
THE THEORY AND PRACTICE OF KNOWLEDGE BROKERING IN CANADA'S HEALTH SYSTEM

A report based on a CHSRF national consultation
and a literature review
December 2003



Canadian Health Services Research **Foundation**
Fondation canadienne de la recherche sur les services de santé

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Main Messages

Knowledge brokering is about bringing people together, to help them build relationships, uncover needs, and share ideas and evidence that will let them do their jobs better. It is the human force that makes knowledge transfer (the movement of knowledge from one place or group of people to another) more effective.

Knowledge brokering occurs even without individuals dedicated solely to brokering, so it's important to focus on the activities and processes, not the individuals.

Much of the brokering going on now is an unrecognized, largely unplanned activity; if we are to highlight and evaluate its role in knowledge transfer, there needs to be a concerted effort to recognize and formalize the work.

To thrive, brokering needs a supportive organization — one where there is a collaborative environment, sufficient resources for the job, processes to identify and capture knowledge generated by both employees and outside parties, and a desire to build intellectual capital.

The role of the broker depends on the organization, but there is a basic skill set:

- the ability to bring people together and facilitate their interaction;
- the ability to find research-based and other evidence to shape decisions;
- the ability to assess evidence, interpret it, and adapt it to circumstances;
- a knowledge of marketing, communication and Canadian healthcare; and
- the ability to identify emerging management and policy issues which research could help to resolve.

The tasks of a broker include:

- bringing people together to exchange information and work together;
- helping groups communicate and understand each other's needs and abilities;
- pushing for the use of research in planning and delivering healthcare;
- monitoring and evaluating practices, to identify successes or needed changes;
- transforming management issues into research questions;
- synthesizing and summarizing research and decision-maker priorities; and
- 'navigating' or guiding through sources of research.

People doing knowledge brokering need support; joint activities and a national network will build commitment to brokering and keep crucial energy from being wasted reinventing wheels.

We still have much to learn about knowledge brokering: whether it is effective, where it is most effective, and what the outcomes are.

Executive Summary

Knowledge brokering is one of the human forces behind knowledge transfer. It's a dynamic activity that goes well beyond the standard notion of transfer as a collection of activities that helps move information from a source to a recipient. Brokering focuses on identifying and bringing together people interested in an issue, people who can help each other develop evidence-based solutions. It helps build relationships and networks for sharing existing research and ideas and stimulating new work. Knowledge brokering supports evidence-based decision-making by encouraging the connections that ease knowledge transfer.

The Canadian Health Services Research Foundation has been working on defining and increasing the practice of knowledge brokering for more than two years. In 2002, the foundation hosted seven regional meetings focused on identifying the functions of knowledge brokering and the activities involved. They were followed by a national meeting in Toronto where participants discussed what the foundation could do to support knowledge brokering in healthcare.

The foundation also commissioned a review of literature on knowledge brokering. Although there is growing interest in brokering, particularly in healthcare circles, research on the topic is not extensive. Many of the articles included in the review actually focused on knowledge management, and on private, for-profit enterprises, often in the U.S.A. In some cases, there was a considerable rift between the ideas of brokering that arose in the consultations and the review.

One of the most consistent messages from the national consultations was that people whose job description actually says "knowledge broker" are rare and that the situation is not likely to change. That's why the foundation was told to shift its emphasis from the idea of the individual knowledge broker to the activity — *brokering*. But that distinction wasn't mentioned in the literature, where the emphasis was very much on the broker as an individual.

The review and consultations agreed there is no single job description for a broker; it depends on the needs of the organization. But both identified the same essential role for brokers. By definition, they are go-betweens; their core function is connecting people to share and exchange knowledge. Both those we talked to and the literature said the ability to find relevant evidence is key; participants in the consultations felt that good brokers

have a certain type of mind: flexible, curious, and well-informed on all aspects of a given sector, able to make links among a range of ideas and bits of information. The review found that successful knowledge brokers have leadership qualities; they are capable of managing human intellect and helping to put it to work.

Both consultations and literature said brokering demands the ability to build networks and some business skills, particularly marketing and an inclination towards innovation and risk-taking. Communication skills are also very important for knowledge brokers.

A broker's main task is to bring people together; they are catalysts who, through diligent network-building and solid background, can create a mix of people and even organizations that will stimulate knowledge exchange, the development of new research and the interpretation and application of solutions.

Brokers search out knowledge, synthesize research and scan for best practices, useful experiences, and examples from outside their own organization. They may also act as advocates for the use of research-based evidence in decision-making and have a role in supporting and evaluating changes they have helped to put in place — although the literature only mentions a generic “follow-up” role.

Those consulted and the literature agreed that proper recognition by managers — through commitment, funding, and energy — is very important if knowledge brokering is to succeed. We were told that brokering needs to reach “a critical mass” across the country for it to become an effective and integral part of research and health-system operations. The review said that failing to formally identify people acting as brokers undermines brokering, by allowing fragmentation of responsibility and actions.

The Canadian Health Services Research Foundation plans to fund a series of demonstration projects to test different approaches to knowledge brokering and try to identify best practices that may help brokering grow. It is also creating a national knowledge-broker network.

Knowledge Brokering in Canada

The Canadian Health Services Research Foundation has been working for two years to define the concept of knowledge brokering and gearing up to test whether it encourages and improves knowledge transfer. The foundation has been in the forefront of practical work on knowledge transfer since 1997, when it was endowed by the Government of Canada to fund health services research and build the practice of knowledge transfer in the field. Its mandate is to support evidence-based decision-making in the organization, management, and delivery of health services, and its main strategy for doing so is to link decision makers and researchers to ensure effective knowledge transfer. Working to develop knowledge brokering is a natural development of that mandate.

The foundation's study of the emerging notion of the knowledge broker began with a series of consultations with those involved in the work and a search of academic literature. The combined results of those efforts are presented in this paper, with information from the literature search used to expand on or further explore the ideas raised in the national consultation. In some areas, what we heard and what we read contradicted each other. In part, that's because there is not much published research on knowledge brokering in healthcare. Much of what we reviewed is focused on private-sector knowledge brokering (often in the U.S.A.), where the profit motive can considerably change goals and practices.

The literature, for example, focuses on knowledge brokering as an aspect of knowledge management — where existing knowledge is captured, stored, and then shared under the direction of brokers for reuse and new applications. In a 1998 speech, Hargadon said “Scientists, artists, academics and others involved in creative problem-solving efforts often build innovative new ideas by recombining existing ideas from a range of domains, fields, or disciplines... Knowledge brokering offers a perspective on innovation and innovators that recognizes the value not of invention but of inventive combination.”

According to Hargadon and Sutton (2000) and Smith (2001), by spreading ideas from one person or unit to another, “intermediaries,” or brokers, create an environment that

stimulates innovation. The foundation's definition takes brokering further, seeing it as a process that stimulates the creation of effective new research by linking researchers and users of information early, helping to identify issues, and encouraging all parties to work together on solving problems. Brokering encourages a continuous exchange on many levels — from sharing experiences and searching out existing knowledge to turning management problems into workable questions for researchers to study.

Through the consultations, the review, and reaction to this paper, the foundation is refining its concept of knowledge brokering and preparing to fund demonstration projects to evaluate brokering's impact on health-system management and policy-making. With continuing research, consultation, and, above all, a variety of evaluated demonstration projects, the foundation hopes to take knowledge brokering from a vaguely defined, if generally accepted, notion to an important tool for the support of evidence-based decision-making in the Canadian healthcare system.

Why brokering?

The foundation's national consultation on knowledge brokering was done through a series of seven regional meetings, held in Edmonton, Saskatoon, Vancouver, Quebec City, Ottawa, Toronto, and Halifax in 2002 and focused on identifying the various features and functions of knowledge brokering and the roles of those who do it. They were followed by a national meeting in Toronto where participants discussed actions the foundation could take to support knowledge brokering in Canada's healthcare system.

The Canadian Health Services Research Foundation defines "knowledge transfer" as a range of activities. It includes encouraging researchers and decision makers to work together on developing research questions and finding the answers to them; creating resources, from newsletters to web sites to workshops, for people to share information, ask questions, and find answers, or link up with the people who can provide them; establishing dissemination processes; and encouraging the use of research-based evidence in running the healthcare system.

That's a much broader definition than the one found in most of the literature, where conceptions of knowledge transfer are essentially the same as dissemination — the presenting of knowledge by a researcher to a recipient. Peter Cullen and colleagues (2001) call knowledge transfer a one-way approach from the knowledge expert to the not-too-knowledgeable in the area, quite different from the interactive process the foundation and most participants at the consultations picture.

At the consultations there was general agreement that any number of people can be involved in knowledge brokering. It could be an “official” knowledge-transfer worker who includes bringing researchers and decision makers together as part of disseminating research, a self-starter on the front lines of the healthcare system personally searching out ways to deliver better care, a researcher who takes the trouble to contact administrators either because new findings could improve the system or because she wants to hear about their priorities, or a deputy minister who hires both an analyst to research policy decisions and a communication expert to make evidence more coherent and easy to use.

However, as the national consultation progressed, one of the most consistent messages across the country was that people whose job description actually says “knowledge broker” are few and far between; and the feeling was that in Canada, that situation is not likely to change. That's why the foundation was told to shift its emphasis from the idea of the individual knowledge broker to the activity — brokering. But that distinction wasn't mentioned in the literature. In all the research reviewed, the emphasis was very much on the broker as an individual, a person who works full-time at knowledge brokering. Knowledge-brokering firms, companies dedicated to the practice, usually for-profit, were also mentioned.

What is a broker?

There is one refinement that sets those doing knowledge brokering apart from others involved in knowledge transfer: the broker role is about bringing people together. A broker, by definition, is a go-between. Real estate brokers don't own the houses they sell;

they represent the owners, identifying the best way to move their house on the market. Nor are real estate brokers the buyers; instead their role is to find what the buyers are looking for. They bring people together. Indeed, as Cullen (2001) states, “the concept of [the] broker is to bring together for mutual advantage, rather than just selling some solution.” Similarly, Higgins (2000) argues that brokers are negotiators who facilitate communication, access to information, and exchange of knowledge among network members.

Thus the researcher who takes the trouble to seek out a health-system administrator with new findings is doing knowledge transfer but not brokering. That same individual running biannual meetings between her researcher colleagues and the policy branch of a provincial health ministry is acting as a knowledge broker. A communications specialist who translates research into plain language and packages it in an accessible, quick-answer format is working on dissemination techniques but not brokering. The same communications specialist acting as a liaison for the ministry, building a network of academic contacts, and helping policy planners to develop evidence-gathering projects is brokering. Brokers, then, are links between different entities or individuals that otherwise would not have any relationship (Gould and Fernandez, 1989; Feldman 2001; Stone, 1996). Their core function is connecting people to share and exchange knowledge (Hellstrom, Malmquist, and Mikaelsson, 2001). They do so by bringing together people with common interests who rarely interact with each other (Earl and Scott 1999).

Theory and practice at the consultations

The consultations explored the reality of knowledge brokering and linked that to possible actions the Canadian Health Services Research Foundation could undertake to promote that work. Some of the interventions suggested may be the inspiration for demonstration projects to be funded by the foundation and partners; others are activities that can be undertaken sooner to promote awareness and brokering activities in the short term.

It became clear in the consultations that much of the brokering going on in Canada is an

unrecognized, largely unplanned activity, and promoting brokering must begin with getting recognition for these tacit activities. It's rare for an enterprising academic who organizes meetings or for a policy analyst who keeps up a network of academic contacts and brings them in for advice to be recognized as a knowledge broker. A lack of identifiable brokers and broker groups undermines the function by fragmenting the actions and responsibility among different people, say Feldman and colleagues (2001). Management must "understand the level and nature of resources" brokers require to do the job well (Earl and Scott 1999), but without recognition the function won't be encouraged or properly supported and can't be evaluated.

Bring it out in the open

Consultation participants said the Canadian Health Services Research Foundation should focus the spotlight on what is happening without fanfare in countless organizations. Perhaps one of the demonstration projects could carve off a chunk of someone's time for dedicated knowledge brokering. It may be that in one organization, several people do a bit of brokering; another demonstration project might formalize them into a team, with set goals and tasks. The point would be to take knowledge brokering from its status as a happy accident to a recognized function in delivering better healthcare.

Many people at the consultations called for the foundation to lead an effort to change institutional cultures and get decision makers to recognize that brokering is a necessary complement to a commitment to using research in evidence-based decisions. According to the literature review, a supportive organization is prepared to "create and leverage intellectual capital" (AlBanna, 1999). Its working atmosphere is collaborative, and it has the necessary technology and human assets to allow knowledge to be developed and exploited. Smith (2001) says "supportive, interactive learning environments built on trust, openness and collective ownership definitely encourage knowledge acquisition and sharing." Several articles said supportive organizations must have knowledge-management processes, so that earlier experiences and research are available to be shared and reused. That, in turn, means brokers can use knowledge management as a tool for

organizational transformation (Earl and Scott, 1999; Sverrison, 2001). Supportive organizations are also prepared to give a free hand to knowledge brokers to do their work, recognizing that “valuable human and knowledge resources will be wasted unless management openly accepts and supports efforts to gather, sort, transform, record and share knowledge” (Smith, 2001).

A supportive organization also trusts its brokers; Feldman and colleagues (2001) note that brokers are necessary in the first place because of a lack of trust among people who work together. In a supportive organization, brokers are not seen as an add-on or a burden, because management understands that by encouraging the use of evidence in decisions, they make the whole organization more efficient. Brokers will regularize knowledge transfer, from building relationships with the research community to checking for best practices to ensuring that knowledge is put into use.

Subject to circumstances

At the same time, people at the meetings agreed, it's not possible to produce a one-size-fits-all job description for a knowledge broker. The job is very context-specific. Knowledge brokering in a provincial ministry of health could require a broad knowledge of the relevant literature and relationships with researchers, while in a regional health authority, the job could entail much more development of links with all the authorities in the province, to identify and share best practices and research-based evidence. The best broker for a research centre, however, might be someone with lengthy experience in a decision-making organization to help ensure the work being done was relevant, timely, and aimed at the right audiences.

The literature search endorsed the idea that there is no hard-and-fast job description for a knowledge broker. In a 2002 article, Hargadon says that acquiring the skill for identifying existing knowledge and how to use it in subsequent projects is not easy; the fact that criteria for evaluating knowledge brokers is still evolving can make the job hard to fill (Detwiller, 1995). However, the literature review and those consulted agreed it is possible

to list some of the skills that are necessary for effective knowledge brokering; blended with details of a specific organization's needs and role, they could be worked up into a job description.

The core skill set

While a one-size-fits-all job description is not possible, there are common core skills involve in knowledge brokering.

Evidence gathering

Certainly, in all cases, an ability to find relevant evidence is key. Expertise in searching the web is crucial, both to search out academic research and to find other, less formal, contextual evidence. Increasing expertise in using the web has made knowledge brokering much more efficient, according to Ofek and Savary (2002).

Critical appraisal

Once evidence is located, anyone doing brokering requires sufficient knowledge to be able to assess information for its quality, relevance, and applicability to a given situation. Without a good understanding or knowledge of the sector, a broker would find it difficult to evaluate information obtained. Good background lets a knowledge broker quickly access knowledge capital to solve a problem (Breton, Landry, and Ouimet, 2002). In Canada, healthcare is embedded in many political contexts; therefore, in addition to knowledge of healthcare operations, a good broker needs to be familiar with the broader healthcare world, its players, and controversies, as well as the political issues and public attitudes toward it. They may not be research, but all of those factors influence decisions.

Personal attributes

Participants in the consultations felt that the people who would work well as brokers have a certain type of mind: flexible, curious, and able to see the big picture, to make links among a range of ideas and bits of information. They agree with Hargadon and Sutton

(2000) that self-confidence is a necessary trait, but that good brokers are not arrogant. The review found that knowledge brokers are imaginative, intuitive, inquisitive, and inspirational leaders who are capable of managing human intellect and helping to convert it into useful products or services (Smith, 2001). Their analytical skills enable them to figure out why some ideas fail while also picking up “hints about problems the idea might solve someday” (Hargadon and Sutton, 2000).

Mediation

Brokering’s emphasis on dealing with people demands mediation skills, the ability to build teams, and considerable diplomacy, since groups with very different goals and experience do not always work well together. It also — and this can be hard for people in Canadian healthcare to accept — requires some business skills. There’s more than a touch of marketing skill needed in selling people on new ideas and presenting information in useful and appealing formats. Consequently, brokers resemble Stone’s (1996) “competent policy entrepreneur” who knows how to generate and moderate discussions and talks. And a successful broker probably has an entrepreneurial side, an inclination towards innovation and risk-taking; the review suggests that funding agencies act as entrepreneurs when they invest in knowledge brokering activities (Estes, 1993).

Communication

Both the review and the consultations said communication skills are very important for knowledge brokers. While brokering is much more than just writing plain-language research summaries and facilitating meetings, people doing it must have the ability to process information or ideas into useable forms with ease (Guetzkow, 1959). It’s essential to use clear, simple, effective language to communicate knowledge to a target audience. That’s long been recognized in agriculture, where brokers communicate new ideas to the farming community by “translating” external research into language suited to the farmers’ culture and ways of learning and understanding (Hartwich and von Oppen, 2000).

Curiosity and listening

The literature review discussed other skills, including listening, which some would say was an inherent aspect of communication (but others might not recognize as such!). Brokers can't help share ideas, or disseminate them, if they aren't searching them out from people. Thomas Hellstrom and colleagues (2001) describe brokers as those "who invest their time in moving around the organization, talking to as many people as possible, listening and establishing knowledge needs and corresponding expertise so that these can be connected." Nor is listening sufficient: learning needs to be continuous, whether informally on the job or through special training.

The tasks

Knowledge transfer is catching on: more and more researchers, healthcare organizations, and policy shops are active in preparing research for real applications by writing summaries and identifying main messages and the target audiences they're aimed at (Lavis et al., 2003). Practical need is more often shaping research agendas, and dissemination methods are being planned as findings develop. But knowledge brokering goes beyond these essential steps in transfer. As the review found, knowledge brokering is distinct from research transfer, which is a form of dissemination but does not trigger knowledge re-use or innovation; it is an intermediary position, but not a broker job (Decker, Williamson, and Sycara, 1996).

Brokering begins with choosing the right people to bring together over an issue (and, indeed, with choosing the right issues). Depending on the context, a broker might organize meetings where researchers and ministry staff work together to define researchable policy questions. Or brokering could be bringing together a group of practitioners or decision makers to share experiences or hear about new evidence on the work they do. Getting the right mix of people and information together to tackle the right issue at the right time is the essence of brokering. Hellstrom and colleagues (2001) describe brokers as "catalysts whose responsibility it would be to connect those with

knowledge and experience with those who needed it for a particular purpose.” The article goes on to say brokers assist with knowledge exchange and learning within a network through such means as face-to-face meetings, workshops, and e-mail. Brokers put those who need to know things in touch with people with expertise; they connect people across organizational boundaries. They are recognized as resources, and they follow up on ideas and information they hear about.

Under the foundation’s definition, brokers also act on behalf of decision makers by keeping in touch with academics and other healthcare organizations or policy shops, so there is a channel for evidence into the organization, even when it hasn’t been solicited. Can researchers get to a health region’s CEO directly, or is it easier for them to call up the broker they met at a recent health-research conference? Wouldn’t someone working in knowledge transfer at a health region more readily bounce an idea off a colleague at another organization if she is designated as the person whose job is to gather information and share it?

People at our meetings and evidence gathered in our review emphasized the crucial task (and skill) of “networking.” Brokers use it to seek and maintain viable contacts within and outside the organization (Dekker, Stokman, and Franses, 2003). It also means they “freely intermingle with colleagues, to utilize every opportunity to chat up somebody, and to sit with colleagues at every opportunity to catch up on new developments or proposals” (Hellstrom, Malmquist, and Mikaelsson, 2001; Hartwitch and von Oppen, 2000). Effective knowledge brokers develop strong relationships with providers and “users” of knowledge (Oldham and McLean, 1997). Such relationships may be developed over coffee or start at workshops or conferences and then grow. Many people relate mainly through e-mail. Whatever the method, relationship-management skills are vital in brokering and should therefore be cultivated, nurtured, and protected (Earl and Scott, 1999; Cullen, 2001).

However, advice on the way to develop networks, like most of the functions recognized as part of brokering, is not readily available. It is one of several key aspects of knowledge brokering for which there is little information and probably no training. Feldman and

colleagues (2001) note that many knowledge-brokering methods are unclear. Across the country, people in meetings noted the need to develop records of best practices in knowledge brokering; the literature review found none. This supports the idea the foundation needs to do more to identify or develop useful models for brokers to follow.

Evidence-based decision-making is a well-established idea in Canadian healthcare, its practice arguably less so. Another task in brokering is to push continuously for the use of research-based evidence in planning and delivering healthcare. Busy decision makers may want to take quick action without reviewing research; someone designated as a broker can speak up in meetings in favour of checking evidence, or reviewing research, or commissioning new research, depending on the time and the nature of the problem (and Feldman notes policy makers prefer information from trusted sources). The broker's task could be as simple as calling a few other organizations to see how they deal with something or doing a quick review of journals, or as complicated as convening consultations with stakeholders and commissioning a synthesis of the results — any, of course, is easier for someone with a strong network of contacts.

Finding examples of solutions to problems that have come up previously is part of one key broker strength: the knowledge of “who knows who, what and when of the system” (Hellstrom, Malmquist, and Mikaelsson, 2001). But new ideas, whether adopted from another organization or based on new research, should be evaluated. The foundation believes evaluation of changes is another possible task for brokers, although the idea was not addressed in the articles reviewed, unless it was implied under the general term of “follow-up.” The foundation can also see a role for brokers in supporting the changes they have introduced, monitoring organizations for continued compliance with new ideas to keep people from slipping back into old habits, or encouraging workers and even other organizations to follow suit.

Reaching out to each other

People who attended the meetings felt brokering needs to reach critical mass — the more it's done, the more it will be recognized, the more people will understand the process and want to encourage it with time, energy, and money, and the review reinforced that idea. But knowledge brokering is not often recognized as an important, separate activity in the world of Canadian healthcare, people at the consultations said. The foundation's solution is to create a network of people who do knowledge brokering. As a fairly new practice, thinly spread across the country and often not even acknowledged for what it is, there is a very real danger that commitment to brokering could fizzle out and crucial energy be wasted as isolated practitioners reinvent a lot of wheels. By creating a web site, organizing regular meetings, publicizing knowledge brokering efforts, alerting people to best practices, and funding the demonstration projects, the foundation can help create a national network for people working as knowledge brokers, which will give them somewhere to turn for information and support.

Training

The foundation was seen as a natural source of training in brokering. As noted, there is no formal education for the job, but its ad hoc evolution means that people doing it could likely benefit from assorted types of training, from courses on mediation, critical appraisal of research, and the techniques of teaching adults to policy development, research methodology, and communications. The foundation could also collect and disseminate best practices and anecdotal accounts of people's brokering experiences.

Demonstration projects

The participants' frequent reiteration that the foundation needs to seed a cultural change to promote understanding of and demand for knowledge brokers led to the decision to fund a series of demonstration projects. The goal is to test the effectiveness of various

approaches to knowledge brokering, but because brokering is so context-specific, the foundation will not dictate the design of the demonstrations, beyond giving a set of broad principles. This approach will also recognize the resourcefulness and creativity of those involved in knowledge transfer.

Guiding principles

The projects must, as their central feature, promote brokering's function of encouraging evidence-based decision-making by bringing together people and helping them engage in collaborative problem-solving. The projects must be led by decision-making organizations. The projects must be new; the foundation will not help fund established programs, or things that would have taken place anyway, such as workshops or conferences. Finally, a foundation team will work with all the projects to do the evaluations.

The foundation will call for proposals of demonstration projects in early 2004. They will be assessed, as are all foundation grants, by a panel made up of researchers and decision makers, and in this case, knowledge brokers. All kinds of healthcare organizations will be eligible, from provincial ministries to regional health authorities to individual healthcare organizations. The demonstration projects will run for three to five years. Interim evaluation reports and a final assessment will be released.

The Canadian Health Services Research Foundation is anxious to test best practices in brokering in this evidence-based way, and produce properly evaluated best (or worst) practices as a result. We want to be part of building the literature on knowledge brokering, particularly for non-profit and public-sector organizations. But, in advance of developing the necessary research and evidence, the foundation is already committed to the idea that brokering should be encouraged, the number of people doing it increased, and the effectiveness of their efforts improved. To that end, the foundation will continue to work to build a national network of people doing knowledge brokering by offering meetings, information, reports, and other activities.

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OUR PURPOSE

Vision

Our vision is a strong Canadian healthcare system that is guided by solid, research-based management and policy decisions.

Mission

Our mission is to support evidence-based decision-making in the organization, management and delivery of health services through funding research, building capacity and transferring knowledge.

Approach

Our focus is on the people who run the health system, as well as health services researchers. We help them get involved in research that makes a difference, help them produce, find and apply new knowledge to improve management and policy decisions, and bring the two groups together so they can each influence each other's work and share ideas and experiences.

NOTRE RAISON D'ÊTRE

Vision

Notre vision est celle d'un système de santé canadien fort qui est guidé par une gestion et des politiques solides, fondées sur la recherche.

Mission

Notre mission est d'appuyer la prise de décision fondée sur les données probantes dans l'organisation, la gestion et la prestation des services de santé par l'entremise de programmes de financement de la recherche, de développement des capacités et de transfert de connaissances.

Approche

Nous visons les gens qui dirigent le système de santé de même que les chercheurs des services de santé. Nous les aidons à participer à des recherches qui font une différence, puis à produire, à trouver et à appliquer de nouvelles connaissances qui amélioreront la gestion et les décisions des responsables de politiques. Nous réunissons ensuite les deux groupes afin qu'ils puissent exercer une influence mutuelle sur leurs travaux et échanger des idées et des expériences.