

# **Knowledge Exchange: Theory vs. Practice**

## **Or**

### **“ So what’s with H1N1?”**

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## Presentation Overview

- What is OAHPP doing overall anyway?
- What is the KE gospel?
- So how are we doing with KE on H1N1?
- Closing words of caution and advice

## What we do?

- arm's-length government agency dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health.
- link public health practitioners, front-line health workers and researchers to the best scientific intelligence and knowledge from around the world.
- provides expert scientific and technical advice to:
  - infection prevention and control;
  - surveillance and epidemiology;
  - health promotion, chronic disease and injury prevention;
  - environmental and occupational health;
  - health emergency preparedness;
  - public health laboratory services

## Who we serve:

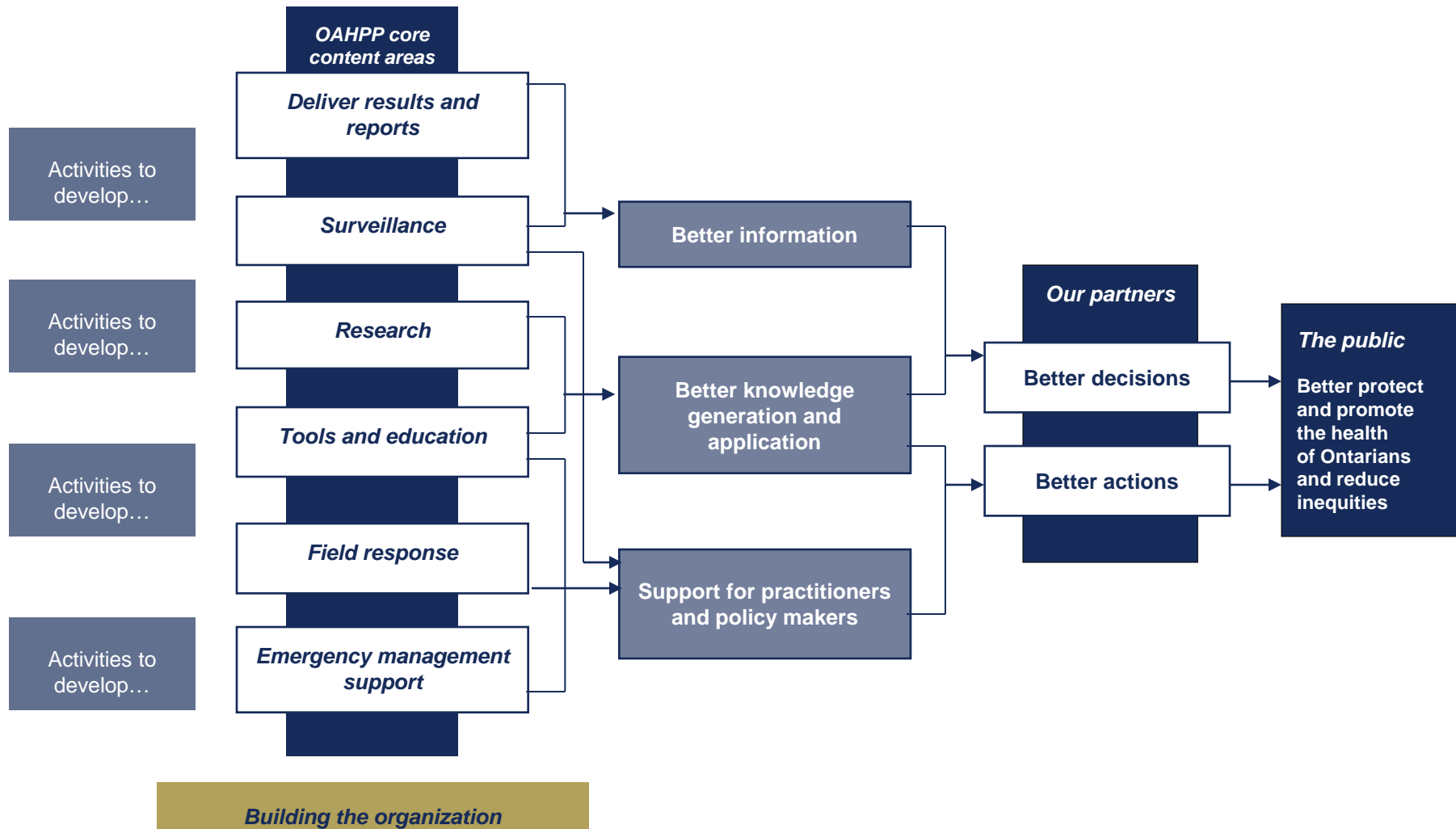
Ministries

Public health  
units

Health-care  
system



**Overarching goal:** We enable better public health policy and practice by our partners to improve the health of Ontarians and reduce inequities in health



## What we have done since July 2008

- Hired staff
- Transferred 12 labs
- Developed business plans and strategic plans based on consultations
- Worked with MOHLTC on transfer of programs
- Initial public health projects started
- H1N1
- H1N1
- Did I mention H1N1?

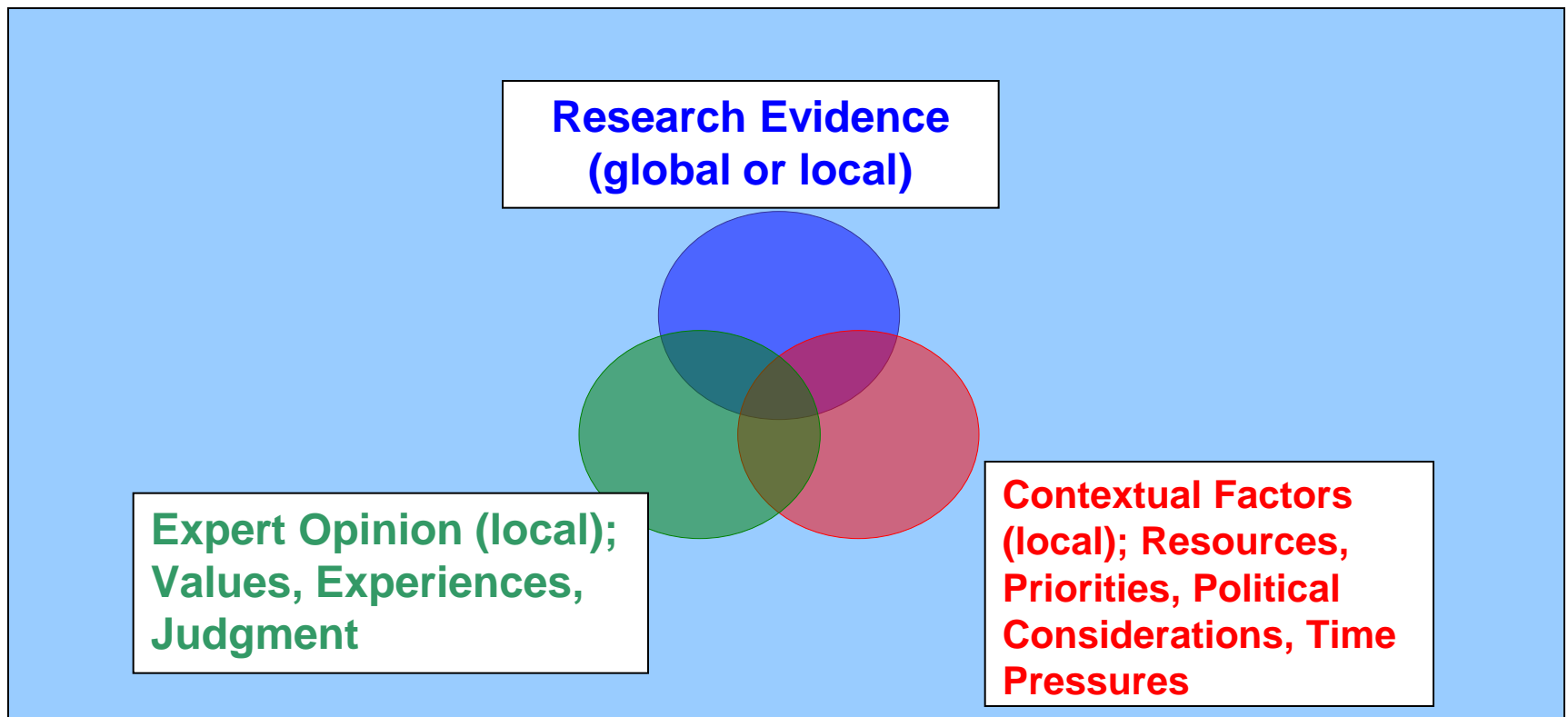
## Knowledge Exchange

- Using research evidence to influence attitudes & knowledge of people to change:
  - their behaviour,
  - their practice, or
  - their position/policies
- Partnerships, 2 way communication, high quality evidence are key!

Or....

- Getting the right information to the right people in the right format at the right time.....

## Components of Decision-Making: more than evidence...



## What we know: Guiding Principles

- Evidence driven by the needs of the users
- Global knowledge vs. single study
- Evidence must be of high quality and from a trusted source
- Clear information channels build through partnerships

## Guiding Principles cont'd...

- usable format that is accessible in a timely manner
- interpretation based on context
- evidence must be valued – therefore a culture that is supportive of evidence must be encouraged (e.g., incentives)
- mechanisms to influence new research when gaps are identified

# Knowledge Exchange on H1N1

## Evidence Driven by the needs of users

- Did we plan based on a variety of scenarios?
- Did we incorporate public's emotional reaction to our messaging?
- Did we assess the difference between regular seasonal flu vaccination messaging and pandemic flu messaging?

## Global Knowledge vs. Single study

- How distracted were we with new research?
- Did we agree on messaging before speaking out? Could we?

## Evidence must be of high quality and from a trusted source

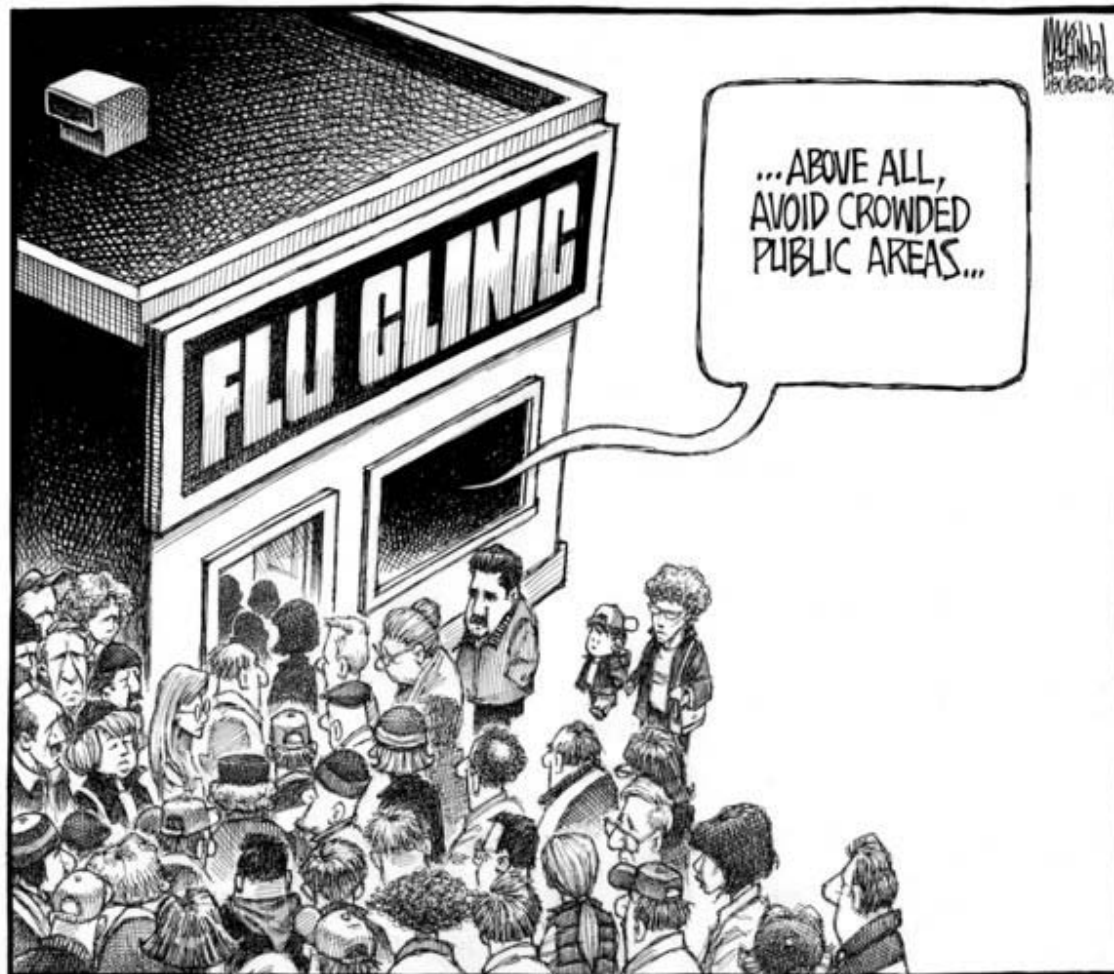
- How do you communicate when you have imperfect evidence?
- Who is the trusted public source for Public Health?

## Clean Information channels built through Partnerships

- Could we coordinate who speaks when?
- How can we better partner with:
  - Ourselves
  - The media (to get them on-side)

## Usable format that is accessible in a timely manner

- Have we contextualized messaging based on what we all already have said?
- Did we clearly relay when we had **no** new information?
- Did we capitalize on appropriate new/old channels?



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## Closing words of caution and advice

- Use this opportunity to correct/strengthen the role and voice of Public Health
- Better coordination is needed across jurisdictions
- Need to use evidence carefully and remember  
“if you have a single study, you have a single study?”
- Need to consider and deal with “the fear factor”
- Need stronger partnerships with the media

Thank You! and remember:

Wash your hands!!