Advancing the implementation of evidence in public health systems in Europe and globally

Valorisation

Chapter 7 - Valorisation

This thesis has stated the importance and essential value of public health and the critical need to provide, promote and even accelerate the implementation of what has been proven to work, such as evidence-based interventions, that are intended to protect and promote the health and wellbeing of individuals and society as a whole.[1-3] Within the discourse, current applications of the thesis results were shared through the recent events and actions to manage and reduce the impacts of COVID-19. Further, four advancing conditions were proposed that could occur in societies to support the advancement of evidence implementation in public health systems including: 1) Good governance; 2) Context setting; 3) Investment in public health; and the use of 4) Multi-sectoral approaches. The text to follow now describes the valorisation activities of the results of this thesis. These valorisation activities occurred over the course of the investigation studies of this thesis, with the intent to make the research findings available to raise awareness, enhance knowledge and encourage action to support implementation of evidence in public health systems in Europe and globally.

The valorisation chapter uses the same structure as the thesis to address the areas of four areas of focus:

- Model/framework;
- Actors involved and impacts on targets and priorities;
- Knowledge transfer; and
- Barriers and facilitators to evidence implementation.

7.1 Model/framework

Even though a number of models and frameworks have been created to support knowledge translation and evidence implementation, it has been shared in this thesis that many models do not reflect the complexity of addressing public health and are not practical in application.[4-7] Therefore, it was an important step to include knowledge, experience and lessons learned from evidence implementation real world cases to support the model

creation, in addition to critical literature reviewed and applied. As part of a European Union funded initiative, review and assessment of 32 evidence-based interventions across 24 European countries provided insight to key components to evidence implementation, how they interlink and the recursive process that occurs within the complexity of multiple interactions that are at play within public health to take action.[7,8] Early findings of these key components were shared with the country stakeholders as part of lessons learned within the initiative case studies workshop and final reporting to support future actions for evidence-based intervention implementation.

As the model was being developed, opportunities to share early versions were discussed during presentations at Maastricht University, MSc Governance and Leadership in European Public Health.

Revised and enhanced versions of the model evolved and continued to be presented and discussed each year during the master's course over a 3-year time period. Some students found the model helpful to their studies and two students selected this model as the foundation for their Master's degree thesis. Furthermore, the model was also used as the foundation for two World Health Organization environment and health studies, along with key technical background documents related to the study themes.[9,10] The use of the model was included and widely disseminated within the WHO reports methods sections for both studies and the results sections of the studies followed the model structure to include findings on the four areas of focus: 1) Implementation targets; 2) Actors involved; 3) Knowledge transfer; and 4) Barriers and facilitators to evidence implementation.

7.2 Actors involved and impacts on targets and priorities

For many years publications have stated the importance of researchers and decision makers working together.[11-14] However, within the multifaceted complexity of public health, this thesis recommends an even broader and more diverse set of actors and stakeholders, that are actively engaged, are needed to implement evidence-based interventions, including knowledge brokers and practitioners as detailed in chapter 3. While undertaking this study a

number of opportunities occurred to attain input from and inform key actors regarding diverse views and their impact on priorities for improving chemicals management in the WHO European Region. In preparation for the Sixth Ministerial Conference on Environment and Health in Ostrava, Czech Republic, June 2017, the WHO Regional Office for Europe organised a meeting with diverse national and international experts from more than 15 countries to identify short- and medium-term actions to be implemented. This included coordinating and leading panel sessions by the thesis author to discuss roles, views, beliefs and perspectives of priority actions within chemical safety amongst the varied stakeholders and actors as a collective. In addition to semi-structured interviews that were undertaken with 18 diverse stakeholders to determine their views on priority actions for chemical safety management in the European Region, a final report of the findings were published and shared at the Ministerial Conference on Environment and Health noted above, as well as posted to the WHO website for open access viewing and continues to be accessible.[10,15]

7.3 Knowledge transfer

Evidence-based interventions exist but this does not necessarily mean all interventions will be effectively put into practice as detailed in chapter 4.[16-20] When an evidence-based intervention has been validated, sharing, context adapting and advocating the uptake of this good practice are important processes that requires concerted efforts. As preparation for the publication of chapter 4 took place, critical review and listing of recommended drowning prevention good practices were published by the thesis author for the WHO European Report for Child Injury Prevention-Drowning chapter, WHO Summary of the World Report for Child Injury Prevention and the UNICEF/WHO child friendly version to the World Report on Child Injury Prevention, which have been widely shared and remain accessible on the websites of both international organizations.[21-23] As well, a review of drowning good practice policy assessments were conducted as part of the broader Child Safety Report Card assessments funded by the European Commission, with 18 countries in 2007, 24 countries in 2009 and 31 countries in 2011/12, also led by the thesis author and widely published through European and national level media, websites and project reports.[24] Furthermore, good practice implementation sessions were led by the thesis author at the 2013 World Drowning Congress

in Potsdam, Germany and input and lessons learned from these workshop sessions were incorporated into the conclusions and recommendations of chapter 4.

7.4 Barriers and facilitators to evidence implementation

Barriers to evidence implementation can occur at any point in time during the knowledge transfer process.[4,25,26,27] Increased awareness of determined barriers can be gained and then anticipated in order to undertake efforts to reduce the impact of such barriers. In ideal situations these barriers can even be turned into facilitators to support evidence implementation in public health systems as further detailed in chapter 5 of this thesis. As part of this chapter investigation a total of 21 diverse representatives dealing professionally with asbestos from 18 organisations globally participated in the stakeholder analysis interview process conducted by the thesis author.[9] A further 24 country representatives from 12 WHO European countries and 20 temporary advisors from 16 institutions participated in a WHO asbestos meeting and the thesis author presented the main results of the interview questionnaire. This included the coordination and facilitation of workshop sessions to discuss key aspects of barriers and means to change these issues to solutions and facilitators for evidence implementation. A meeting report and results of the workshop sessions were provided to all meeting participants. Furthermore, the stakeholder analysis described in chapter 5 contributed in particular, to one of the commitments of the Parma Declaration to develop national programmes to eliminate asbestos-related diseases by 2015 and reconfirmed in the Ostrava Declaration 2017.[28,29] During the Sixth Ministerial Conference of Environment and Health in 2017 a workshop session was held by WHO that shared the main results detailed within chapter 5.

7.5 Conclusion

This chapter describes how a variety of channels have been used to share and discuss the results of this thesis with researchers, decision makers, knowledge brokers, practitioners and the general public related to evidence implementation in public health systems. A wide variety of actions were undertaken to disseminate and advocate the key components and

factors that influence the uptake of evidence-based interventions, and how they interlink to impact effectiveness. These actions included awareness raising, knowledge enhancement and advocacy of evidence implementation through journal publications, national and global reports, ministerial declarations, national resolutions, conference presentations, website postings, and policy makers' workshop sessions. The broad dissemination and strategic communication activities described in this valorisation chapter demonstrates the level of integration the thesis results have had within key public health organizations and their networks, such as the World Health Organization. This has set the groundwork for advancing the implementation of evidence in public health systems in Europe and globally.

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