SEMINAR REPORT

"TRANSLATING RESEARCH INTO BETTER PUBLIC HEALTH: WHAT DOES IT MEAN FOR THE CoE (NI)?"

11 FEBRUARY 2009

- 1. To continue the conversations in the CoE, a workshop was held on 11 February 2009 at QUB.
- 2. The workshop was facilitated by Kevin Balanda and Helen McAneney.
- 3. The workshop was attended by 13 people excluding facilitators. Most were from outside QUB (including Belfast City Council, NHSSB, BHSCT, Centre for Public Health, NICR, Institute of Agri-food and Land Use (QUB), etc).
- 4. Programme was:

Introductions

Part 1: What's "knowledge brokerage" all about? Presentation and Q&A (Kevin Balanda) Small group discussions

Part 2: What the Centre of Excellence is doing Presentation and Q&A (Kevin Balanda) Small group discussions

Summing up and Close

Slides and handouts are available on the CoE's website.

- 5. Evaluations (8/13) were very positive indeed. In their comments, people said they were grateful for the opportunity to meet others, get an update on the CoE's work and have the opportunity to discuss these issues. The venue and furniture was perhaps not the most suitable for small group work.
- 6. Key messages from discussions about "What's Knowledge management about?":
 - The aim of knowledge brokerage (KB) should be to improve the public's health and reduce health inequalities
 - KB does this by supporting evidence-based policy and practice
 - There was support for three draft principles that were discussed:
 - Policy and practice should be at the centre of this enterprise
 - Its focus should be on the "sharing, doing and learning" cycle
 - It must based on a partnership between researchers, policy makers, practitioners, and the community and voluntary sector
 - The ongoing discourse about language and logic of "knowledge brokerage" is important, but we should not be immobilised by the lack of agreement about terminology, etc.
 - We should keep things simple and the workshop supported the use of the terms "dissemination" and "implementation"
 - People thought that a casebook of examples and a show case of these would be useful.

- 7. Key messages from discussions about "What the CoE is doing":
 - The overview of the CoE's work was considered comprehensive but we need to focus on more specific initiatives. The filling of the Health Intelligence Officer post (currently being recruited) would allow work to progress.
 - It was felt that research needed to be more closely located to policy and practice; otherwise government-sponsored research would not be used.
 As well as research having an impact on policy, researchers need to know what policy makers and practitioners need to know.
 - We need to identify the barriers to academic researchers (and policy makers and practitioners) participating in the proposed partnership. These included the reward system within academia, the subject of grant schemes, etc
 - The difficulty of identifying the policy and practice implications of some sorts of epidemiologic research was noted.
- 8. Particular suggestions for action:
 - As a matter of routine, CoE researchers (at least) should identify and document the implications. Familiarity with current government health priorities and key policy documents would be helpful.
 - A number of existing (topic-specific) research groups exist. It would be useful to identify these as a first step towards bringing researchers and policy makers/practitioners together (also the extension of Regional Public Health Research Networks to Northern Ireland?)
 - It was felt that some charities maintained significant data holdings which might be useful from a research point of view if some research support was available to explore them
 - The CoE should look into developing closer links with the new Public Health Units
 - We should consider an event to showcase (with an associated "implementation award"?) examples of good practice in this area
 - Further workshops, possibly topic-specific, to enable discussions and interactions.

Kevin P Balanda & Helen McAneney 17 February 2009