Knowledge translation (KT)

The essence of KT relates to the co-production and communication of research evidence for policy or practice. It has been defined as “a dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically sound application of knowledge to improve health, provide more effective health services and products, and strengthen the health care system.” Part of the process is engaging with groups of research users, such as health policy decision-makers.

Often research evidence is underutilised in policymaking, sometimes reflected in perceptions of policymakers and researchers as ‘two communities’. KT and its affiliated concepts (e.g. knowledge exchange, knowledge mobilisation, implementation science) address this challenge. Timing, timeliness, relevance and accessibility of research evidence are critical to effective KT. It is important to acknowledge that evidence is only one element in policy development; other factors include the broader political, economic and social context, ideologues, views of constituents, media, and government institutions.

The policy cycle

One example of the policy cycle is depicted in Figure 1. It indicates the various phases in which researchers may be involved. In the real world, the process is complex and typically non-linear.

Anticipation: The issue identification phase allows researchers to align their research to windows of opportunity. It provides occasions to introduce policymakers to new ideas, raise awareness of problems, and stimulate discussion. During this phase, policymakers may communicate potential future needs to researchers to inform research directions. This approach strengthens the research and enhances its relevance, accessibility and timeliness.

Formulation: In the information-gathering phase, policymakers may obtain evidence directly from a range of sources and use it to inform options for future policies. Researchers may be instrumental in problem solving in this phase, enabling access to evidence, providing details to frame a potential policy issue as well as helping to define a particular question, highlight different approaches, evaluate previous policies and/or balance recommendations. To do this, researchers synthesise targeted information into accessible formats.

Consultation: Policy options may be discussed through consultation with key stakeholders. Researchers may advise on proposals or provide information to clarify a specific position, project or the field more broadly. This stage may include activities coordinated by knowledge brokers in which researchers can discuss implications of the available evidence and policymakers can ask questions about application of the knowledge.

Adoption: At the implementation phase, policy options are presented to government decision-makers. During this time, the relevance/quality of the evidence used to develop the options may be assessed and researchers may have a role to play in championing a particular policy. Once a decision has been made, researchers may inform the process for rolling out a policy.

Evaluation: Evidence from evaluations is used to inform future anticipation and formulation stages. Researchers may contribute to designing an evaluation framework, monitoring an initiative, collecting data and conducting final evaluations.

KT mechanisms

There are some key mechanisms which can be employed to encourage KT between researchers and policymakers. However, these activities need to be facilitated by adequate institutional arrangements and organisational resources.

Conversations: Consistent evidence supports the value of transparent, timely conversations for encouraging effective collaboration and
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