

Wishful thinking will not do it! Practitioners and decision-makers need tools to implement evidence-informed public health

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In this issue of *IJPH*, we feature a paper which reports on the development and implementation of a registry of methods and tools to support evidence-informed public health practice (Peirson et al. 2013). Most discussions about evidence-based public health practice focus on the “what”, discussing the type of evidence practitioners and decision-makers need in their practice. Consequently, most registries and resources available for practitioners to develop evidence-informed programs and interventions are made of research syntheses and knowledge products that provide scientific answers to practical public health questions. Examples of such questions are: “What are the most efficient interventions to increase influenza immunization coverage in a community?” or “What are the effective policy options to address youth obesity in a rural community?” The integration of such tools and products into public health practice is often taken for granted or, at best, not problematized as a legitimate research question in—and of itself. The registry presented in this issue is unique in two ways: it addresses the “how” in implementing evidence-informed public health practice and decision-making (Larsen et al. 2012), and it tackles the root causes of the problems of translating and using research evidence

in public health. Its development started with the question “What is the scientific evidence about what works for increasing and improving knowledge translation and exchange practices in public health?” The registry identifies, sorts and indexes relevant and evidence-informed, as well as methods and tools that support the dissemination and integration of evidence-based practice in public health organizations.

The registry was developed by the National Collaborating Center on Methods and Tools, one of the six constituents of the National Collaborating Centres for Public Health supported by the Public Health Agency of Canada to enhance the use of research results in public health decision-making and practice (<http://www.ncchp.ca>). Collectively, these six centres identify knowledge gaps, produce knowledge syntheses, develop knowledge products and facilitate exchanges among public health practitioners and decision-makers to support the integration of research evidence into public health (Frank et al. 2007). Individually, each centre focuses on a specific area of public health practice: Aboriginal Health, Environmental Health, Infectious Diseases, Methods and Tools, Healthy Public Policy, and Social Determinants of Health. Because their products (including web-based forums, webcasts and webinars) are mostly available through the web, their outreach is potentially global.

We believe that the registry presented by Peirson et al. (2013) fills an important gap for public health practitioners who are often caught between imperatives of founding their practice on research results and the complexity and messiness of the scientific literature that makes it almost impossible to find clear and positive answers to common practical questions. The National Collaborating Centre for Methods and Tools has tackled head on the thorny issue of providing useful resources to enable public health

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practitioners to walk the talk about evidence-based public health. Among the strengths of the registry is the fact that it has been developed using a validated model of what constitutes evidence-informed public health practice (National Collaborating Centre for Methods and Tools 2012). Stemming from this model, it proposes a conceptualisation of the evidence-informed public health process that comprises seven stages: define the question, search the evidence, appraise information sources, synthesize findings, adapt recommendations to local context, implement interventions, and evaluate. These stages make up one of the indexing systems that facilitate search.

Web-based registries constitute important resources for all kinds of practices. They are easily and widely accessible. They are however somewhat vulnerable in the sense that, unless they are constantly updated by incorporating new material and refreshing existing entries, they rapidly become obsolete. This is even more critical for registries such as the one presented here, which deals with scientific evidence. IJPH would certainly welcome further comments

and reports about empirical work on the use, dissemination and sustainability of web-based tools to support sound knowledge translation and exchange practice and the integration of science-based evidence into public health.

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