“Knowledge Translation: What is it and why is it important?”

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Knowledge Mobilization Working Group

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Outline

• What is KT?
• Why is KT important?
• The research – practice gaps
• The five key questions of KT
• Summary
What is KT?

The terms and definitions have evolved over many years, e.g.,
• Knowledge transfer
• Knowledge linkage & exchange
• Knowledge brokering
• Knowledge utilization
• Knowledge mobilization
• Knowledge transformation
• Knowledge to Action (K2A)
• Knowledge translation
• Implementation research/science

What is KT, con’t.?

Knowledge translation

• e.g., “...a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system.”

“This process takes place within a complex system of interactions between researchers and knowledge users...”

(CIHR, 2009)
CIHR – Integrated and End-of-Grant KT (CIHR, 2014)

**Integrated KT:**
- Stakeholders engaged in entire research process, eg, questions, methodology, data gathering, interpreting findings, dissemination of results

**End-of-Grant KT:**
- Building awareness by communicating to knowledge users at the end of the project, eg, conferences, journals, educational sessions, journalistic media, social media, knowledge brokers, commercialization, etc.

Evidence-based decision-making (EBDM)

• Popularized in the 1990s
• Extension of evidence-based medicine (EBM)
• A focus of earlier efforts by Canadian Health Services Research Foundation (CHSRF)

(ChSRF, 2000)

NB: Unfortunately, the opposite is sometimes true: Decision-based Evidence-making (DBEM) where a decision is made and then evidence is made/found to support it.
Evidence-informed decision-making (EIDM)

- Expands EBDM to include diverse contextual information held by multiple stakeholders, e.g., stories, experiences, and realities. (CHSRF, 2004)

Why is KT important?

To close “Knowledge – Action” gaps

- “Two-communities theory” (Caplan, 1979): social scientists/policy-makers in separate worlds; different/conflicting values; different reward systems; different languages; and, different cultures
Why is KT important, con’t.?

• “Knowledge translation is about turning knowledge into action and encompasses the processes of both knowledge creation and knowledge application.”
  
  (Graham, et al, 2006, p. 22)

• Knowledge-to-action [KTA] is about an exchange of knowledge between relevant stakeholders that results in action.”
  
  (Graham, et al, 2006, p. 22)

Why is KT important, con’t.? To whom?

Key Stakeholders:

Researchers, e.g.,
• Qualitative/quantitative
• Disciplinary/multi,inter,trans
• Theoretical/applied
• Wet lab/dry lab

Knowledge users, e.g.,
• Policy (including gov’t)
• Managerial
• Clinical
• Public
• Industry
• Media

Funders, e.g.,
• Canadian Institutes of Health Research (CIHR)
• Canadian Health Services Research Foundation (CHSRF)
• Michael Smith Foundation for Health Research (MSFHR)
Why are there gaps between research and practice?

Things that hinder decision-makers’ use of research evidence:

• Lack of pertinent evidence, e.g., outdated; not readily accessible
• Lack of consensus amongst decision-makers, e.g., values, interests, experiences
• Inappropriate use of evidence, e.g., misinformation; strongly held beliefs
• Lag times between research and its application, e.g., geographical disparities; who reads what
• Being overwhelmed with information, e.g., little time, skills, tools to make sense

Why are there gaps between research and practice, con’t.?

• Failure to keep health outcomes in mind, e.g., influences of media, advertising and private industry
• Different and changing values, e.g., lack of shared interests and values
• Lack of accountability for decisions, e.g., lag times between decision and outcomes
• Reliance on tradition and judgment, e.g., professionalism
• Protection of privacy and confidentiality, e.g., turf wars; lack of public trust; data protection issues
• Poorly coordinated health information systems, e.g., lack of standardized and linked data

(National Forum on Health, 1997)

- What should be transferred? Eg, s/b in context of global knowledge; tailor message and language to specific target audiences.
- To whom should research knowledge be transferred? Eg, differs depending on stakeholders involved
- By whom should research knowledge be transferred? Eg, varies depending on target audience – needs to be credible; needs research knowledge infrastructures (tools, programs, etc)
- How should research knowledge be transferred? Eg, plan, identify barriers, choose appropriate methods, tools & change strategies,
- With what effect should research knowledge be transferred? Eg, should result in context –dependent evidence-based or evidence-informed decision-making

Summary

- KT means different things to different stakeholders; keep this in mind at all times and clarify as you must
- KT involves multiple stakeholders throughout the entire research – to – action process; it is collective action
- KT is about working in the ‘research – practice gap’; this is difficult and largely uncharted territory, but get to know it and tailor methods accordingly; context is key
- KT is not an endpoint; it is a continual and iterative process of engaging the right stakeholders at the right time to do the right thing for the right reason
- KT works, but only if you pay close attention to people, process and context; ++ dynamic
References


