Values in Evidence-based Practice: Challenges for Health Promotion

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Introduction

- **Evidence-based practice (EBP) is the latest fashionable rhetoric**
- ***It uses science as if its all that matters without a socio-political context***
- **Values: or subjective judgment based on experiences and other sources of knowledge are said to be non-scientific**

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Challenging Science..!

It's not value free because:

- *The questions or hypotheses science investigates are not value free but depends on scientists who are not value free*
- **The investigation methods chosen are not value free**
- *The interpretation of the result is not value free but depends on the worldviews of the beholder*
- **Access to the scientific information depends on language and publication trends**
- ***Therefore science is dominated by values and assumptions governed by socio-political values***

What Constitutes evidence?

"Evidence is an observation, fact or organised body of information, offered to support or justify inferences or beliefs in the demonstration of some proposition or matter of issue"

- **The importance of *Breadth*.**

- Evidence is neither exclusively quantitative and general nor narrative and particular, but is an interaction of both. There are no good and bad, just well and poorly applied and better or less suited for the current project

What of evidence?

The importance of Context.

It may be more important how Evidence is utilised than how it is defined,i.e. the importance of *"**context-based evidence-based decision-making**"*

Evidence in practice is defined less by its quality and more by its relevance, applicability or generalisabilty to a specific context.

Evidence generated depends on publication without bias

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What of evidence?

The importance of *Relevance* (for practice).

Systematic, empirical evidence with cogent arguments on:

Scale of likely health benefit

Ease and cost of implementation

Relevance to existing or proposed practice

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EBP in Health Promotion

- **The nature and quality of evidence are variable following Finanncle's Law**

- **From evidence to EBP:**
  - ✓ *Needs communities as unit of intervention*
  - ✓ *Interventions not transferable between populations*

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"When you're up to your neck in alligators, it's difficult to find time to identify what is best practice, let alone decide what to do…. Isn't it best to just keep killing alligators?"

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Factors affecting the use of evidence

- **Variable quality of epidemiological evidence**
- ***Failure of practitioners to recognise relevance***
- **Failure of practitioners to frame issues in answerable questions of the practice contexts**
- ***Failure to package and present data in an understandable and compelling format***
- **Practitioners may differ in their interpretation of Evidence (Different guidelines may exist within and between countries)**
- ***Lack of trust of HIS data***

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Health Information Problems

- ***The insufficient use of available data for planning, implementation, service management, monitoring & evaluation,***

and

- ***the inadequate quality, completeness & timeliness of data produced through the routine health recording and reporting mechanisms***

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From Evidence to EBP

"Health Policy in the broadest sense can be defined as those actions of governments and other actors in society that are aimed at improving the health of populations"

Will policy makers use the evidence?

- *Knowledge of evidence alone is necessary but not sufficient*
- *Timely and accessible information systems are essential*
- *A lack of generalisabilty once we move away from RCT to community interventions*

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A "Health Promotion" Framework

A framework for understanding practitioners*

- Institutional structure – its design, who is involved, the rules of conduct.
- Values – based on beliefs, ideologies, interests.
- Information – research, anecdote, experience, propaganda.
- ***Researchers have tended to focus on more and better information with disappointing results. More effort is needed to challenge and change beliefs.***

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The "Implied" Model of Practice

- ✓ The assumption that the relationship between research evidence and practice is linear. A problem is defined and research provides practice options.
- ✓ The supermarket view of research for practice!!
- ✓ *If we accept this view then the implication is that research will be valued (maybe funded) on the basis of impact on practice.*

Use of evidence in "Service"

- ✓ ***Policymakers have goals other than clinical effectiveness.***
- ✓ **Research Evidence may be be considered irrelevant.**
- ✓ ***There may be a lack of consensus about the "evidence"***
- ✓ **Policymakers may value other types of "evidence"**
- ✓ ***Social environments not conducive to policy change.***
- ✓ **Poor quality of knowledge purveyors**

How can our health research be more influential?

- ✓ Changes to Researchers' Attitudes *(understanding policy process, context, variety of evidence, …)*
- ✓ Changes to Funders' Understanding *(of the way research can influence policy, value, implications)*
- ✓ Change in the way research is conducted *(input of policymakers in conceptualisation and conduct, policy priorities informing research, better relationships – a policy community)*

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Some Examples of Interest

- Fortification with folate to prevent NTD
- Cancer Screening Services
- Preventing hospital acquired infections - MRSA
- Policy and Practice in Maternity Services.
- High rates of old and new surgical procedures (myringotomy, tonsillectomy, same-day investigative procedures
- Decisions on the provision or removal of high cost services for patients.

Evidence and Maori and Pacific Health

- Maori and Pacificans have a life expectancy that is about 5 to 10 years shorter than Pakeha
- A study of patterns of mortality in NZ confirmed that the age-specific mortality rate were higher in Maori and Pacificans than Pakeha.
- Disease rates for all key diseases other than neoplasms were higher in Maori and Pacificans.

➢ **Excellent evidence, uncertain policy response**

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Some Key Challenges for EBP

- ✓ ***Recruit, train and retain*** health promoters in EBP
- ✓ Continue to ***devolve authority*** and decision-making closer to the point of service delivery.
- ✓ ***Implement information systems*** to support practitioners – including capacity to collect, analyse, monitor and review services.
- ✓ Identify ***priority areas*** for action in health promotion

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Summary

- ✓ **Evidence-based practice is being encouraged in all areas of public service, including health promotion.**
- ✓ Evidence (Research) currently has little direct influence on health practice or governance policies
- ✓ **The implicit assumption of a linear relation between research evidence and practice needs to be replaced by a more interactive model**
- ✓ Researchers, funders and policy makers need to change
- Σ **There is cause for optimism … but EBP although not a myth is still far from reality.**

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"When you're up to your neck in data, it's difficult to find time to identify what is best practice for use of information, let alone decide what to do to inform practice …. Isn't it best to just keep producing data?"

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The growing need for EBP

- An aging population
- *New technology and knowledge*
- Patient expectations
- Professional expectations
- *Managerial expectations*

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Lets predict our Future through Creating It

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Haere Ra!