RESEARCH, PUBLIC POLICY-MAKING, AND KNOWLEDGE-TRANSLATION PROCESSES: CANADIAN EFFORTS TO BUILD BRIDGES

KEY MESSAGES

- Canadians are doing a lot to get research used in policy decisions and to bring researchers and policy makers together, but there are still many areas where knowledge translation programs need to be evaluated and expanded.
- Successful knowledge transfer initiatives include bringing researchers and policy makers together, focusing on policy makers’ needs when making research funding decisions, and participating in the Cochrane Effective Practice and Organisation of Care Group.
- Continuing education instructors have a significant role to play in moving knowledge translation forward — showing health professionals how and why they should connect with policy makers and encouraging researchers to forge greater links with these decision makers.

This is a summary of an article by John N. Lavis, published in the Journal of Continuing Education in the Health Professions in 2006.

Policy-making is fast-paced, unpredictable and often influenced by external events and special interest groups. Research, on the other hand, operates within comparatively long timeframes and is methodical, carefully planned and rigorously designed to avoid outside influences. So bringing the research and policy-making worlds together is no small feat.

In "Research, public policymaking, and knowledge-translation processes: Canadian efforts to build bridges," John Lavis looks at what Canadians are doing to bring the research and policy-making communities together, to ensure research findings are part of the policy-making process, to combat negative attitudes about research use and to build policy makers’ capacity to use research.

Bridging the gap

"Knowledge translation” plays a prominent part in bridging the research and policy-making communities, says Lavis. There are many ways to do it, but the end-goal is always the same: to move knowledge — usually research findings — from one community to another.

According to research done on knowledge translation, the most
effective way to transfer knowledge between researchers and policy makers is to bring the two groups together and have researchers produce fast answers to policy makers’ questions. Of course, that’s easier said than done.

Systematic reviews can play a significant role in being able to provide a quick answer to policy makers. A systematic review identifies, selects, appraises and synthesizes existing research on a specific topic. So in an ideal world, when a policy issue crops up, policy makers could find all the research they need encapsulated in a review. But in reality, it’s more likely that a review hasn’t yet been created. Some policy makers have had success working with a team of researchers to swiftly create a new review. But this is a relatively rare occurrence.

**What’s working well in Canada**

In Canada, some promising initiatives have narrowed the divide between researchers and decision makers and will make it possible to provide faster answers.

For example, a number of health organizations have spearheaded meetings between researchers and policy makers to identify what challenges policy makers expect to face in the future and what kind of research needs to be funded now to address those challenges. Another initiative involves increasing the number of systematic reviews to address the questions asked by public policy makers through Canada’s participation in the Cochrane Effective Practice and Organisation of Care Group.

The kinds of research being funded can also bridge the gap between researchers and policy makers. Some Canadian research funders are using policy makers’ priority issues to help determine which projects receive money. Other funding bodies are taking it a step further: offering money specifically for projects where researchers and the people who make public policy partner together.

To broaden the kinds of policy questions they can address, a few Canadian researchers are looking at how the systematic review process might change to address questions posed by policy makers which go beyond effectiveness.

**Where Canada could do better**

When it comes to the “push” for more research findings in policy and the “pull” to increase researcher participation and the use of research in knowledge transfer in Canada, there is room for improvement, says Lavis. Research funders are allowing researchers to build the cost of marketing their research results into their research budgets. It sounds promising, but it has its pitfalls: research teams aren’t always required to show that their results could be of significant interest to policy makers.

Then there’s the Canadian Cochrane Network, an initiative which offers the provinces affordable access to the Cochrane Library, a one-stop shop for high-quality systematic reviews. It is an exciting concept, but only two provinces have signed up so far.

The Canadian Agency for Drugs and Technologies in Health is offering a rapid response service that digs up the research findings on specific policy questions, promising an impressive turnaround time of 30 days. But it is the only organization that provides this kind of service, and it is limited to looking at health technology.

**Expansion required**

More can and should be done when it comes to getting research used in policy-making, says Lavis.
None of the knowledge-translation initiatives mentioned here has been rigorously evaluated. This means there’s a lot more work to be done, not only in expanding these programs, but also in demonstrating how well they function.

The people involved in the continuing education of health professionals have a significant role in moving knowledge translation forward, says Lavis. These men and women can play a key part in showing health professionals how they can connect with policy makers, why it’s important and what the barriers are. They will also be a source of motivation for researchers, encouraging them to dedicate energy and commitment to developing greater partnerships with the policy-making community.

**Reference**