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Mobilising Knowledge in Public Health

*Reflections on 10 years of
collaborative working
in Fuse*

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Content

- What stops knowledge from being mobilised?
- Frameworks and models for knowledge mobilisation
- Fuse model: 4 steps in Knowledge Exchange
- Where PAW fits into the Fuse model
- Next steps



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How long does it take to get research into practice?



How long does it take to get research into practice?



(Morris et al. 2011)



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What stops knowledge from being mobilised?

- Research take-up in practice is slow
- Research is often not useful:
 - Takes too long to report
 - No actionable recommendations
 - Fails to address most pressing local issues (Van der Graaf et al. 2017)



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What stops knowledge from being mobilised?

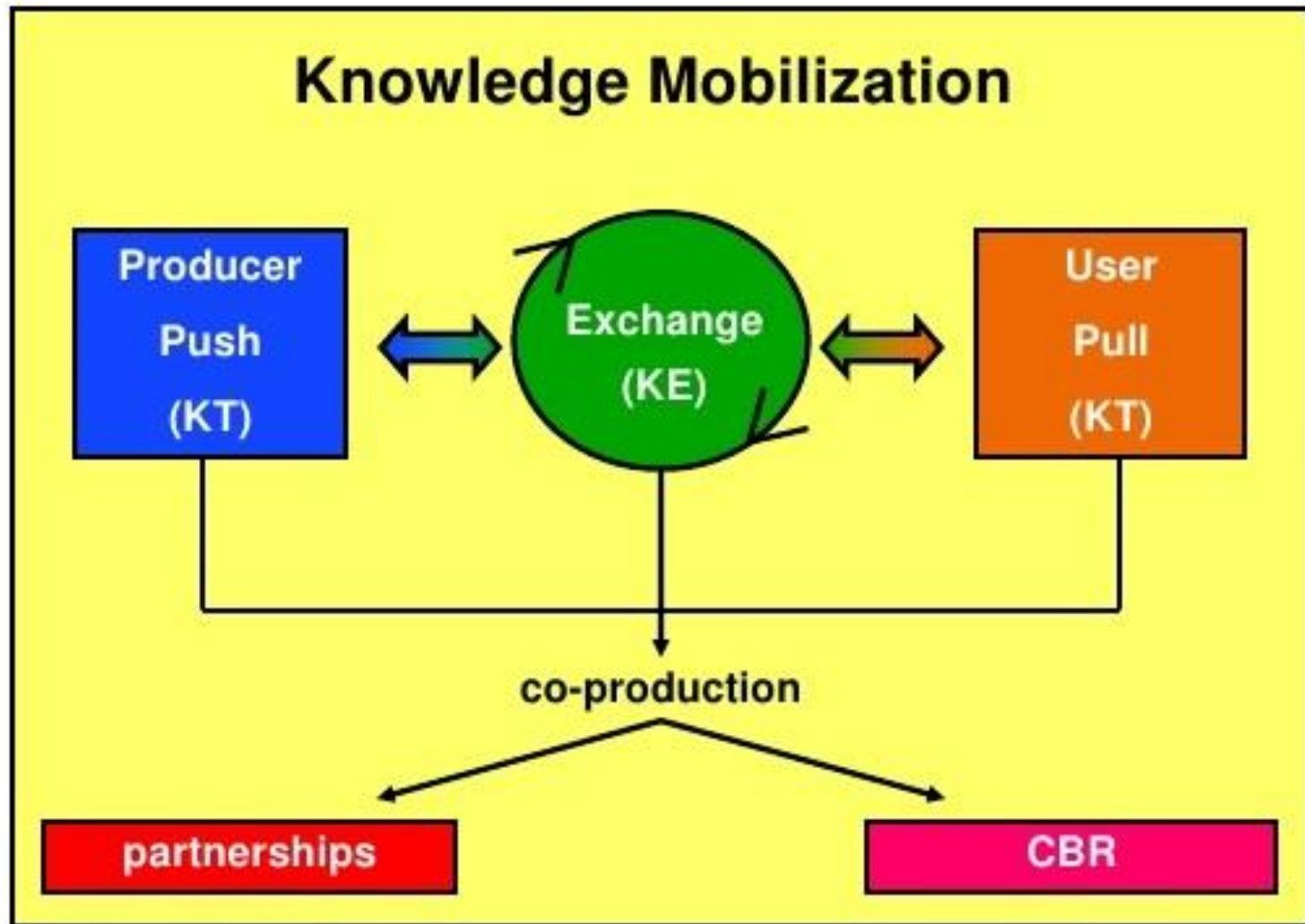
- Research evidence only one type of knowledge:
 - *Technical expertise* (practical skills, experiences and expertise)
 - *Practical wisdom* (professional judgments, values, beliefs)



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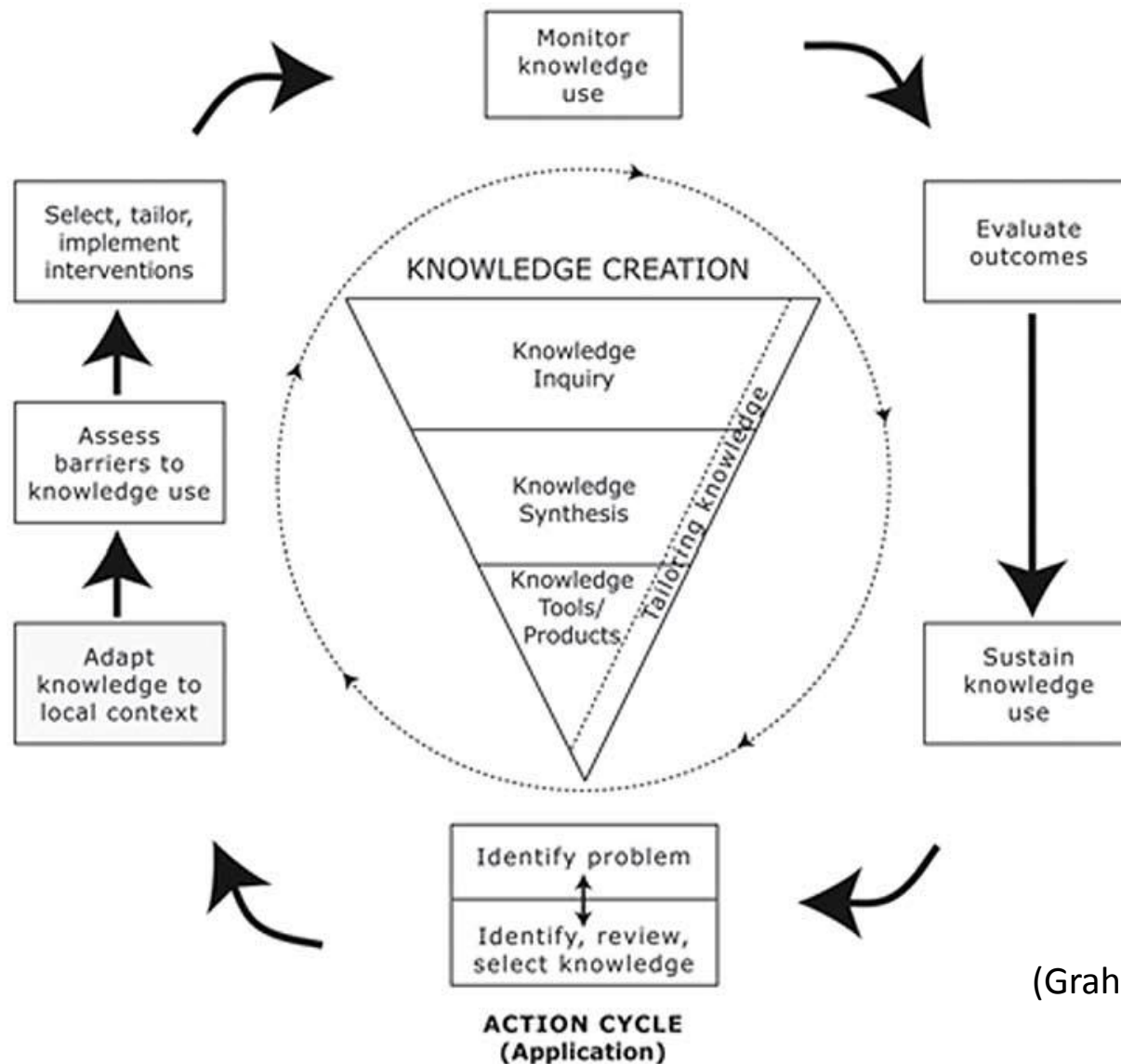
How to bridge the gap?



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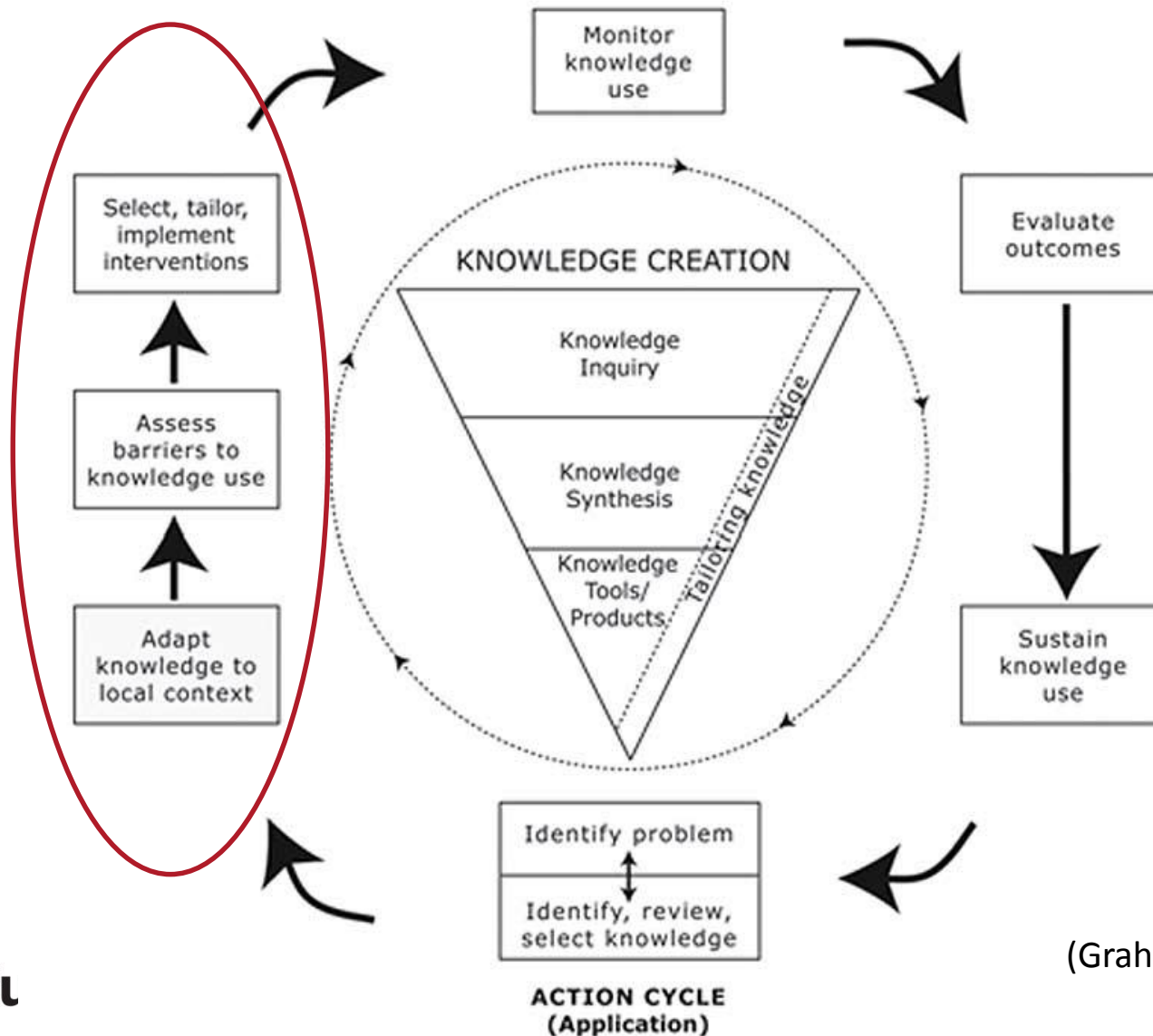
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Knowledge to Action framework



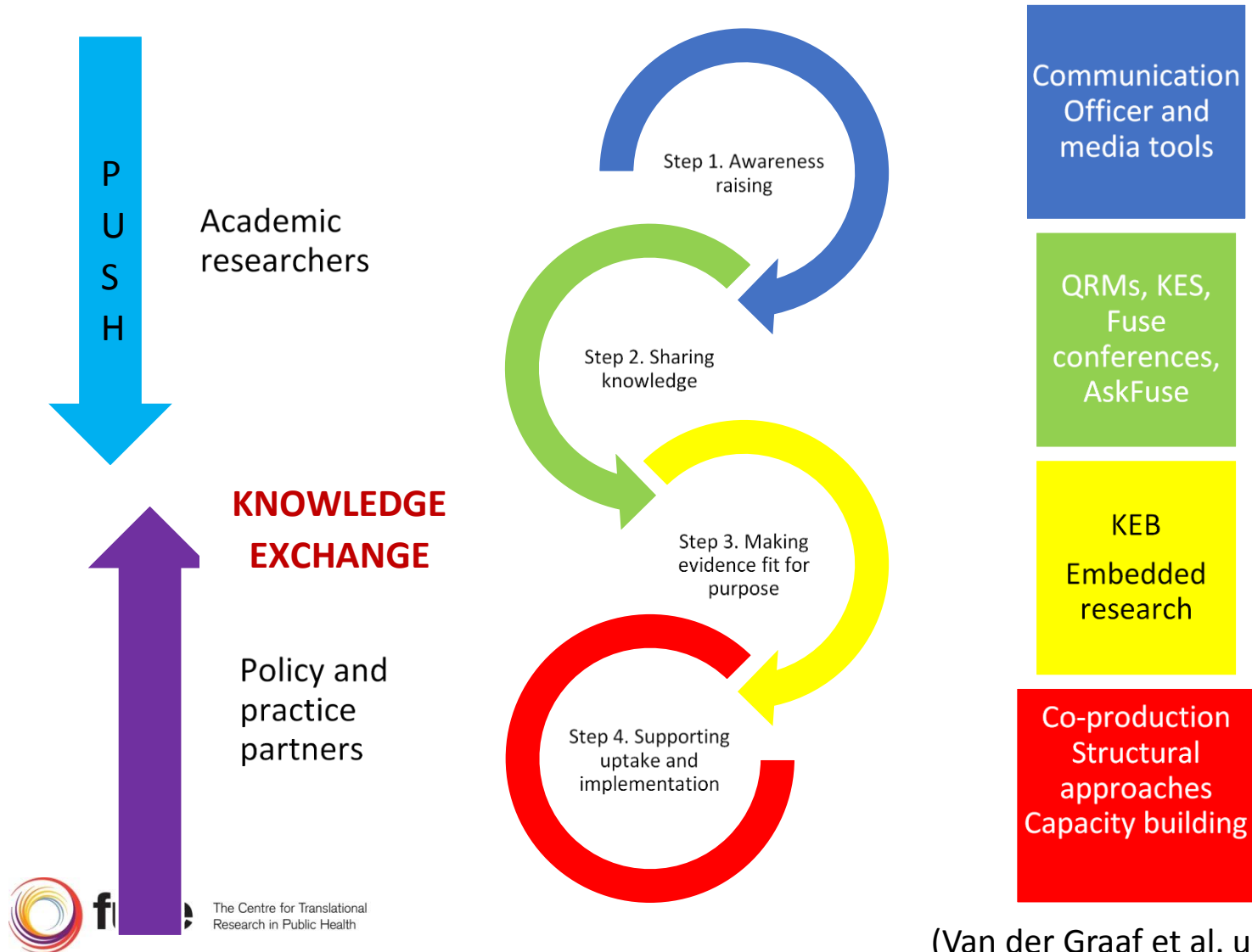
(Graham et al. 2013)

Knowledge to Action framework



(Graham et al. 2013)

Fuse Knowledge Exchange model



(Van der Graaf et al. under review)

Supporting uptake and implementation

- New ways of producing and using evidence (*co-production and co-creation*)
- *Capacity building*: institutional culture of knowledge exchange/ skills throughout career pathways
- *Linking* knowledge exchange activities effectively (structural approaches)



➔ Requires **long term, trusting relationships** between academics, practitioners and policymakers



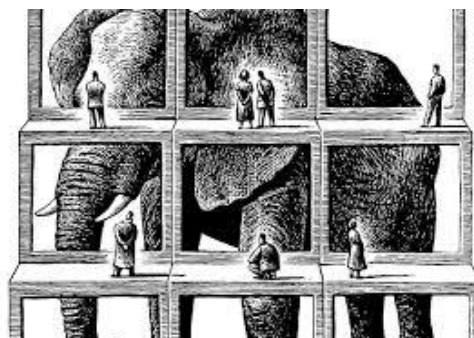
Learning from Fuse

- KE is a social process: developing and maintaining relationships
- Integrating Comms and KB functions for co-creating relevant research
- New ways of producing evidence (e.g. embedded research) critical for impact
- Support uptake through capacity building and understanding of the local context



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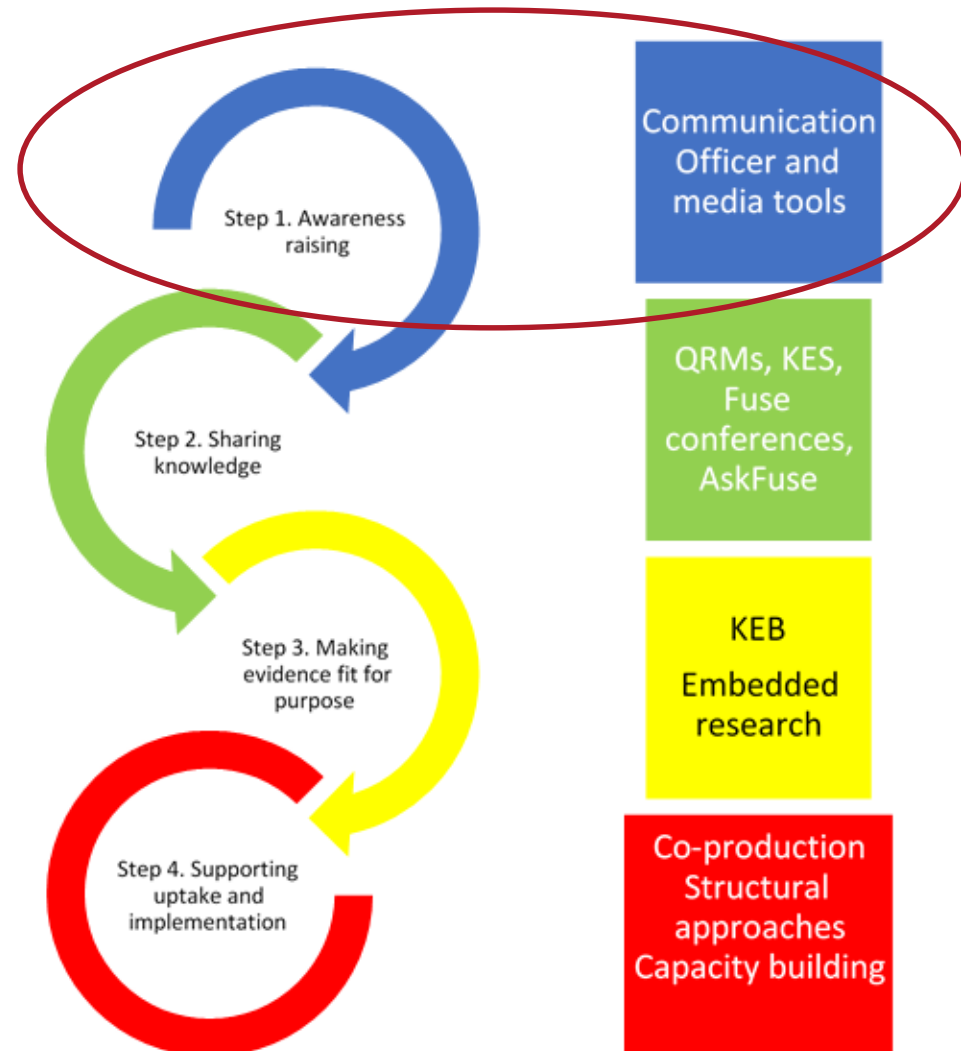
Where PAW fits in Fuse model

Step 1. Awareness raising

- PAW emails
- Fuse website
- Twitter

What can we do more?

- Joint papers
- PAW e-newsletter
- Research and practice briefs



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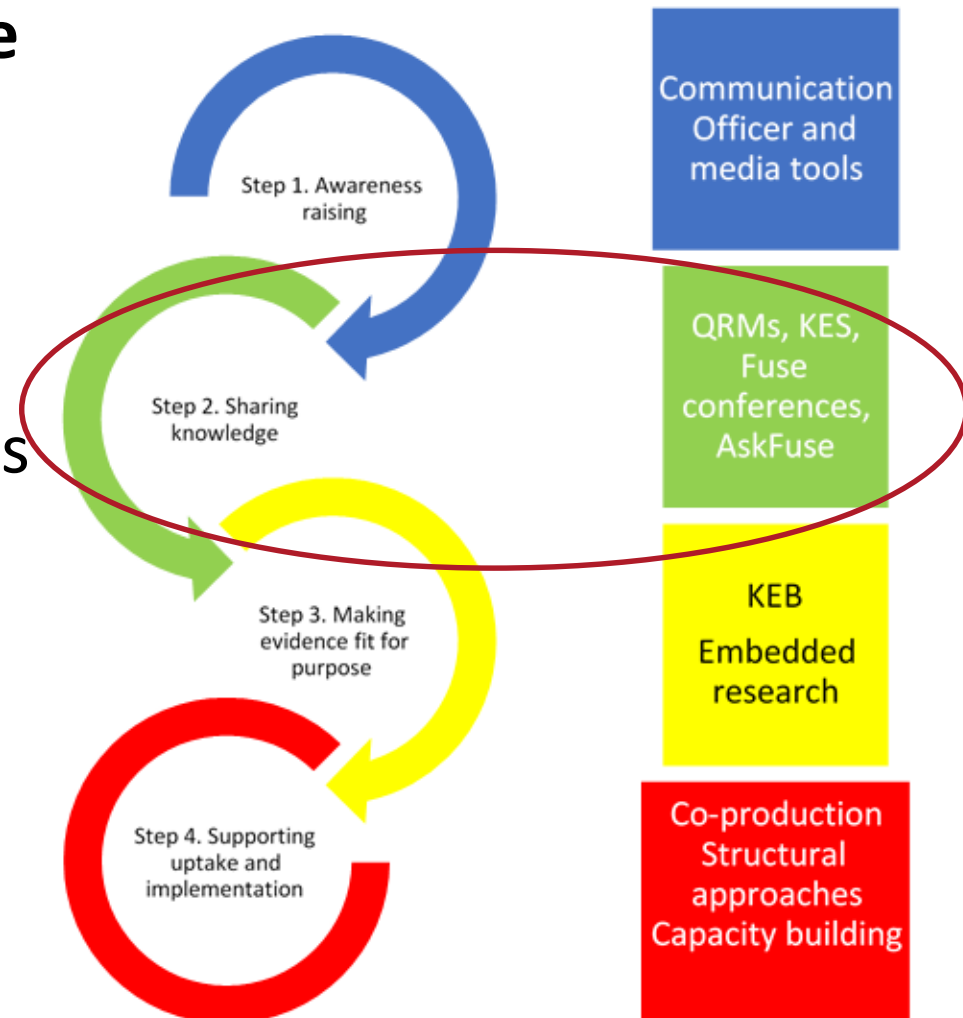
Where PAW fits in Fuse model

Step 2. Sharing knowledge

- PAW events

What can we do more?

- Support AskFuse enquiries
- Research Development Groups



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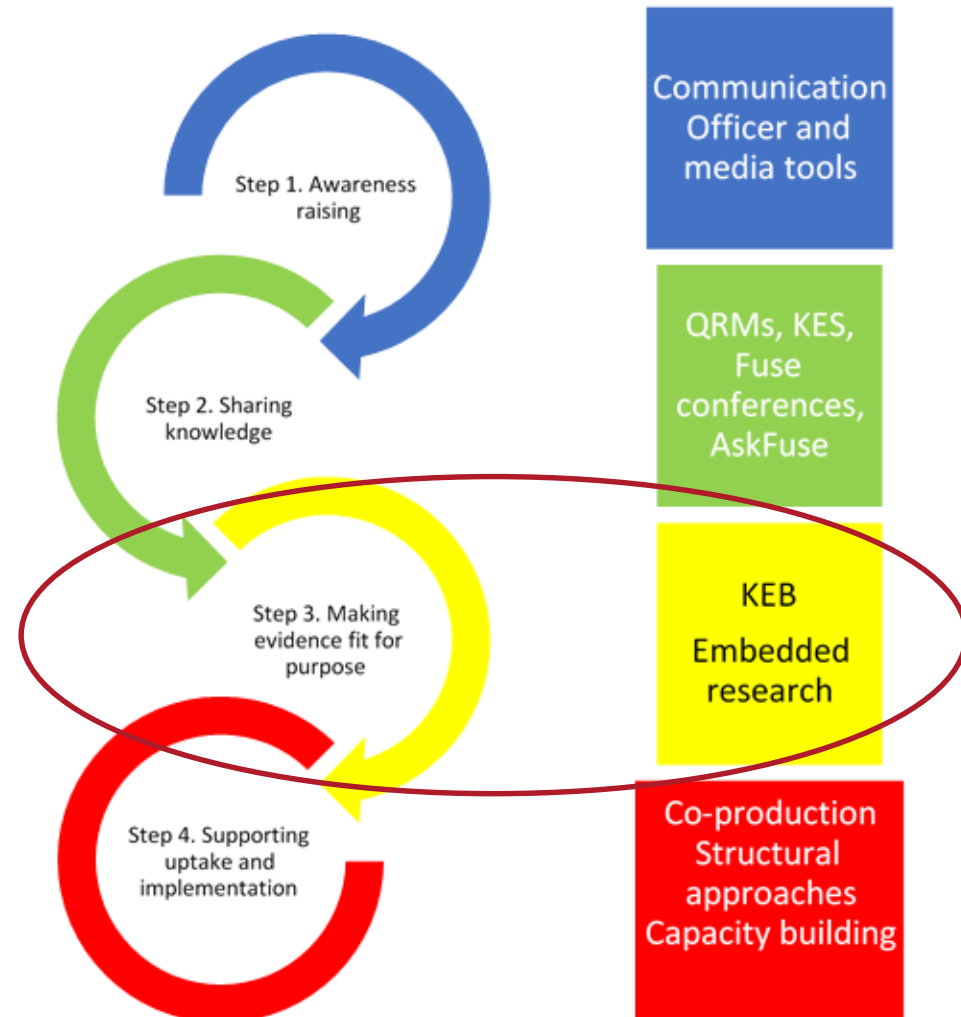
Where PAW fits in Fuse model

Step 3. Making evidence fit for purpose

- ??

What can we do more?

- Embedded posts in commissioning organisations and HEIs



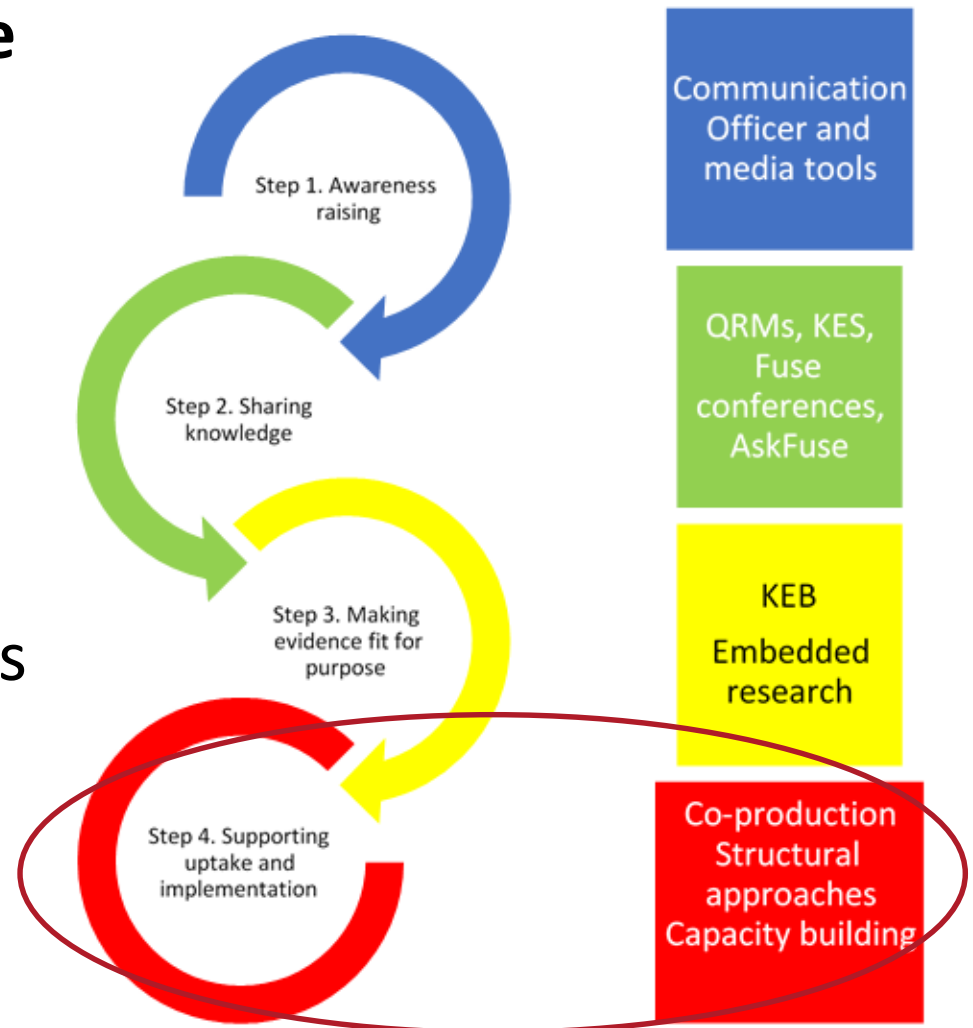
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Where PAW fits in Fuse model

Step 4. Supporting uptake and implementation

- Collaborative research projects (co-production)
- Capacity building: PhD studentships
- Linking KE activities: blogs and briefs linked to PAW events, follow up with RDGs



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Top tips for collaborative research



- Get to know each other's systems: attend events in practice organisations and HEIs
- Start conversations about research early
- Be realistic/ set expectations
- Consider different types of evidence
- Quick wins (e.g. advice on collecting base line data)
- Write case studies together (e.g. ID Framework)
- Be flexible: interactive process

Thank you!



**"My job is to make decisions. Your job
is to make them good decisions."**

References

Morris Z, Wooding S, Grant J. The answer is 17 years, what is the question: understanding time lags in translational research. *Journal of the Royal Society of Medicine*, 2011. 104(12): p. 510-520

Graham I, Logan J, Harrison M, Straus S, Tetroe J, Caswell W, Robinson N. Lost in knowledge translation: time for a map?. *J Contin Educ Health Prof*. 2006, 26: 13-24. 10.1002/chp.47.

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Van der Graaf P, Cheetham M, Lake A, Welford M, Rushmer R, Shucksmith J. Mobilising knowledge in public health: reflections on 10 years of collaborative working in Fuse, the Centre for Translational Research in Public Health. *Evidence & Policy* (under review)



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What's in a name?



Knowledge mobilisation:

All the activities and outputs that builds awareness, and enables use of the research (***Doing it***)

Implementation Science:

Studying the process of getting research into practice (***How to do it***)

Quality Improvement:

Use tools/ frameworks to change health services (***Creating impact***)



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Principles for knowledge exchange

1. **Clarify your purpose and knowledge sharing goals** - What do you want your findings to do, or to change?
2. **Identify knowledge users and stakeholders** - Who would be interested in this research, or need to know about it?
3. **Agree expectations** - How will you get a shared understanding what is expected of everyone and what can be achieved?
4. **Use knowledge users' expertise** - How will you design the research to benefit from their expertise and knowledge?
5. **Monitor, reflect and be responsive** - How will you know if your knowledge sharing activities have met your goals?
6. **Leave a legacy** - How can you develop, capture and sustain any benefits?

(Rushmer et al. 2018)