

Translating a Broad Term into Real-World Applications: CIHR's Successful Approach to Knowledge Translation

Since its inception in June 2000, knowledge translation (KT) has played an integral part in the development of the Canadian Institutes of Health Research (CIHR). KT is part of CIHR's mandate "to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system."

CIHR envisions KT as the exchange, synthesis and ethically sound application of knowledge – within a complex system of interactions among researchers and users – to accelerate the capture of the benefits of research for Canadians through improved health, more effective services and products and a strengthened healthcare system.

CIHR has launched a variety of initiatives in an attempt to increase capacity within the field and better understand KT in the real world. Some of these initiatives have been in the form of request for applications (RFAs) for researchers and their community/decision-maker partners. Two recent RFAs highlight this effort.

In July 2005, CIHR launched Phase 1 funding for a \$1 million grant program entitled "Knowledge to Action." The purpose of the program is to build and strengthen research teams engaged in knowledge translation with community, local or regional partners.

The investment will encourage formation of new researcher-community partnerships at the local and regional level; enable existing partnerships to become more active and effective; develop and evaluate new research and KT approaches; create collaborative conditions that generate research designed to meet community needs; and facilitate rapid action on the basis of new knowledge to benefit health in the community.

The collaborative KT work funded here should help develop common ground between the interests and expertise of the research community and the needs of the local health system.

In the same month, CIHR also launched an RFA to support research syntheses that could strengthen evidence-informed decision-making in healthcare. This RFA will provide funding to help develop research methods that allow for clear analyses of research evidence that are relevant for national consultations between researchers and policy makers.

Research syntheses use systematic methods to identify results from all relevant studies and can reduce biases that may be associated with single studies. The RFA is intended to support two different kinds of reviews:

- Scoping reviews collect and summarize existing evidence in

a particular area in order to determine if the information is sufficient or requires further research. These kinds of reviews help the research community identify research priorities and provide the policy community direction in making a research-based recommendation regarding a health issue.

- Systematic reviews identify, select and appraise all of the studies that meet minimum quality standards and are relevant to a particular question. These kinds of reviews inform clinical decision-making, and public policy-making regarding adoption, use and discontinuation of health technologies.

KT in Our Community

Recently, CIHR has also reached out to the research and decision-maker community in an effort to collect stories about their KT activities. The resulting submissions were collected into casebooks, to help researchers and decision-makers to share and recognize their KT experiences, and to highlight the potential impact of research evidence in shaping policy and practise change.

These casebooks were released by two of CIHR's 13 Institutes, the Institute of Health Services and Policy Research (IHSPR) and the Institute of Population and Public Health (IPPH), and promise to be the first of many. The stories in the casebooks illustrate KT successes, as well as some lessons learned in the field.

One such story, from the IHSPR casebook (CIHR Institute of Health Services and Policy Research 2006), involves the CIHR-supported Canadian Neonatal Network (CNN). Founded in 1995 by Dr. Shoo Lee, CNN uses KT to implement practice and policy changes that will improve the health of newborn babies. The network comprises a multidisciplinary group of researchers, clinicians and administrators from all 30 Canadian tertiary neonatal intensive care units (NICUs) and 16 Canadian universities.

CNN maintains a standardized national database of all babies admitted to NICUs across Canada. Annually, the CNN releases an audit report that monitors outcomes, treatment practices and health trends of newborn babies, and provides feedback to individual institutions and regional health authorities. Such information has led one hospital to reduce its incidence of NICU infections by more than half. Another set of findings on practice guidelines for retinopathy of prematurity will halve the number of infants routinely screened and reduce hospital costs by more than \$1 million each year.

Winner of a 2004 CIHR KT award, CNN is often described as "the archetype of the knowledge translation network in Canada."

Another story, from the IPPH casebook (CIHR Institute of Population and Public Health Canadian Population Health Initiative 2006), demonstrates the strength of partnerships to the evolution of KT. The Globalization, Gender and Health Project was initiated in 2002, when the CIHR Institute of Gender and Health (IGH) invited the Centre for Research in Women's Health at the University of Toronto to prepare a background paper on issues concerning the intersection of globalization, gender and health. The development of this paper would identify key areas for future research and training.

The project engaged 250 researchers, practitioners and policy makers representing 80 agencies working in gender and global health in more than 30 countries. Each opportunity for input allowed for a refinement of the background paper and issues to address at future discussions. Eight priority issues (food security and nutrition, HIV/AIDS, occupational health, reproductive health, mental health, addictions, violence and infectious disease) and four special topics (global public goods, migration and health, global health governance and the health of the world's indigenous peoples) were identified as being at the intersect of globalization, gender and health.

In terms of lessons learned, those associated with the Globalization, Gender and Health Project discovered some important areas that help foster and maintain partnerships of knowledge translation collaboration: trust, diversity of voices, consensus, effective use of information communication technologies and an effective two-way rapport between researchers, practitioners and policy makers.

Concluding Thoughts

Since knowledge translation (KT) is a relatively new field, the definition of what constitutes KT and how to do it effectively are evolving. As has been shown here, a variety of professionals are seizing the opportunity to understand KT and its potential benefits for Canadians.

Many of the stories in these casebooks echo common themes about conducting KT in the Canadian context. For example, for KT to be successful, sustainable linkages are required between researchers, policy makers and community members, in order for the new knowledge to be translated effectively. It is not enough for researchers to inform research users: the users have to let the researcher know of their needs for evidence.

KT is most successful when there are tangible benefits for all partners and works best when it is likely to result in concrete gains for everyone.

Through its various initiatives, CIHR aims to support a full spectrum of KT activities. The recent RFAs, for instance, will surely produce more insights into KT based upon results drawn from long-term community partnerships and research syntheses reviews.

All of this is done in a continuous effort to share information about a complex term – and translate research knowledge effectively into real-world applications and solutions leading to improvement in the health of Canadians.

References

CIHR Institute of Health Services and Policy Research. 2006. *Evidence in Action, Acting on Evidence: A Casebook of Health Services and Policy Research Knowledge Translation Stories*. Ottawa.

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