drawn on as needed (PTCC model) while in other cases, reviewers are contracted (HHRC model), or specially recruited for a "one-time" process (THCU process). Usually a team of two, often with a mix of background from academia, research and practice, work on each intervention.
- Each review team applies the criteria and recommends the resulting "label" (e.g. "best", "recommended").
- Usually, but not always, the full team of reviewers participate in an overall meeting to ensure consistency of the results of all reviews & generate summative learnings.
- The resulting interventions are then summarized for the intended audience, often practitioners, and disseminated.

### Criteria used to assess program -

From the outset, any specific review process will have determined what criteria will result in which label and usually this has at least two levels. Most include a "gold standard" label such as "best", "exemplary" or "strongly recommended" and then a "silver standard" that is often called "promising". Some assessment systems also attach a third label that identifies interventions as "to be tracked" or "insufficient evidence". "Not recommended" is sometimes attached to programs as well.

The criteria used to attach a particular label vary tremendously. The criteria outlined on page 5 is that used by the Heart Health Resource Centre, among others.

In order for an intervention to be assessed as "recommended", it generally needs to have been evaluated using a rigorous and solid scientific design, such as a Randomized Control Trial, and positive impacts shown as a result of the program. This is typically referred to as the "Effectiveness" criteria. Promising practices would have a less rigorous evaluation, such as a quasi-experimental design, but still positive outcome, or very strong process evaluation results.

Realistic challenges exist when trying to apply an RCT design to natural experiments such as health promotion programs that exist within a social-ecological context. Not all contributing factors can be controlled for few programs invest heavily enough in evaluation to allow for this approach, and internal validity is often a concern. Many would suggest that money aside, this RCT design is just not appropriate for health promotion programs.

Therefore, effectiveness is not the only dimension examined. Reviewers also look at how "plausible" the program is (see Criteria). This helps to establish the likelihood that it will be replicable in other contexts – "should it work"?

Elements of practicality (see Criteria) were once considered as part of the assessment criteria but in recent times decisions related to how practical a program is are left to those considering adopting/adapting a program. Therefore, these aspects are described often in the summary of the intervention presented to potential adopters for their consideration.

## Best Practice Plausibility & Practicality Assessment Criteria

### Plausibility Criteria

Evaluation Attributes	
Pilot testing/formative evaluation	Formative methods (e.g., consultations, focus groups) have been used to assess relevance, comprehension and acceptability of activities, materials, methods etc.
Process evaluation	Feedback has been gathered and integrated on program implementation, site response, participant response, practitioner response, provider competency
Content Attributes	
Behavioural objective	A specific desired behaviour change is addressed
Behaviour change principles incorporated	Appropriate behavioural change principles are incorporated and operationalized adequately, (e.g. goal setting, active participation, skill building, self monitoring, social support, repeated contact, etc.)

### Practicality Criteria

Process Attributes	
Collaborative approach	Local individuals, groups, and intended recipients involved in planning and implementation
Visibility	Activity could be widely promoted in the community or setting, or those engaged in the activity are visible
Sustainability	Currently active, or evidence of sustainability; not dependent on short-term resources
Community leader support	Has the potential to elicit involvement/support/buy-in of formal and/or opinion leaders (channel specific leaders)
Mobilizes community resources	Identifies and uses resources within the community
Cost Effectiveness - High impact for cost as determined by:	
Start up cost	Reasonable for type of program
Ongoing implementation cost	Reasonable and appropriate cost for type of program
Reach	Potential for high participation rates in target population over time
Projected longevity	Program can be expected to run effectively multiple times

Availability	
Availability	Packaged for dissemination, or available in other useable and accessible formats, at reasonable cost and without copyright barriers
Fit	
Supportability	Necessary resources/supports could be available in Ontario communities
Generalizability	Even though created with a certain group or setting in mind, it can be used in a variety of formats
Adaptability	Can easily be updated or modified to meet needs of user groups
Expertise required	Level of expertise required for implementation is not a barrier and/or can be implemented by lay volunteers with minimal preparation
Linguistic accessibility	Appropriate level of language used
Cultural accessibility	Program is compatible with community characteristics and values
Evaluability	Possible to design a suitable evaluation

## Who's Doing What in Best Practices: Some Selected Sites

*Tricia Wilkerson*

### From International Sources

The **Cochrane Collaboration** is an international organization that aims to help people make well-informed decisions about health care by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of healthcare interventions. You can search the 4000 systematic reviews contained in the Cochrane Library at the Wiley InterScience web site [www3.interscience.wiley.com](http://www3.interscience.wiley.com).

The **Campbell Collaboration** provides systematic reviews of research evidence focused on social and behavioural interventions and public policy, including education, criminal justice, and social welfare, among others. The primary concern is with evidence on overall intervention or policy effectiveness and how effectiveness is influenced by variations in process and implementation, intervention components and recipients, as well as other factors.

The **Community Guide** summarizes what is known about the effectiveness, economic efficiency, and feasibility of interventions to promote community health and prevent disease. The Task Force on Community Preventive Services makes recommendations for the use of various interventions based on the evidence gathered in the rigorous and systematic scientific reviews of published studies conducted by the review teams of the Community Guide. You will find recommendations at [www.thecommunityguide.org](http://www.thecommunityguide.org) for a number of topics relevant to chronic disease prevention. The site indicates whether the intervention is recommended based on strong evidence, recommended based on sufficient evidence or whether there is insufficient evidence to determine the effectiveness.

**Cancer Control PLANET** is a portal which links you to a number of systematic review sites & provides access to an inventory of programs developed from scientific studies that have been shown to be effective. Many of these programs can be downloaded or ordered free of cost at [cancercontrolplanet.cancer.gov](http://cancercontrolplanet.cancer.gov).

**Substance Abuse and Mental Health Services Administration (SAMHSA)** provides links to effective substance abuse and mental health programs. The site presents evidence-based programs in three categories: promising programs, effective programs and model programs. Programs can be searched on the following content areas: Academic Achievement, Alcohol Use/Abuse, Antisocial/Aggressive Behavior, HIV/AIDS, Illegal Drugs, Psychological Trauma, Social and Emotional Competency, Tobacco, and Violence.

**International Union of Health Promotion and Education** has two books that address The Evidence of Health Promotion Effectiveness: Shaping Public Health in a New Europe. The books assess 20 years evidence of the health, social, economic and political impacts of health promotion and provide recommendations for action. Part One: Core Document. Part Two: Evidence Book. From the web site ([www.iuhpe.org](http://www.iuhpe.org)) you can get more information about ordering the books as well as search the HP Source Database. HP Source is a comprehensive database of Health Promotion Infrastructures, Policies and Practices.

### Within Canada

The **Interactive Domain Model (IDM)** is a best practices approach to preventing illness and enhancing health, for people working in health promotion, public health, and population health. In the IDM approach, "best practices" vary according to the situation. The IDM focuses on consistency between an initiative's practice (processes and activities) and:

- values, goals and ethics
- theories, concepts and underlying beliefs
- evidence
- understanding of the environment (political, economic, social, psychological, physical).

The IDM Best Practices Framework, (see page 12) the practical application of the IDM, is a multi-purpose "change" tool for practitioners and organizations in any situation who want to pursue a best practices approach to health promotion. Using a health promotion filter to ensure that practice is consistent with health promotion underpinnings and understanding of the environment, the IDM Framework can help to:

- increase understanding of health promotion, and build capacities and supports
- make decisions and policies
- increase communication and "team build"
- plan, implement, evaluate, and revise programs/activities that are sensitive to local conditions
- "make the case" for programs/activities
- achieve health promotion goals

Find out more about the IDM, including monthly Feature articles and a manual for implementation at: <http://www.idmbestpractices.ca/idm.php>

(Cont'd on page 7)

### International Sources



**Cochrane Collaboration**  
[www3.interscience.wiley.com](http://www3.interscience.wiley.com)

**Campbell Collaboration**  
[www.campbellcollaboration.org](http://www.campbellcollaboration.org)

**Community Guide**  
[www.thecommunityguide.org](http://www.thecommunityguide.org)

**Cancer Control PLANET**  
[www.cancercontrolplanet.cancer.gov](http://www.cancercontrolplanet.cancer.gov)

**Substance Abuse and Mental Health  
Services Administration (SAMHSA)**  
[www.modelprograms.samhsa.gov/template\\_cf.cfm?page=model\\_list](http://www.modelprograms.samhsa.gov/template_cf.cfm?page=model_list)

**International Union of Health Promotion  
and Education**  
[www.iuhpe.org](http://www.iuhpe.org)

### Within Canada



**The Interactive Domain Model (IDM)**  
[www.idmbestpractices.ca/idm.php](http://www.idmbestpractices.ca/idm.php)

(See page 7 for additional sites)

(Who's Doing What in Best Practices: Some Selected Sites Cont'd)

The mandate of the **Public Health Agency of Canada's Centre for Chronic Disease Prevention and Control (CCDPC)** is to provide strategic leadership in the development and implementation of integrated chronic disease prevention and control strategies and work with relevant stakeholders at national and international levels to ensure an integrated approach to chronic disease prevention and control. CCDPC has major programs about cancer, cardiovascular disease, diabetes and chronic respiratory disease. The site links to CCDPC projects, initiatives, activities, information products, and contacts, organized by health and development topics. Watch for more from this site regarding a Best Practices INCDP database.

**Health-Evidence.ca** is a Web site designed to provide quality research evidence to public health decision makers, saving time by searching, screening, and rating the systematic review evidence to compile it in a free, searchable online registry: [health-evidence.ca](http://health-evidence.ca). The site will save time by addressing two major barriers identified by public health and health promotion decision-makers: difficulty in identifying public health/health promotion literature in large medical databases such as Medline, and providing access to well-done reviews synthesizing the literature evaluating the effectiveness of numerous public health and health promotion interventions.

**Canadian Tobacco Control Research Initiative** has research on better practices in Tobacco Control using the Better Practices Model. The Web site currently provides access to two reviews: Group Cessation for Adult Smokers; and Youth Tobacco Use Cessation. Four additional reviews are currently underway or nearing completion: Effectiveness of Mass Media Interventions; Smoking Cessation During Pregnancy; Tobacco Use Prevention in Community Settings; and Tobacco Use Prevention in School Settings. (see page 12 for a model of this approach)

**The Canadian Cancer Society Manitoba Division Knowledge Exchange Network (KEN)** is an innovative knowledge brokering system that bridges the gap between research and users of research. Brokering is about building and nurturing relationships between those involved in joint knowledge production. KEN works with regional and community groups to construct knowledge that will inform practice and policy; KEN aims to build community capacity to integrate research, policy and practices. KEN focuses on two practice areas, chronic disease primary prevention and palliative care. You can locate the Knowledge Exchange Network (KEN) on the Canadian Cancer Society Web site.

Currently, the Web site provides prevention programs that have an evidence base showing that they are effective in changing behaviour. The programs are organized in packages that include summaries of research evidence, a brief description of the effective programs, and a checklist for adapting programs to local contexts.

## Within Ontario

**The Better Practices Toolkit** from the Program Training and Consultation Centre contains interventions and program checklists. Each intervention has a short implementation summary. From here, you can link to resources that support the intervention. Some can be viewed and downloaded, some can be ordered. Consult this first to get an overview of what is in the toolkit. Then, for those interventions you are interested in, download the detailed project summaries for a more in-depth analysis and description. The program checklists in this Toolkit will help program planners and decision-makers implement effective programs in tobacco control. The information in the checklists is distilled from systematic reviews of the knowledge base that represent current knowledge and practice. A new section has just been added that identifies lessons learned from practices that were rated as "not recommended".

**Comprehensive Workplace Health Promotion (CWHP): Recommended and Promising Practices for Situational Assessment Tools, The Health Communication Unit** - This resource contains information regarding 29 recommended and promising situational assessment tools in six categories: needs assessments, health risk appraisals, workplace audits, employee interest surveys, current practice surveys, and organizational culture surveys. It is designed to help workplace health promotion intermediaries in Ontario select and implement a situational assessment tool in their workplace, and replicate and/or adapt the best practice process used to generate the tools. The resource also provides a conceptual look at CWHP, situational assessment tools and best practice guidelines and principles related to situational assessment tools; methodological information; and future recommendations for the project.

**What Works in Nutrition Promotion, Nutrition Resource Centre** - This resource provides detailed profiles of community nutrition promotion programs that have been demonstrated to be effective according to an established set of criteria and a related peer-review assessment process. It is intended to increase the capacity of nutrition practitioners to implement nutrition promotion programs, by providing details on recommended interventions and where to go for more information. It is hoped that "What Works in Nutrition Promotion" A Catalogue of Nutrition Practice Profiles will serve as an example of the type of information and documentation that is essential in order to have more programs reviewed for effectiveness and subsequently affect the uptake of programs in the community by practitioners.



## Within Canada



**Public Health Agency of Canada's Centre for Chronic Disease Prevention and Control (CCDPC)**  
[www.phac-aspc.gc.ca/ccdpc-cpcmc/index\\_e](http://www.phac-aspc.gc.ca/ccdpc-cpcmc/index_e)

**Health-Evidence.ca**  
[www.health-evidence.ca](http://www.health-evidence.ca)

**Canadian Tobacco Control Research Initiative**  
[www.ctcri.ca/en-pages/betterpractices.html](http://www.ctcri.ca/en-pages/betterpractices.html)

**The Canadian Cancer Society Manitoba Division Knowledge Exchange Network**  
[www.cancer.ca/ccs/internet/standard/0,3182,3331\\_407538771\\_419967129\\_langId-en,00](http://www.cancer.ca/ccs/internet/standard/0,3182,3331_407538771_419967129_langId-en,00)



## Within Ontario



**The Better Practices Toolkit**  
[www.ptcc-cfc.on.ca/bpt/bpt.cfm](http://www.ptcc-cfc.on.ca/bpt/bpt.cfm)

**Comprehensive Workplace Health Promotion: Recommended and Promising Practices for Situational Assessment Tools, The Health Communication Unit**  
[www.thcu.ca/Workplace/sat/index.cfm](http://www.thcu.ca/Workplace/sat/index.cfm)

**What Works in Nutrition Promotion, Nutrition Resource Centre**  
[www.nutritionrc.ca](http://www.nutritionrc.ca)

## Tip:

"Best Practices" can change over time so keep an eye on the research. For example: How do you put a baby to sleep – on their side, front, back?



Each intervention is summarized in these sections:

- Name
- Source
- Overview
- Results / Outcomes
- Settings
- Audiences
- Chronic Diseases
- Risk Factors
- Program Description
- Resources
- Other Information
- References

## International Best Practices in Heart Health

Initial work on best practices in Heart Health dates back to the mid-1990s when the HHRC contracted with the Health Behaviour Research Group (HBRG) then, and now the Population Health Group - PHG) at the University of Waterloo to conduct an "International Scan of Best Practices" in schools, worksites and communities. Volume One (available at: [http://www.hhrc.net/pdfs/lbp\\_1.pdf](http://www.hhrc.net/pdfs/lbp_1.pdf)) contains five best practices and four promising practices.

Building on the initial work, the HBR updated the scan in 2002 with Volume Two ([http://www.hhrc.net/pdfs/lbp\\_2.pdf](http://www.hhrc.net/pdfs/lbp_2.pdf)) containing seven additional best practices.



Left to right: Dayna Albert (Program Coordinator), Anne Lessio (Manager, Special Projects), and Rebecca Fortin (Dissemination Coordinator).

Presentation at the alPAA-OPHA conference November 22, 2005 about Towards Evidence-Informed Practice's dissemination strategy and project assessment tools.

## A Focus on Best Practices at the Heart Health Resource Centre:

The Best and Promising Practices Toolkit is designed for Heart Health Coordinators and their communities in Ontario. It will assist in the review and selection of potential interventions for local implementation. The Toolkit is a database of Diabetes Prevention, Stroke Prevention and Heart Health/Cardiovascular Disease Prevention interventions that academics and/or practitioners have assessed as either "best" or "promising."



Where available, links to program materials are included and complete program descriptions are downloadable as PDF documents. The Toolkit is a work in progress. At the time of print, 87 interventions are included in seven sections: Aboriginal, African American, Community, Schools, Stroke Prevention, Women, and Worksites.

Find the full compendium and searchable database at: <http://www.hhrc.net/bpt/index.cfm>

## Towards Evidence-Informed Practice: A Project of the Heart Health Resource Centre Rebecca Fortin, HHRC Dissemination Coordinator

### Best Practices Activities at HHRC

A number of activities have occurred since the May 2005 workshop on Best Practices. HHRC has developed a project, Towards Evidence-Informed Practice (TEIP), whose main purpose is to support health promotion practitioners towards the increased use of evidence in community programming. TEIP's primary audience is five pilot community sites across Ontario. Each site includes a partnership with both the Ontario Heart Health Program: Taking Action for Healthy Living (OHHP: TAFHL) and Ontario Stroke Strategy (OSS). TEIP also works to broadly support all provincial OHHP: TAFHL community partnerships and provincial Stroke Centres in the OSS.

### HHRC Best Practices Toolkit

This resource, described above, is being disseminated throughout the province using various dissemination strategies matched for intensity and audience. In the past few months TEIP has been involved with:

- Offering an online searchable database of the identified 'Best' and 'Promising' Practices chronic disease prevention
- Developing resources to support all of OHHP:TAFHL and OSS partnerships
- Providing tailored support to pilot sites about Best Practices research.

### TEIP Tools to Support Practice-Based Evidence

Health promotion practitioners may retain significant 'head knowledge' about community-based programming – but receive little credit when the information is not evaluated or reported. TEIP supports the five pilot communities to apply the principles and processes used to identify Best Practices in the academic field to their community-based programs. This process has proved to be successful in systematically identifying suggestions to enhance local programming and to encourage the documentation needed to recognize practice-based evidence.

TEIP has developed and adopted tools and processes to support the identification of practice-based evidence. The tools include a program assessment survey, an assessment worksheet, and a consensus assessment rating sheet (See URL: [www.hhrc.net/resources.htm](http://www.hhrc.net/resources.htm)). The survey documents information about program activities within four categories: program need, content, processes, and evaluation. Independent reviewers assess the program using the survey and any supporting documentation against the criteria contained in the assessment worksheet. Each criterion includes indicators within a five point scale. Once assessments are complete, the reviewers hold a consensus meeting to discuss ratings and develop suggestions for program enhancement.

### Benefits of Using TEIP Program Assessment Tools

To date, 21 community-based heart health and stroke prevention programs have been assessed (5 using the original tools, 16 using the revised tools). Overall, the pilot communities found the tools and process to be worthwhile and valuable. One TEIP pilot community found that involvement with the project provided "a good analysis of the programs and offered a good starting tool for staff to critically review their program and look at opportunities to improve".

### The TEIP team at the Heart Health Resource Centre:

Anne Lessio (Manager, Special Projects), Dayna Albert (Program Coordinator), Rebecca Fortin (Dissemination Coordinator), and Khalilah Bruzual (Project Assistant).

For additional information about TEIP contact: [TEIP@opha.on.ca](mailto:TEIP@opha.on.ca)

## Disseminating Best Practices

In 2003, with support from the national Diabetes Strategy, Nancy Dubois and Tricia Wilkerson worked on a project for the HHRC to develop a Framework for the effective dissemination of best practices. Three types of roles were identified in this process: those who **develop** the knowledge, those who **adopt** the knowledge and those who play a role between these as **knowledge brokers**. Several factors were identified that make it more likely that this process of getting uptake of "best practice knowledge" will be effective. These are depicted in the framework, found at: <http://www.hhrc.net/pdfs/illustration.pdf>



## Using Best Practices in Ontario Communities

During the workshop, five community stories were shared, each taking a different approach to the topic of best practices:



This Community Partnership established through their annual planning exercise that supporting youth in being physically active was an important strategic priority. In keeping with MOHLTC OHHP Guidelines, they were keen to work at a policy / environmental support level so elected to look to the school system as a focus for change. Specifically, they chose to work towards changing the curriculum to include a second Physical Education credit in secondary schools in Ontario. With this goal in mind, they went in search of an evidence base for this approach. What they found was a Systematic Review in the Effectiveness in Public Health Practice Project that supported this approach (<http://www.myhamilton.ca/myhamilton/CityandGovernment/HealthandSocialServices/Research/EPHPP/AboutEPHPP.asp>).

In Grey Bruce, the Steering Committee and Program Coordinator, Mary Lynn Barron, have made a commitment to adopting as many existing "best practice" programs as possible, as opposed to developing their own initiatives. In taking this approach, it allows them to focus on the process of implementing these programs and not so much on program development. Kudos to this community for using so many of the recommended programs from the OHHP Guidelines.



Sue Kotel, RN, from the Quinte District Stroke Prevention Clinic described their hypertension awareness and management program, known as CHEP – Community Hypertension Education Program. It is in support of reducing the impact of stroke and is based on best practice guidelines from the outset. Little adaptation was necessary in delivering the various components:

- Workshops
- Stroke Prevention Clinic hypertension management
- Community presentations
- Participation in research & development
- BP clinics

The Community Partnership in Wellington, Dufferin, Guelph, in the early days of their initial strategic planning established several guiding principles. At this time, they made a commitment to a best practices approach that precluded the implementation of interventions that did not have a solid evidence base. Over the years, this principle has guided their decisions in selecting only those programs for which they were able to find sufficient evidence of success.



The northern OHHP-TAFHL Community Partnerships were interested in identifying programs within their plans on which they might jointly work. A HHRC Consultant examined the plans, identified several options, and facilitated a decision across the communities that resulted in a joint focus on Trails. Then the "best practice" aspect kicked in – they were keen to take this approach so the Consultant reviewed the evidence, identified several principles of effective practice regarding trails, and once again facilitated a discussion that resulted in a decision to pursue two trail projects.

## Workshop Facilitator: Nancy Dubois



Nancy offers two suggestions when considering transferability and integrity:

- When looking to adopt or adapt an intervention in your community, look to the assessment results that determined it to be a "best practice" in the first place. Be much more cautious in adapting those features of the program on which it scored well. Instead, focus adaptations on those aspects that were not ranked as highly.
- As best practices are implemented in new environments, invest in evaluation efforts to generate additional learnings and ensure that these are formally recorded and disseminated to the field. Known as "reflective practice", Dr. Larry Green commonly uses the term "practice-based evidence" to describe this on-going compilation of information.

## Link to Sustainability –



If you are developing an innovative approach, invest in a quality evaluation.

Establishing your program as a "best practice" will make it more likely that it will be sustained – in your community and in others.

In selecting programs for use, look to a "best practice" as it is more likely that community partners will sustain a program that is known to be effective.

## Transferability and Integrity

How to transfer a "best practice" developed elsewhere into my context so that necessary adaptations can be made but the integrity of the program maintained?

### The Concepts:

- Transferability – The degree to which a practice can be replicated in another context (e.g. a different setting, population, community)
- Integrity – The degree to which a practice can be altered when it is transferred while still preserving the elements that made it "best"

### The Challenge:

Understanding what works in health promotion is a relatively new field that is still very much evolving. Researchers and practitioners are still trying to sort out what constitutes a best practice. Understanding how an effective practice can be transferred to a new setting is, therefore, in the early days of development. However, presented below are a few perspectives on this topic.



## Workshop Speaker: Dr. Rhona Hanning, PhD, RD

Department of Health Studies  
& Gerontology and the Health  
Behaviour Research Group,  
University of Waterloo

Dr. Hanning identifies that this is an issue of External Validity: can findings be generalized to other populations, times and settings? Effective clinical practice for individuals can be relatively easily transferred (with some adjustment for age, gender, etc.) BUT community practices are

"messier". 'Best Practices' that were effective in one environment will not necessarily be effective in another context. Effective, plausible programs need to be tailored to the practice environment: physical, socio-cultural, political, economic, organizational contexts.

## Dr. Hanning's suggestions for maintaining integrity in adopted and adapted practices:

- Select practices that can be adapted to fit your local context
- Consider adopting 'best' processes implemented by effective interventions
- Invest in formative and process evaluation
- Review your plans against 'best practices' criteria for plausibility and strength of evidence. Where possible, adapt to make your practice 'better'
- Review your practice against plausibility criteria (see page 5)
- Once implemented, continue to monitor the process to look for areas for improvement; pilot first to look at applicability in your context

*"Must balance respect for the scientific rigor of previous research with respect for indigenous wisdom about the local situation. More community participatory approaches to the phase of translational research help achieve this balance."*

L. Green 2005



## Exploring Fidelity and Adaptation Needs and Balances: Lessons From the Substance Abuse Field

Communities differ, of course, and you may not find an exact match between a science-based program and your defined population's needs and/or characteristics. Finding an appropriate balance between fidelity (the rigor with which an intervention adheres to the developer's model) and adaptation (modification to a chosen intervention) is one of the most important challenges facing current prevention practice. Researchers and program developers are legitimately concerned that changes to a science-based program will dilute or even dissipate its effectiveness. Practitioners are concerned that a "one-size fits-all" formula may not match actual community needs.



### The following steps should guide your decision:

**1. Identify and understand the theory base** behind the program. Published literature on the program should provide a description of its theoretical underpinnings. If not, contact the program developer for this information. There may or may not be a logic model that describes, in linear fashion, how the program works. The theory and logic model are not in themselves core components of a program, but they can help identify what the core components are. This step also identifies core values or assumptions about the program that can be used to help persuade community stakeholders of the program's fit and importance for their environment.

**2. Locate a core components analysis** of the program. Center for Substance Abuse Prevention (CSAP), through its National Center for the Advancement of Prevention, is conducting a large-scale core components analysis of its model programs, as part of developing and maintaining CSAP's National Registry of Effective Prevention Programs (NREPP). In the absence of a formal core components analysis for a program you are considering, you should contact the program developer for assistance. (For more information about the CSAP core components analysis, consult its online database, [www.modelprograms.samhsa.gov/](http://www.modelprograms.samhsa.gov/).)

**3. Check your needs assessment to single out those characteristics of your defined population that are truly unique and assess whether adaptation is needed to address those unique characteristics.** Even if you have been assigned a defined population or a program, you still should complete the needs assessment to ascertain unique characteristics or underlying conditions. This becomes a "must" if outcomes at any stage of program implementation are significantly less positive than expected.

**4. Assess fidelity/adaptation concerns** for the particular implementation site. This step means determining what adaptations may be necessary, given the community environment, political and funding circumstances, and other characteristics of the setting.

**5. Consult as needed with the program developer** to review the above steps and how they have shaped your plans for implementing the program. This may also include actual technical assistance from the developer or referral to peers who have implemented the program in somewhat similar settings.

**6. Consult with the organization and/or community in which the implementation will take place.** This is a process to bring fears and resistance to the surface, build support for the program, and obtain input on how to do the implementation successfully.

**7. Develop an overall implementation plan** based on this input. Include a strategy for achieving and measuring fidelity/adaptation balance for the program to be implemented, both at the initial implementation and over time. By addressing all of the complex stages of implementation, such a plan can increase the opportunities for making choices that shape a program, while maintaining fidelity.

Source:  
ACHIEVING OUTCOMES: A Practitioner's Guide to Effective Prevention (2002 Conference Edition).  
CSAP's National Centre for the Advancement of Prevention.

## OHHP: TAFHL – "In-depth Evaluation"

In order to demonstrate the impact of some of the programs of the OHHP-TAFHL, an investment has been made by the Ministry to undertake an in-depth evaluation of several programs. The Health Communication Unit ([www.thcu.ca](http://www.thcu.ca)) has been contracted to assist communities in developing the protocol to address the purpose of the initiative:

- To enable identification and dissemination of best practices by OHHP sites
- To ensure at least some level of standardization in collection of in-depth evaluation data while respecting uniqueness and diversity of OHHP sites.

While some programs to be evaluated are underway in only one community, several programs were planned for multi-site implementation. These collective learnings will generate comparative data as well as impact data. Some of these include:

- Trails programs: Sudbury, North Bay, Timiskaming, Porcupine
- 'Turn off the Screens' programs: Huron, Perth, Middlesex-London, Oxford, Elgin-St. Thomas, Grey-Bruce-Owen Sound
- Communication campaign promoting walking/physical activity: Halton, Hamilton, Brant, Haldimand Norfolk, Waterloo, Wellington-Dufferin, Niagara

Larry  
Hershfield,  
THCU Manager  
– Workshop  
Presenter



"Most programs fall down, not because they're not plausible, not because they're not practical, but because the evidence is just not there."

