Pilot Testing the IDM Evidence Framework Learning Module

**Prepared for the Centre for Health Promotion, University of Toronto
by Barbara Kahan, Member, Centre for Health Promotion, University of Toronto
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TABLE OF CONTENTS

Notes about this report

- "IDM" is an acronym for the Interactive Domain Model.
- Information sources for this report are:
  — notes from assessment sessions with five of six field test sites conducted in late February or early March 2002
  — reports presented by participants at the Fifth Annual Stakeholders' Meeting of the Best Practices in Health Promotion Project on March 26, 2002 in Toronto
- Quotes are from assessment sessions unless otherwise noted.
- For more information about the IDM, visit the IDM Best Practices website at www.idmbestpractices.ca.

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BACKGROUND

Introduction to the IDM

At the time of the "Bridging the Gap between Research and Practice" project, the Interactive Domain Model (IDM) approach to best practices in health promotion was actively evolving with respect to materials and processes. The IDM is a comprehensive best practices approach which focuses not only on evidence but on other elements as well such as values, theories, understanding of various environments related to the selected health issue and the organization, and practice. This project presented an opportunity to develop and test some of the IDM materials and processes, in particular the IDM Evidence Framework which focuses on evidence and research in relation to the other IDM elements. Although the IDM considers research to be one type of practice, typically there has been a wide separation between research results and everyday practice activities.

Introduction to the Project

The purpose of this project was to develop and evaluate an IDM-guided learning module to assist in identifying and utilizing research results. Six sites participated: two community health centres, two public health departments, and two hospitals. Two sites were located in Toronto and the rest in four other Ontario cities. In order to provide a sound basis for the process and materials, one of the researchers interviewed ten key informants with in-depth knowledge of issues related to integrating research with front-line health promotion activities, in particular in the context of community health centres, public health departments and/or hospitals. The project took place in 2001-2002 over a period of about four months. Selected health-related issues, methods, and the degree of progress made towards completing the process varied widely from site to site.

Project Sponsorship

The project was funded by the Ontario Ministry of Health and Long Term Care and carried out under the auspices of the Centre for Health Promotion, University of Toronto. It was supported by the Best Practices Partnership, whose members included the Centre for Health Promotion, Association of Ontario Health Centres, Ontario Public Health Benchmarking Partnership, and the Ontario Hospital Health Promotion Network.

Sites and Issues

A list of the participating sites and their selected issues follows.

- **Access Alliance Multicultural Community Health Centre (Toronto).** Different staff members focused on questions related to food security, homelessness and diabetes prevention, developing a volunteer program.
- **Brant Community HealthCare System.** The Quality of Work Life Project Team worked on the question, "How does one foster a culture that facilitates a healthy balance between work and home?"
- **Peterborough County-City Health Unit.** The staff members of the Wellness Opportunities in the Workplace Program examined "income as a barrier to health in the workplace."
- **St. Joseph's Healthcare, Women's Detox & Mary Ellis House Treatment Program (Hamilton).** A best practices working group explored the question, "Based on identified needs, what programming can be offered to women anticipating relapse that will meet their needs and reflect best practices?"
- **Sudbury & District Health Unit.** Three teams each took a different issue: breastfeeding, comprehensive school health, and physical activity.
- **West Hill Community Services (Toronto).** The team's identified research question was, "How does integrated, comprehensive service delivery provide better health outcomes?"

Project Process

Each site participated in an initial focus group to identify research attitudes, research experience, research supports and challenges, and requirements to facilitate using research to identify useful information. The next step was a one-day workshop in December 2001 at each site which included modules on the following topics: rationale for identifying and applying research results; introduction to the IDM and the IDM Evidence Framework; application of the IDM Framework to each site's health-related issue; and application of the Framework to each site's organizational challenges related to finding and using research. Each site then worked on a process of identifying and applying research results. Finally, participants at five of the six sites were interviewed to assess project elements such as process, materials, and usefulness of the IDM and its Framework. In addition, all sites presented a report on their experience with the project at a Best Practices Project stakeholders annual meeting. Results from the assessments, reports and facilitators' observations were used to improve the workshop design and supporting materials.

Focus groups and workshops were co-facilitated by two of the researchers except for one focus group which was facilitated by one of the researchers. Each site had a liaison who was the site's link with the researchers and who coordinated the process at the site.

RESULTS

Results of the project follow.

Environmental Challenges and Supports for Finding and Using Evidence

The IDM is used in a context which includes a number of assets and challenges for identifying and using evidence. Some of these challenges and assets, existing or potential, are listed below.

challenges

Issues related to finding and using evidence that emerged through discussions with the site participants and the interviews with the key informants follow.

- **Conceptual differences:** a lack of consensus around the meaning of key concepts such as health, health promotion, best practices, and evidence, especially evidence in a health promotion context
- **Low priority for health promotion**
- **Lack of skills:** for example how to interpret data
- **Evidence gaps and barriers:** lack of evidence relevant to specific issues, lack of high quality evidence, lack of evidence consistent with health promotion values, time lag in accessing evidence, payment required for some evidence sources
- **Lack of support for research activities:**
  — in the immediate organizational environment, for example as a result of limited budgets and heavy workloads
  — in the external environment, for example: restrictive funding requirements which do not allow adequate time for research activities, and government-identified mandates/directives rather than research-related decisions made on the basis of local need
- **Other structural issues** such as:
  — structural split between research and front-line activities
  — in many situations research valued in principle but not in practice

status of current and potential supports

Project participants identified what helped, what didn't, and suggestions for the future. There was a lack of consensus about the IDM materials, for example some participants found the Manual and/or worksheets very helpful and others did not. Consulting with the facilitators or team members was mentioned as helpful. One participant noted that "one of the things that's key is choosing people who are ready for it to happen, it's the readiness thing."

Another participant commented that "three months isn't realistic in terms of applying the model." Participants made a number of suggestions for improving materials, process and general support, for example: more examples, and more workshop time especially for defining the research question and developing an action plan. In addition, participants mentioned that in future they would find it helpful to have access to interactive on-line assistance as well as access to personal assistance. The feedback from participants was used to revise materials and the process.

IDM-Related Challenges and Strengths

Participants identified a number of strengths and challenges related to the IDM and its application. Participants identified as challenges that the model is conceptual, complex, appears overwhelming at first, and that "not everything in life is systematic and fits into boxes." One participant commented that even after gaining an understanding of the model "it's still very daunting in terms of its application and I'm into minimum specifications so I'll just take the three parts that are most applicable."

In terms of process, most sites had difficulty identifying their research question. At one site communication issues arose when some participants used more technical language that other participants were not familiar with.

Participants identified the following characteristics of the IDM as strengths.

- **comprehensive.** "Although the model is complicated it does cover all factors." These factors range from values and ethics to the internal environment. In addition it provides "a place to put different people's perspectives into."
- **supports organizational development.** The IDM "has the potential to lead to greater organizational change" because it provides a model for sharing information and "setting up a way of doing practice the way we want to."
- **flexible.** "At different times different pieces [of the model] come in handy."

IDM Impacts

Participants did not mention any negative impacts resulting from use of the IDM. Benefits of becoming familiar with the IDM and/or using it follow, as identified by participants at one or more sites.

individual and team levels

Benefits identified at the individual and team levels follow.

- **became more systematic.** One participant stated, "I used to fly by the seat of my pants, I became more organized with the Framework." Another commented that "being exposed to the model has helped incorporate thinking about planning in a systematic way into the way I work, building it into my own style."
- **increased health promotion understanding.** One participant noted that after reviewing the materials "I realized all the things that impact health promotion."
- **increased research understanding.** According to one participant, "I did learn a lot about using research in my practice." According to another, "I feel like I have much more capacity or information or knowledge." Participants listed a number of specific ways that their understanding of research had increased. One or more participants gained:
  —a stronger appreciation for the importance of research and its relevance to everyday practice
  — more knowledge of the research process, for example: the central role of the research question ("if it's not framed correctly it may lead to some difficulties"); research is not always complex ("we realized that we actually do a lot of research here for proposals"); the need for multiple sources of information ("broadened our perspective and thinking, we needed to go beyond reliable friends")
  — awareness of available resources such as databases
  — insight into the link between research methods and values. "[The project] made me think of the [scientific] literature a little further…Because health promotion is so holistic and sometimes systematic reviews are based on RCTs [randomized controlled trials] – is that meeting health promotion values? It made me look a little step further into the process."
  — a more holistic view of research. One participant identified having learned from the project the importance of using in research "all the pieces in this model – it's not enough that [researchers] only talk to stakeholders, or that they do a literature review etc. – they have to bring it all together and do an analysis, and at same time look at environment and be a bit strategic about how they present it."

- **increased enthusiasm for research.** "[There was] the inspirational part of [participating in the project], a thirst for knowledge to continue with it." The project decreased the mystique of research and made research appear less intimidating.
- **increased group cohesion.** It strengthened work teams, for example through in-person group discussions that wouldn't have occurred otherwise, identification of different perspectives of team members, and reinforcement of "our culture of working together."

program level

Participating in the project resulted in several benefits at the program level.

- It increased understanding and clarification of the issue in a number of ways. It helped define the question better, develop a focus, and identify underlying elements. "This model helped a lot – asking what's the value of things, asking questions, getting evidence – not just why, but the value of [our program]…" It also provided useful information relevant to the issue.
- It provided direction for next steps.
- It informed work in general. "It's become part of how we do our work." In addition, it has provided a process for future work. One participant talked about "a Framework to continue with working on programs, the strategic planning process, use best practices to move forward with that and benefit us."
- It helped make time and space for research.

organizational level

Benefits at an organizational level as identified by participants follow.

- **gave issue credibility.** "This project has put [the issue] on the radar as something to address, that was one of the more important things."
- **put organizational issues on the agenda.** As a result of the project participants recognized that it is important to consider organizational factors. For one participant the review of the internal environment resulted in "a good understanding of where we stand at [the site], where we're at and where we need to go regarding best practices – there are a lot of barriers – it's good to discover them because then you can overcome them." The review also helped identify a key asset, that is, the organization's key players regarding best practices. Another site noted in its report that participating in the project helped identify organizational barriers to applying research to everyday practice and, also, "Created an example of how internal teams/groups can overcome institutional barriers."
- **increased knowledge sharing.** At one site a participant shared information gathered through working on the project with other people in the organization. At a "meeting with board and staff we looked at evidence, put [the information] on flip charts and showed everyone, helped set things up for people… [It] helped to be able to say here is a reason, here's the evidence." At a different site another participant "went back [to the larger group] with knowledge of best practices, I have vocalized this: 'Where's the research on that?' I definitely have been vocal on the necessity for that." According to the report of a third site, the project "helped us to create a network of like minded practitioners both internally/externally."
- **increased organizational cohesion.** Participating in the project activities "linked our programming and the agency that much more, provided a common ground…When you get different programs together to talk about visions it pulls you together."
- **changed culture.** It increased the value given by the organization to research and evidence. "Now we all want to use evidence in practice – it has helped with a culture change."

CONCLUSION

Despite the early developmental stage of the IDM Evidence Framework and the short time-frame allowed for testing its learning module, results were very positive. Although there was a wide variation in responses to the different materials such as worksheets, the feedback from participants provided valuable suggestions for improving the processes and materials for future use.

Participants found the Model complex and its application daunting. Despite these challenges, a variety of concrete benefits resulted from participation in the learning module and application of the Framework: a more systematic approach to work; more knowledge of health promotion, research, and sites' selected issues; greater team and organizational cohesion and knowledge sharing; identification of organizational issues; and a culture change regarding research and evidence by increasing the value and degree of enthusiasm associated with them.