2nd Rural and Remote Health Scientific Symposium Brisbane
June 2010

Knowledge brokers and new perspectives on adoption of research results.

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Abstract

APHCRI and PHC RIS are both major components of the PHCREDS Strategy, with a common interest in getting research knowledge into action. APHCRI funds and conducts research to meet explicit policy needs, including systematic reviews of research topics relevant to current policy. As an information service PHC RIS provides the infrastructure for exchange of information and knowledge and conducts relevant applied research.

After looking at some of the theoretical underpinnings of this field, this session will present findings and stories from the recent work of both organisations, such as the study of primary health care research impact, the knowledge brokering projects of both organisations in 2009, analysis of primary health care research contribution to current policy reforms, and APHCRI’s experience with submissions to these reforms.

Participants in this session will have their own positive and negative experiences of knowledge translation, to contribute to the discussion. Questions to be addressed include

- What support/tools do researchers need to support their knowledge brokerage activities?
- What support do practitioners and policy makers need to help facilitate research findings into policy and practice?
- What indicates that research is being use or adopted? Complete the sentence: "we knew we’d made an impact when... “
- Ways to record impact and adoption, for the benefit of rural research/ practice/ policy/ research funders?

We intend to record the session, and prepare a paper for the Australian Journal of Rural Health incorporating participants’ input, to add their experience to the current evidence.
**Background**

APHCRI and PHC RIS are both major components of the PHCRED Strategy, with a common interest in getting research knowledge into action. APHCRI funds and conducts research to meet explicit policy needs, including systematic reviews of research topics relevant to current policy. As an information service PHC RIS provides the infrastructure for exchange of information and knowledge and conducts relevant applied research.

**Session Overview**

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Participants in this session will have their own positive and negative experiences of knowledge translation, to contribute to the discussion about ways forward. We intend to record the session, and prepare a paper for the *Australian Journal of Rural Health* incorporating participants’ input, to add their experience to the current evidence.

**Theoretical underpinnings of knowledge brokering and knowledge exchange**

Rhian Parker and Nathaniel Ward (APHCRI), prepared an overview titled ‘Knowledge translation: a Brief overview’ (2009) for the APHCRI Knowledge Brokering project in 2009. All the references included in this overview can be made available.

This overview describes how the field enjoys a confusion of numerous terms without universally shared meaning: knowledge brokering, knowledge transfer, knowledge exchange, knowledge translation, research utilisation, research implementation. This session will not be delving deep into the meaning of each term, but rather looking at the overall idea of getting research knowledge into action, through knowledge translation.

Traditionally, research knowledge has been underused in practice and policy settings, with a gap between ‘knowing’ and ‘doing’. Knowledge translation is a process that aims at getting research knowledge into action, in practice settings on the one hand or policy or decision-making settings on the other.

Interactive models of knowledge translation offer more flexibility than the linear ‘producer push’ and ‘user pull’ models. Push models assumed that the existence of ‘quality’ research knowledge was enough for end users to take what they needed to inform either decision making or practice contexts. Pull models, by contrast, were models where the end users of
any knowledge would set the parameters for the kind of information that they wanted, and would essentially contract researchers to get the information they identified was needed. Recognising that neither the push nor pull models were sufficient to get research knowledge into practice, interactional models were developed which the producers and users worked together to set, among other things, research agendas and programs of research that would lead to the ‘right kind’ of research knowledge to directly inform the issue, or practical problem, that the knowledge is supposed to help solve. We recognise that knowledge transfer environments are complex spaces, with those involved holding different notions of what counts as evidence, let alone quality evidence.

The strategies for effective knowledge translation include

- assessing where potential barriers may be, and blockages in information flows, through mapping the context and the knowledge.
- increasing cooperation and interaction between producers and users of research knowledge: if both parties jointly set research priorities, the evidence should fit the context, the type and quality of evidence should be high, and increased feelings of ownership create more vested interest in the intervention, while creating a learning experience for both parties.
- creating and capitalising on Communities of Practice

All knowledge translation interventions must address how research findings can be effectively transmitted to those for whom they are most relevant. Effective transfer of knowledge is thought to occur more readily when there are face to face interactions. This is where skilled facilitators or knowledge brokers come in, who can create settings for fruitful interaction between users and producer groups. Knowledge brokers should be trusted and have content expertise. They can act as:

- ‘go-betweens’
- knowledge managers who obtain best available evidence in a systematic and transparent way, and transmit these appropriately to the user group
- linkage agents who foster and build connections between groups
- capacity builders who enhance users’ access to knowledge and provide them with training to obtain and use evidence.
**Findings and stories from the recent work of both organisations**

**PHC RIS**
- Our 2007 *Research Impact Study* showed that individual primary health care (PHC) research projects can achieve impact in a range of areas, but that researchers are most likely to observe the difference their projects make in areas within their influence and control, such as knowledge production, research targeting and capacity building. However, researchers can plan for impact, and the session will illustrate this using a rural example from this study which achieved an impact in almost all areas.
- To find out what contribution PHC research made to the early stages of health reform last year PHC RIS used the unusual opportunity of the three major policy reform initiatives to examine the information made available to the working groups, and used by the working groups in their final reports. As well as establishing that PHC researchers were represented on the working groups, and PHC research accounted for 10-15% of the different forms of evidence made available, we identified that PHC researchers can actively contribute to policy in this way by preparing submissions related to their particular expertise, and that these submissions are more likely to carry weight and be used if they are from research organisations or professional bodies, than from individuals. Calls for submissions about policy issues are a ‘pull’ mechanism which invites researchers to ‘push’ their understanding and evidence to make a difference to the policy process. Part of the skill set for researchers is learning to write good evidence-based balanced submissions.

**APHCRI**
- working with John Wakerman and John Humphreys on Stream 4 – 6
- submission to NHHRC about workforce, use made of this in final report
- submission to the *Draft National Primary Health Care Strategy* and use made of this in the final report
- *Conversations with APHCRI* program run in collaboration with APHCRI network and the Department of Health and Ageing
- media and communication strategy to engage with print and electronic media and facilitate distribution of APHCRI ANU and APHCRI Network research outcomes
- *APHCRI at Work* and *APHCRI Dialogue* publications.

**PHC RIS and APHCRI Knowledge Brokering projects**
- PHC RIS evaluated three knowledge brokering events in the last quarter of 2009 by surveying those taking part in a forum, a workshop and a roundtable discussion. We concluded that methods of knowledge brokering are many and various and must fit the needs of the situation. The roundtable discussion with policy makers and key
stakeholders had the greatest impact on policy makers, presenting an unusual opportunity to reflect, think and question in a safe and confidential environment. Two important features were the use of Chatham House Rules to provide a safe confidential environment, and the pre-circulation of a discussion document to all involved, which meant the discussion at the roundtable was more efficient. This event was very similar to the stakeholder deliberative dialogues described by John Lavis Health Research Policy and Systems 2009. 7 (Suppl 1) which he considers are more than a communication exercise with policy makers, but the recognition of all those present that they are part of the problem and the solution, and a galvanising experience for those involved.

- APHCRI’s knowledge brokerage project included a literature review, a one day workshop of key stakeholders and an evaluation of APHCRI activity in knowledge brokerage to date.
- The workshop identified that there is no ‘one size fits all’ strategy for knowledge exchange and that strategies adopted should be monitored and evaluated so as to identify what works and what doesn’t work. It also identified that there is a need to:
  - clearly articulate and agree on a key set of protocols for interaction between and across the relevant government, research and third sector* organisations;
  - identify and allocate the resources required to successfully implement a knowledge exchange strategy and to ensure that a continuous quality improvement cycle is embedded in the strategy
  - jointly prioritise interactive and policy-research knowledge exchange initiatives according to need and to the resources available.
- The survey found that in the past the respective roles of the APHCRI hub and spokes in relation to ‘linkage and exchange’ were not consistently understood. It also identified a widespread recognition among researchers of the need for, and importance of, ‘linkage and exchange’ but it does not appear to feature prominently in most researchers’ minds when they are applying to APHCRI for funding. Researchers’ views on where ‘linkage and exchange’ efforts should best be targeted do not appear to be well-informed by an understanding of how policy is made. There is a heavy reliance on ‘traditional’ academic approaches to dissemination. Barriers to effective dissemination that were identified by researchers included frequent changes among senior government officials – which can make it difficult for researchers to maintain effective networks – and lack of explicit funding for dissemination activities. Factors identified as aiding dissemination included APHCRI’s 1:3:25 format for reporting research findings - was widely acclaimed – and APHCRI’s role in providing advice on, and establishing forums for, communication of research findings (such as Conversations with APHCRI).
**SUPPORT Tools for evidence-informed health Policymaking**

In May 2010, PHC RIS organised a visit by Canadian Professor John Lavis to Canberra and Adelaide, to advise on knowledge brokering and other activities relevant to supporting use of research in policy. John outlined the SUPPORT Tools he and his team had developed for evidence-informed health policy making (published as a series of articles in *Health Research Policy and Systems* 2009. 7 (Suppl 1). Of particular interest are how to find the evidence, prepare policy briefs and use stakeholder dialogues to support policy making.
Discussion

Possible questions

- What support/tools do researchers need to support their knowledge brokerage activities?
- What support do practitioners and policy makers need to help facilitate research findings into policy and practice?
- What indicates that research is being use or adopted?
- Complete the sentence: "we knew we'd made an impact when... "
- Ways to record impact - reasons for keeping record of adoption – what benefit for rural research/practice/policy/research funders?