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Towards evidence-informed health system policy design in Nova Scotia

Krista Connell, Nova Scotia Health Research Foundation

Decision and policy-makers often face urgent demands, financial constraints, shifting priorities and pressing timelines. This environment raises numerous challenges to integrating evidence into decision-making processes. Nonetheless, governments around the world are increasingly asking for evidence and research knowledge to help inform policy and program design.

Nova Scotia Health Research Foundation (NSHRF), like many provincial research funders, is responding to this growing demand. A number of programs have been established to help bring evidence and practical advice in various forms to support Nova Scotia decision makers demonstrate accountability, but equally important, to share research findings and enable learning.

Evaluating the programs, policies and services you provide is an important step forward in having the knowledge needed to make evidence informed decisions. Evaluation is essential for transparency and accountability, and with an increased demand for both in the use of public funds, engaging in evaluation is crucial for sustainability.

The REAL (Relevant, Excellent, Accessible, Legitimate) Knowledge Program at NSHRF was designed to address the knowledge needs of the Nova Scotia health system. REAL Evaluation Services assists in developing and implementing evaluation activities, thereby breaking down barriers to evaluation in the public policy development and decision-making environment.

Both programs provide timely and pragmatic approaches for integrating evidence into decision-making processes. The programs run as partnerships between academia and decision-makers to help address the difficult and complex questions in designing policies, programs and services. Knowledge users in our system apply research to make informed decisions about health policies, programs and/or practices. They may be practitioners, policy-makers, educators, decision-makers, health care administrators, community leaders, or individuals in a health charity, patient group, private sector organization or a media outlet. Decision-makers make use of research results through influencing or making decisions related to health policies or practices. Ms. Connell will illustrate with examples how these two priority-driven programs help to address current knowledge needs of the province of Nova Scotia. They focus on shared experience in building stronger partner-relationships, knowledge translation, and research dissemination within the health system.

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Communication of clinical research lab blood mercury results back to study participants as a method to inform patients, health providers and policy-makers’ decisions about environmental metal exposures among East Asian newcomer women in Vancouver, BC

Linda Dix-Cooper, BC Centre for Disease Control

Background

In British Columbia (BC), various case reports of blood mercury levels elevated beyond health recommendations for reproductive age women were observed. A Medical Health Officer (MHO) in Vancouver Health Authority was concerned about whether East Asian women’s cultural, dietary and environmental histories including ongoing fish consumption in Canada, may pose a risk for women soon-to-become-pregnant. A partnership between the BC Centre for Disease Control, Health Canada and local Health Authority sites resulted in a biomarker study that aimed to help understand mercury exposures, and improve Environmental health literacy among providers and women of reproductive age in understudied immigrant communities affected most by mercury exposures.

Lessons learned

We will present our knowledge translation methods including how to present environmental health information to non-English speaking patients (i.e. how to describe East Asian women’s blood mercury results in relation to health limits for women of reproductive age and to their sources of exposure reported in their survey questionnaires). For biomarker research results, effectiveness of knowledge translation relied on the guidance of a trained environmental health physician, in person live translations. We will review feedback received from patients and providers in this study, including when patients went for voluntary follow up blood tests. We will also review useful tips/tricks such as the recommendation to link with stakeholders and local communities early on through partnerships with health organizations and public health leaders including Medical Health Officers.

Main messages

The process of returning results to individual participants was effective. We will review the successes and challenges. Group level results of the blood mercury and fish consumption analyses may be useful for providers seeking background knowledge of their East Asian patients, especially those who are soon-to-be mothers. We will discuss how the partnership early on supports end of study knowledge translation, including the plan for communicating study results back to dietitians in the community.

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3 Commitment issues: Lessons learned from working in an integrated knowledge translation (IKT) partnership

Heather Gainforth, University of British Columbia Okanagan
Chris McBride, SCI BC

Background

IKT is an approach to research that engages research users as partners alongside researchers throughout the entire research process (i.e. from conception to end-of-grant dissemination). Ideally, IKT approaches result in research that is applicable, useful and translatable to end users. While IKT is increasingly considered a gold-standard approach to ensuring research is used in practice, researchers are often accused of tokenism when adopting a partnership approach (i.e. research users are asked to only endorse research to legitimize research programs over which they have little real control). To foster IKT partnerships and combat tokenism, we must understand the principles and strategies used by researchers and research users when successfully conducting IKT projects.

Lessons learned

Drs. McBride and Gainforth adhere to several underlying IKT principles that shape their partnership work. Key principles include: 1) co-ownership of all work, 2) ensuring the research topic is relevant to all stakeholders, 3) ensuring all stakeholders can meaningfully contribute to the project and processes, 4) ensuring all stakeholders receive value from their engagement, 6) fostering long term partnership beyond the project timeline, and 6) being respectful. Over 25 strategies for achieving these principles have been identified.

Main messages

Establishing and maintaining IKT partnerships requires researchers and research users to use a relational rather than a transactional approach. Methods for establishing the most effective principles and strategies for fostering IKT partnerships will be discussed.

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The balancing act for opioid strategy: Policy researchers’ views versus policy users’ perspectives

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Background

The opioid overdose crisis may be today’s #1 public health challenge for evidence-based strategy:

- The human costs of fentanyl deaths grow at epidemic proportions,
- The problem and potential solutions are complex,
- Strategies must link diverse stakeholders with different cultures and processes,
- Real-time data and feedback loops are essential for effective knowledge development, implementation and strategy, but extraordinarily difficult to build and manage.

The critical challenge is how best to align policy and strategy at all government levels. Mandate, culture, priorities, strategy mechanisms, and resources vary widely – how does the co-production balancing act overcome resulting tensions?

Lessons learned

- Engage people with lived experience: people who use drugs, friends and family.
- Use evidence.
- Include peer-led and peer-informed approaches.
- Bring together non-profit, public, and private partners early on.
- The value of relationship building.
- Collective impact is required: complexity of problem means traditional health responses must change.

Main messages

- Establish relationships so that as issues arise partners are there to lean on and learn from – and you can respond together faster and more effectively.
- Health and wellbeing is everyone’s business and we all have a role to play – including municipal governments and the private sector
- This is about culture change as much as it is about systems change
- Commit to the fact that no policy or practice can be effective without the knowledge and expertise of people with lived experience.

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What’s in a name? The story of xaʔqanaʔ ?itkiniʔ (many ways of working together)

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Christopher Horsethief, Ktunaxa Nation
Sophie Pierre, Ktunaxa Nation
Leslie Bryant, Interior Health
Danielle Wilson, Interior Health
Bernie Pauly, University of Victoria

Background

Despite intuitively knowing the importance of working within Indigenous knowledge systems to promote health equity, there are few examples of how this can be accomplished within colonized settings. In order to establish a foundation for pursuing mutual inquiry to inform health equity policy development, a relationship between the Ktunaxa Nation, the Canadian Institutes for Substance Use Research (CISUR) and Interior Health was a necessary first step. In this presentation, we highlight the importance of equitable engagement processes through the example of naming our project and methodology. These processes are at the root of decolonized policy development approaches.

Lessons learned

• Start at the beginning. Really. Real engagement starts before the work. Not during. Not after.

• Indigenous words break down differently than English. Reject epistemological colonialism and embrace the complexity of multiple indexical systems.

• Language matters. Language is culture and culture is language.

• The journey is a destination. How you get there is just as important as where you’re going.

• No one knows everything. We over me, and other things we learned in kindergarten.

Main messages

The process of truth and reconciliation is everyone’s responsibility. In order to meaningfully change colonial structures and processes to include Indigenous knowledge and world views in public health policy, foundational change is required to engagement and partnership processes between communities, researchers and policy makers.

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