

Moving Knowledge into Action for Women's Health

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March 2008

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White Paper: Moving Knowledge into Action for Women's Health

Quick Overview

In order to expand our knowledge of women's health in a way that has a positive effect on women's lives, it is vital that researchers share the knowledge they create with the clinicians, consumers, and policy makers who use it. Although the language around knowledge exchange may have changed over time and may differ between organizations, the concept has been a key objective of the Women's College Research Institute for over a decade.

The value of knowledge exchange is measured, in part, by the relationships that are cultivated in the spaced between traditional knowledge silos. Women's College Research Institute has managed to elevate the discourse around knowledge exchange; weaving concepts of partnership, creative dissemination, and mobilizing information into action into the fabric of how research in women's health is practiced.

Looking to the future, Women's College Hospital has the opportunity to build upon these foundations through a commitment to continued leadership in the realm of knowledge exchange. This includes an understanding of knowledge exchange as spanning research from conception to integration; a dedication to finding and inspiring connections between people, places, ideas and goals across organizational and disciplinary boundaries; the foresight to delve into unfamiliar territory in order to foster creativity and innovation in women's health research; and the ability to ensure new concepts can be linked to more practical, concrete practices to foster healthier transitions in times of change.

The process of knowledge exchange inspires situations where the most credible evidence is available to us in a timely fashion, and in a format that we can use. As such integrating knowledge exchange into the way we practice research, the way we develop policies, and the way we make decisions is critical to achieving the shift from simply knowing to actually doing – and truly doing the best that we can.

By creating a knowledge exchange program that is committed to this shift; that offers a clear definition of knowledge exchange; that strives to engage researchers, community members, and health system leaders; that shares and celebrates the research that exists and that continues to grow; the Women's College Research Institute is helping women make better, more informed decisions about their health. It is that simple.

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"It is not enough to have a good mind. The main thing is to use it well." ~ René Descartes

Introduction

Knowledge Exchange (KE) has many interpretations, many faces, and even many titles.¹ Yet at the core, it is about three things. It is about knowledge (research, evidence, and information); it is about people (and relationships); and it is about creating connections between people, places, ideas and goals that might otherwise exist in solitude. KE refers to activities that support effective and efficient access, implementation, use and evaluation of credible evidence for improved outcomes from the decisions we make. KE is about making knowledge ready for service or action.

The *Women's College Research Institute (WCRI)* defines knowledge exchange as "an interactive relationship between researchers and research users that fosters the ongoing sharing of perspectives and results and can create a research environment responsive to user needs and contexts."²

The Landscape

Funding agencies across Canada have been raising the banner of knowledge exchange for quite a number of years. Yet despite the popularity of the concept, few can agree on exactly what it is and how it can be done (successfully). Ironically, debating about terminology and theoretical underpinnings has moved the concept away from its essential function: to make research evidence accessible. Instead, it has created a list of labels that mean nothing to the practitioners and researchers who are making knowledge exchange part of their work, or the individuals who are supposedly 'benefiting' from the application of KE. In essence, the theory of knowledge exchange is running the risk of becoming (and in many ways has already become) precisely what it is trying to breakdown: a hypothesis understood only by those immersed in the debate.

The reality: while knowledge infrastructure can be complex; and relationships needed to foster effective knowledge sharing can be time consuming; knowledge exchange itself occurs everyday, in various settings, undertaken by individuals and organizations who often do not even know they are doing it. Unfortunately, KE still has not filtered into spaces where it may be most needed, and continues to be least understood.

Fortunately, the last couple of years have seen a renewal of the pillars of knowledge exchange in much of the professional discourse: emphasising genuinely cooperative partnerships, effective communication, and the value of establishing an infrastructure that supports the use and application of research evidence. Bringing these pillars to life requires a culture dedicated to moving knowledge into action, an infrastructure that cultivates engagement across disciplinary and institutional boundaries, a commitment to technological advancement, and obtaining measurements that can act as a gauge for the success of knowledge exchange activities. It is important to recognize, however, that while these are enablers to effective knowledge exchange,

¹ See for example Knowledge Transfer, Knowledge Mobilization, Knowledge Management, and Knowledge Translation.

² Quoted from http://www.womensresearch.ca/KE/what_KE.php

they must work together, rather than in solitude to effectively integrate knowledge exchange into the research process.

Technology, for instance, offers the promise of innovative communication models; and formats that allow social networking can foster creative cross-cultural partnerships. Yet, neither of these alone will ensure that research results from a particular project reach the people who can truly benefit from the findings. The value of knowledge exchange is in living these concepts, thus cultivating a culture that enables the activity, and applying specific knowledge exchange strategies to help solve important questions. This is not a one-size fits all solution, it must be tailored and applied to each particular situation.

National organizations such as CIHR³ and CHSRF⁴ have been working together more closely to present a unified approach to [the theory] of knowledge exchange, in order to allow it to grow stronger in its practice across the country. Strong partnerships also exist with provincial funding bodies such as AHFMR⁵ and MSFHR⁶, to mention a few. The sheer number of organizations and individuals continually excited about knowledge exchange exposes the natural potential for real impact that this concept holds.

With the appointment of a new Vice-President in Knowledge Translation in late 2006, CIHR has refined their focus on knowledge exchange and put it at the forefront of health research in Canada. In the last year, CIHR has made two critical shifts that emphasise the importance of knowledge exchange. First, they have opened funding opportunities to support two categories of KE: the end-of-grant knowledge translation, where researchers develop and implement a plan for making users aware of knowledge that has been gained from the project; and KE that is integrated with, or embedded in, the research process. ***It is the later type of grant support that celebrates the expansion of KE from an 'after-thought' to an integral part of how research is done from conception to answering a question posed by a user.*** This is something that WCRI has already been doing for years. The second vital shift is the [Policy to Access on Outputs](#) which aims to improve access to research publications and biomolecular data; more explicitly, it means that recipients of CIHR grants must ensure that their projects are freely accessible. This is not a novel idea; the U.S. National Institutes of Health mandated open online access to its funded research through the National Library of Medicine's online archive, PubMed Central.⁷ Other Canadian funding bodies such as IDRC⁸ have been

³ For more general information about CIHR visit www.cihr-irsc.gc.ca.

⁴ For a more extensive overview of the work of the Canadian Health Services Research Foundation (CHSRF) visit www.chsrf.ca.

⁵ The Alberta Heritage Foundation for Medical Research (AHFMR) has a strong focus on establishing a network of leaders in knowledge transfer, and advancing evaluation on knowledge transfer through their funding of the Health Research Transfer Network of Alberta (RTNA). See <http://www.ahfmr.ab.ca/rtna/> for more information.

⁶ The Michael Smith Foundation for Health Research (MSFHR) has a strong focus on building effective networks across disciplines and domains to encourage knowledge sharing and links between research questions, results, ideas and most of all the people involved in the entirety of the research process. For more information visit <http://www.msfhr.org/>.

⁷ [National Institutes of Health. Policy on enhancing public access to archived publications resulting from NIH-funded research. 2005](#)

⁸ The International Development Research Centre has led many open access publishing initiatives worldwide. See http://www.idrc.ca/en/ev-60867-201-1-DO_TOPIC.html for more information.

engaged in open access for several years now, and university structures such as Harvard⁹ have taken this approach even further by partnering with Google to allow not only open access, but fully disclosed public access as well. Currently, more than twenty research funding agencies around the world require supported research publications to be openly accessible. A united approach between Women's College Research Institute and the University of Toronto may allow for very tangible opportunities to create this kind of open access space for women's health research; thinking creatively may bring much needed knowledge directly to the women and practitioners who need it most.

CHSRF offers a different example of knowledge exchange. A leader at exposing the successes and setbacks of KE as it applies to health service delivery, CHSRF believes that knowledge transfer and exchange occurs by creating links between research and policy at every stage of the research process. As such, CHSRF has set out to engage leaders and foster partnerships between organizational and disciplinary units (that in the past would never have met) to move research questions into results into action. In essence, CHSRF has transformed itself into an entity that is what it preaches: a national knowledge brokering agency bridging the divide between health system policy, management and research. While affecting policy may not be the foremost goal of the Women's College Research Institute, CHSRF offers an example of one approach to enabling knowledge that is used by those who need it. That is, to act as an agent that bridges the gap between diverse players in order to ensure the right people get involved, at the right moments, and thus information gets into the right hands at the right time in the right format. This is not just about dissemination; it is about creating a cultural shift that inspires key players from all walks of life to apply the foundations of knowledge exchange in their work. In many ways, as will be discussed later, WCRI has also shown itself to be a knowledge broker for women's health research and for women seeking to exploit this research in their lives. The players may be different, but the results are the same: using, applying and inspiring research that makes sense.

⁹ Harvard University has partnered with Google to digitize books and papers. Google has launched related projects with Oxford, Stanford, Princeton, the University of California, the University of Wisconsin–Madison, the University of Michigan, the University of Virginia, the University of Texas at Austin, the New York Public Library, the University Library of Lausanne, the Bavarian State Library, the University Complutense of Madrid, and the National Library of Catalonia along with four affiliate Catalonian libraries.

Different Faces of Knowledge Exchange

Knowledge exchange is a popular concept that has infused the Canadian research scene over the last decade. Yet, it is not a novel idea. The business world has been using knowledge management efforts to help solve important and specific business problems such as customer satisfaction, product-to-market excellence, and the pursuit of operational excellence. In the area of organizational development, it is simply about getting information from one part of the organizational structure to another. Looking at research methodology, the concepts of knowledge exchange have always been an integral part of participatory action research: ***whether called knowledge exchange or not, the fact is, research results are meaningless if they do not apply to the individuals for whom they are being conducted.***

Borrowing an example from a provincial organization that is striving to make a difference, innovative ideas about the value of relationships are at the core of their mandate. [The Centre of Excellence in Child & Youth Mental Health](#), based at the [Children's Hospital of Eastern Ontario](#), engages a broader community to work towards an integrated system that truly meets the mental health needs of children, youth and their parents. The centre has attempted to stay away from the jargon of knowledge exchange, and simply does the work of brokering collaborative partnerships, engaging a broad range of stakeholders, creating opportunities for evidence to move into areas where it is most needed, and continually self-evaluating their processes and the impact of their work. In essence, the centre has put into place key enablers to knowledge exchange: culture, infrastructure, technology, and measurement. The conception of the centre itself created a new model of leadership with two individuals holding unique but complementary skills coming together at co-Executive Directors: an idea that challenges traditional approaches management, and breathes life into the theory of knowledge exchange.

This executive structure has shaped a culture infused with knowledge sharing and partnership: inspired by collaborative leaders and moving through the daily practice of staff, clients and partners. The infrastructure at the Centre has been set up to work in collaboration with the hospital (CHEO) and to bring together local, national and international expertise in mental health issues. Staff at the centre understands that moving research into action is not just about creating new research, it is about gathering the abundance of information that exists and acting as a catalyst for knowledge sharing and application of research findings. Knowledge officers at the centre work to help researchers identify how to incorporate knowledge exchange into their research questions, programs and results. The advice is specific and also applies to finding appropriate financial support that values knowledge exchange. The centre uses technology to enable access to information and to act as a catalyst for building relationships across geographical boundaries. The concept of knowledge exchange was at the core of the development of this centre, and they have continued to live their mission to incorporate it into all that they do. Since the conception of the centre there have been individuals committed tracking the anecdotal evidence, usage statistics, and even documenting cost-savings that have occurred through the application of knowledge exchange strategies. The fundamental concept at the core of this organizations belief in knowledge exchange is that it is about fostering genuine relationships and harnessing the enthusiasm of individuals from diverse backgrounds to get research off the shelves and into the lives of people who will benefit from evidence-informed practices, clinical environments and policies.

Shifting from organizational to individual strategies, knowledge brokers have been widely touted as the go-to professionals who can turn research into policy and practice. Positioned between producers and users of knowledge, they help smooth interactions and processes to

close what's been called the “know-do” gap. Proponents claim they put evidence to work. But what evidence exists to show that knowledge brokers actually work? Researchers from the Health Promotion Research Centre and Dalhousie University wanted to find out. Using a new system of integrated stroke care as their case study, they measured what difference, if any, knowledge brokers made in winning the support of policy makers for this new system in Eastern Canada. The conclusion: knowledge brokers matter — a great deal.

“Piloting knowledge brokers to promote integrated stroke care in Atlantic Canada,”¹⁰ reveals knowledge brokers played a significant role in making a pivotal partnership between the four Atlantic Provinces and the Heart and Stroke Foundation work: a partnership that led to better care for stroke victims. Despite some hitches, authors Renee Lyons et al. maintain these brokers were critical to smoothing the path and helping to turn people initially resistant to change into supporters. ***In fact, some research participants suggested that without the participation of these brokers, integrated stroke care would not have gotten off the ground in Eastern Canada.*** The brokers were essential getting past roadblocks and keeping momentum going.

Often described as facilitators between different communities, a knowledge brokers' role is to make things easier by building relationships, uncovering needs, sharing ideas, and promoting action. To do this, the knowledge brokers had to be aware of all the research evidence available, as well as the key players involved in all aspects of the research and the potential applications. The key, it seems, was finding knowledge brokers who were good communicators with the ability to motivate individuals to get involved. One of the things that seemed to make this easier for a ‘third party’ such as a knowledge broker was their ability to reassure the researchers that they could truly understand and represent their research findings, while also having the communication skills to translate this evidence into work that was accessible to diverse users. Further, as a ‘third party’ they were able to build strong relationships of trust with individuals desperately seeking to make better, more informed decisions; and present a range of evidence in clear, tangible packages.

The knowledge broker's facilitated communication, cleared up misunderstandings and provided a dedicated person working toward system changes in collaboration with others within the system. With much time and effort, the knowledge brokers also successfully formed multi-sectoral advisory committees, consisting of researchers, administrators, policy makers, and practitioners. Knowledge brokers were able to identify opportunities where best practices for stroke care could be integrated into existing provincial initiatives and where training and education was needed to improve care. As a result, decision makers became more aware of best practices for stroke care and researchers have a better understanding of the context affecting decision makers' uptake of research.

The approach of having a dedicated knowledge broker is very useful in trying to translate evidence into action, and also in trying to support researchers in creatively integrating knowledge exchange into specific research programs. In

¹⁰ Lyons R et al. 2006. "Piloting knowledge brokers to promote integrated stroke care in Atlantic Canada." *Evidence in action, acting on evidence: A casebook of health services and policy research knowledge translation stories*. Canadian Institutes of Health Research. www.cihr-irsc.gc.ca/e/30660.html

many ways, this is the role that the Knowledge Exchange Information officer has played for various research projects at the Women's College Research Institute.

In Australia, a partnership between NSW Health¹¹ and the Sax Institute¹², developed *Evidence Check* to provide an independent intermediary to facilitate effective engagement between the worlds of research and policy. It sets out a clear set of issues for policy makers to consider when formulating their questions and helps identify researchers who can provide answers. While no formal evaluation has yet been done, Professor Sally Redman, chief executive officer of the Sax Institute, says the feedback has been tremendously positive. Since its start just two years ago, there is already one clear example where a review commissioned by *Evidence Check* has influenced health policy nationally – in the development of diabetes prevention strategies. While this program is targeted specifically at policy, what it has shown clearly is the divide between research producers and research users. The majority of work done by *Evidence Check* has been helping each world understand the other to help identify better research questions, ensure that research results reach the audience they are intended for, and broker stronger relationships across sectors. In doing so, it has identified ***three pieces they believe are vital to knowledge exchange: funding that encourages research that is responsive and participatory; dedicated individuals that can help both users and researchers better communicate with each other; and technology that allows research findings to be easily accessible to people who need it.***

The bottom line: Knowledge exchange does make a difference. Knowledge exchange is a commitment to a process, not simply an addition at the end of a research grant application. Knowledge exchange can and should vary depending on the specific context to which it is being applied. Knowledge sharing activities are generally supported by knowledge management/information systems. However, technology constitutes only one of the many enablers that contribute to effective knowledge exchange. Whether in research, education, policy, or business management, organizational culture, trust, genuine partnerships, recognition and incentives, and individuals committed to the process are critical to moving knowledge into action.

¹¹ New South Wales Government Department of Health: <http://www.health.nsw.gov.au/>

¹² The Sax Institute is an Australian-based organization whose mandate is to build partnerships between researchers and health policy and service delivery agents. For more information visit <http://www.saxinstitute.org.au/>

The Value of Knowledge Exchange in Women's Health Research

Knowledge exchange is of particular importance when dealing with marginalized populations who have traditionally been excluded from research, ignored in policy developments and made invisible in clinical settings. This includes women. The past few decades have seen an explosion of research on sex and gender differences in health. However, as with many other research findings, a great deal of this information is not yet actively applied in the mainstream. Even in this age of accessible technology, it is still difficult for women to find informative, trustworthy and well-documented information to answer their specific health questions.

The Women's College Research Institute (WCRI) has been working to address these shortcomings by integrating effective knowledge exchange strategies wherever practical, meaningful research is undertaken and in turn influences women's lived realities. A public insistence on accountability has made health and government bodies take notice and thus become more receptive to creating evidence-informed policy and building stronger research partnerships. Engagement from community-based interest groups has also created an actively involved body of individuals who are seeking reliable information.

The researchers at WCRI have become recognized as leaders in knowledge exchange. They have done this, in part, through the support of an institute dedicated to the process of developing and disseminating research knowledge in partnership with clinicians, policymakers and community members. This process of collaboration has become a fundamental part of the culture of WCRI and it is essential to effectively transforming the clinical practice of women's health.

A small sampling of successful knowledge exchange initiatives at WCRI:

- The **HIV-PEP study**, which partnered researchers with Ontario's Network of Sexual Assault Care Centres, is a great example of a research project that benefited greatly from a leadership role taken by WCRI to ensure that knowledge exchange activities were inherent in each step: from the creation of the questions, to the engagement of diverse stakeholders, to the dissemination of research results. The project has led to the creation of a comprehensive toolkit and training program to help nurses support clients who may have been exposed to HIV; and through engaging the right players it has been implemented across Ontario.
- The availability of tools of knowledge exchange allowed Dr. Robin Mason to translate research evidence into a unique **e-learning initiative for emergency care providers**. The training program utilizes videogames to help professionals promptly recognize and respond to the signs of domestic violence. The creation of this training tool involved clinicians right from the beginning; this ensured that the results were easily integrated into the daily routines of front-line staff. The project had an extensive dissemination plan that harnessed support from hospital administrators, domestic violence experts, anti-violence agencies, and other community stakeholders. From start to finish, Dr. Mason was able to access useful knowledge exchange strategies that she could apply at each stage of her research.
- Dr. Ross is currently working on a project synthesizing the available research on **safety of antidepressant treatment during pregnancy** and using it to develop a training tool to aid front line practitioners; the project not only assesses and brings together existing knowledge, it establishes a format that engages key stakeholders at the start of the project to ensure the evidence is later integrated where it needs to go.
- Dr. Hawker leads the **Canadian Osteoarthritis Research Program**. This program brings together investigators from a number of institutions and disciplines to find ways to improve the quality of life and the care of people with osteoarthritis. The program covers a broad

spectrum of issues relevant to women and applies such innovative KE strategies as bringing consumer collaborators directly into the research cycle. Under the leadership of Dr. Hawker the program continually seeks to get research into the hands of the people that need it, in whatever format it can: via newsletters, articles, brown-bag lunch seminars, and so forth. The strategy is simple: get people involved each step of the way and share the findings in any way you can.

- Dr. Susan Jaglal worked with fracture care clinics, family physicians and community agencies across Ontario to understand the barriers which prevent the effectively screening of fracture patients for osteoporosis and propose **a new system of fracture care coordinators**, which is now funded by the province.
- The presence of a knowledge exchange office has led to the creation of a useful **knowledge exchange guide** that can be accessed on the internet by researchers engaged in women's health. A knowledge officer has ensured that strategies from the toolkit can be tailored and applied to specific research projects.

A centralized knowledge exchange office at WCRI has ensured that successful examples of knowledge exchange initiatives can be tracked; and that lessons can be learned from pitfalls and challenges faced by researchers, clinicians and community groups. This state of on-going self-evaluation has created a culture that celebrates and welcomes knowledge exchange. It also means that knowledge exchange is woven into the fabric of how research at WCRI is done: from conception to integration. ***Researchers who understand the value of doing research that has an impact know that a partnership with WCRI will support their vision for a project that does not end simply when the results are published; and that research questions that arise in the field have powerful applications for women and thus ought to be pursued.***

The presence of a knowledge exchange office has also led to the creation of a useful [knowledge exchange guide](#) that can be accessed on the internet. However, it is important to recognize that strategies from a toolkit are not enough to put knowledge exchange into action. Knowledge exchange is not stagnant and must be tailored to specific research projects. Assisting researchers with finding, applying and adapting the methods that work for them in a particular research context is an important strategy applied by WCRI to help researchers with knowledge exchange.

Furthermore, by fostering a culture committed to creating, facilitating and sharing knowledge, and building an infrastructure that can support knowledge exchange efforts; WCRI has been able to mentor researchers, both established and new, to make knowledge exchange a part of their professional discourse. ***Nestled in the heart of the [University of Toronto](#) system, WCRI has mobilized a community of over one hundred researchers who choose to engage with the institute as members of the Coalition for Research in Women's Health: facilitating cross disciplinary networking.***

Moving Forward

“Never in human history have we hunted for so much data, information and knowledge. Never have we gathered so much that is useful, but not used.” ~ Peter Levesque

How do we make what we know ready for action? Surveying the many expressions of knowledge exchange, three things are clear: one, there is no one way, or even one *right* way, to ‘do’ knowledge exchange; two, the sheer number of individuals and agencies putting this issue at the forefront of their objectives exposes the value of knowledge exchange; and three, in an age where knowledge has become the new economy, mobilizing evidence into action is a necessity for all organizations. So, what does this mean for Women’s College Hospital and for the Women’s College Research Institute (WCRI)?

Let us begin with making women’s health research more accessible. While it is clear that WCRI has done a stellar job building capacity in knowledge exchange amongst researchers and clinicians, one untapped direction is actually moving this learning directly into women’s lives.

The rationale to open access publications is that greater access to research data will promote the ability of researchers in Ontario, in Canada and abroad to use and build on the knowledge needed to address significant women’s health challenges. Open access also enables authors to reach a much broader audience – including clinicians, policy makers and the general public – which has the potential to increase the impact of research. In fact, evidence shows that open access publications are more often read and cited than closed access publications.^{13,14} From a knowledge exchange perspective, this approach expedites awareness of and facilitates the use of research findings by policy makers, health care administrators, clinicians, and the public, by greatly increasing ease of access to research.¹⁵

Universities are perfectly poised to lead the revolution of creating freely accessible databases of papers that will empower users to engage in informed decisions and discussions about their health; as well as many other issues. Your average female consumer of women’s health information is well-educated and eager to access an abundance of information. If academic institutions move in this direction, they could actually become community knowledge resources again; rather than elite institutions that hold little relevance to peoples lives beyond the course of their studies. Universities have the capacity to offer open access storage to academic papers. WCRI has the expertise to transition this huge – now free – collection of knowledge into information that is more accessible to people by putting it together in collections on topic areas women in the community can grasp, by creating more accessible language summaries that are directly linked to the research papers, by encouraging papers that are directed to end-users rather than just academic peers, and by continually celebrating, and therefore adding value to, this concept in the whole field of academic research. This is something womenshealthmatters.ca has already begun, but it is just the tip of the iceberg.

Organizations like the [Cochrane Collaboration](#) have already begun this approach specifically targeting health practitioners; and if past innovations are any indication they will quickly pick-up on linking systematic reviews into more open access formats. As discussed above, funding

¹³ [Organisation for Economic Co-operation and Development. Science, technology and innovation for the 21st century. Meeting of the OECD Committee for Scientific and Technological Policy at Ministerial Level, 29-30 January 2004 – Final Communiqué. 2004](#)

¹⁴ [Hooker, B. The Future of Science is Open, Part 3: An Open Science World. 2006.](#)

¹⁵ [Laine C, Goodman SN, Griswold ME, Sox HC. Reproducible research: moving toward research the public can really trust. *Ann Intern Med* 2007 Mar 05. 146\(6\):450–3.](#)

agencies like CIHR have also shown immense support for this approach by requiring all funded research to move into open access formats. Amidst this shift, the people that are desperately seeking health information and advice – particularly female consumers – are not being considered in terms of what new databases of free academic papers will mean for this group and how they will be able to interpret and understand this new resource. Linking with the university system, WCRI (and Women’s College Hospital more broadly) is perfectly suited to facilitate the development of such resources for women as their target audience.

Imagine that [women’s health matters](#), as part of Women’s College Hospital, offered not only health centres on women’s cardiovascular stuff and its resource database for quality books and websites on the topic; but also consumer-oriented evidence reviews of questions like “If I think I am having a heart attack, should I take an aspirin?” or the pros and cons of different treatments for particular conditions linked directly to research papers.¹⁶ Researchers could be engaged – after all, they write review papers all the time – with support on accessible language and formats. Conversely, consumers would need more education on the idea that science is a debate, that everything has risks, and other general ideas about the value of evidence. Now, imagine that Women’s College Hospital, with its new Information Commons and Conference facilities truly does become a knowledge centre for consumers. Perhaps it even offers space to consumer advocacy groups that represent underserved populations and works with them to develop resources. Consumers can freely use the hospital’s health library and there are services available to help them find and interpret what they need. These same services are available to them when they use the hospital’s online web portal to book appointments or see the results of their latest tests (through an online help system) and if for example their latest cholesterol test says their LDL is high they can link into a whole body of evidence based knowledge about treatments and get some context about how high it is, how dangerous it is and where they might go for advice on healthy eating or where in the city has open exercise classes right now.

Is this merely a pipe dream? One thing that is certain, by proposing the vision we open the gateway to trying new things. This is how innovation occurs. You rarely need to accept things as they are – you can always strive to make things better. WCRI has been on the leading edge of knowledge exchange; and by continuing to dream big it will remain a leader in years to come.

¹⁶ This could follow the concept established by syntheses such as [Evidence Boost and Mythbusters](#), developed by CHSRF, except with women as the target audience rather than health system managers and policy makers.

As we look to the future, the following four elements are critical to enabling innovation in women's health research and improved clinical care for women:

- **Leadership in and understanding of knowledge exchange** as it applies to women's health, with a depth of understanding of the concepts to offer tailored support to specific projects and researchers.
- **Commitment to exploring new and sometimes unfamiliar territories** in research, education and technology as they apply to women's health.
- **Dedication to finding hidden connections** between individuals, disciplinary and clinical professions, research projects and goals, corporate silos, and communities both within the organization and well outside it.
- **Ability to ensure new ideas can be linked to existing more practical practices** within women's health research.

Moving forward, it is also important to be aware of potential pitfall such as:

- **Blurred boundaries** between knowledge exchange and other outreach programs such as public relations, fundraising and corporate communications. While knowledge exchange can be done in partnership with other domains, it is important to value knowledge exchange activities (such as building relationships, actively engaging audiences, identifying strategic research partners, etc) as valuable and distinct. If the boundaries are collapsed, it is easy for knowledge exchange to be reduced to an afterthought, or to classify all outreach activities as knowledge exchange in times of limited resources. The difference is between preparing a conference presentation versus supporting a researcher in engaging community and clinical partners through the research process to ensure more effective uptake of research results.
- **Dismissing the value of collaboration in the face of competing priorities.** Collaborations, at both the organizational and individual levels, are vital for achieving progress. Yet the value of genuinely cooperative partnerships is matched with an investment of time and work that is always larger than at first expected: just like trying to predict the costs of renovations. But it is this investment which yields the highest return. In order to really get the research out there, the process of knowledge exchange needs to continue to be an integral part of both policy and practice at Women's College Hospital. A dedication to inspiring true collaboration is critical.
- **Shifting knowledge exchange from action to stagnation.** Knowledge exchange is an active process that must be specifically tailored to each particular research project, question and idea in order to be effective. Web-based tools and seminars are a helpful way to offer general information and help elevate the discourse on knowledge exchange concepts, but it is not enough to ensure that research reaches the people who need it most. As such, tools and technological enterprises can act as important enabling factors in the success of knowledge sharing activities. However, they cannot replace the human element of knowledge exchange. The challenge arises when competing demands on researchers, practitioners and other stakeholders mean that the human side of knowledge exchange (with a focus on relationships) often fall to the wayside in situations such as applying for grants or dealing with front line service demands. The key is remembering that knowledge exchange is a process, rather than an afterthought.

The Last Word

“We have a hunger of the mind which asks for knowledge of all around us, and the more we gain, the more is our desire; the more we see, the more we are capable of seeing.” ~ Maria Mitchell

How do we integrate multiple sources of data, information and knowledge into our daily activities, whether they be consumer decisions or high-level policy decisions? How do we collectively and individually move from making decisions based on opinion to making decisions based on understanding? How do we move from holding on to what we know rather than sharing it and acting on it in ways that are mutually beneficial?

The process of knowledge exchange inspires situations where the most credible evidence is available to us in a timely fashion, and in a format that we can use. As such integrating knowledge exchange into the way we practice research, the way we develop policies, and the way we make decisions is critical to achieving the shift from simply knowing to actually doing – and truly doing the best that we can.

By creating a knowledge exchange program that is committed to this shift; that offers a clear definition of knowledge exchange; that strives to engage researchers, community members, and health system leaders; that shares and celebrates the research that exists and that continues to grow; the Women’s College Research Institute is helping women make better, more informed decisions about their health. It is that simple.

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Other Useful Resources

The following is a list of organizations that are engaging in knowledge exchange activities. This list is by no means complete, but offers a small sampling of the great work being done and or resources that can be used to continue to foster knowledge exchange at women's college hospital.

The [**Canadian Health Services Research Foundation**](#) is a leader in the field of knowledge transfer and exchange, recognized at a national and international level.

[**The World Bank**](#) offers another example of effective knowledge exchange through the use of [communities of practice](#) and 'knowledge banks'. They are quoted in business journals and by funding agencies as an organization that has shown the value of a culture committed to knowledge exchange. It is an example of an international funding agency that has developed a business model infused with strategies to promote knowledge sharing. What began in 1996 as a program focused on capturing and organizing knowledge, has now shifted its emphasis to adopting, adapting and applying knowledge in a way that helps World Bank staff, clients and partners work more effectively to reduce global poverty. Today, the World Bank has created toolkits on developing effective communities of practice and using technology to efficiently share knowledge across geographic and organizational boundaries. The benefits of knowledge exchange strategies have been clear: it has allowed the World Bank to respond faster to users needs; it has assured that evidence-based information along with experiences of development experts and practitioners reach users all over the world; and it has fostered a culture of innovation by allowing people to work together and not only think out of the box, but also think in different boxes. (Visit <http://go.worldbank.org/8U1SZCCEE0> for additional information.)

[**The Knowledge Exchange Network of the Canadian Cancer Society, Manitoba Division**](#) is a unique knowledge brokering system that bridges the gap between research and research users. The knowledge exchange network strives to create evidence-based information packages to support evidence-based decision-making in designing programs and anticipating outcomes.

The [**Alzheimer Knowledge Exchange**](#) (AKE) supports those interested in improving the Ontario system of care for persons with Alzheimer Disease & Related Dementias (ADRD). It facilitates the exchange of information, innovation and expertise among caregivers, educators, researchers and policy-makers by connecting people to knowledge expertise; connecting people to resources; connecting people to ideas; and connecting innovations to practice.

The [**Adult Learning Knowledge Centre**](#) funds a variety of knowledge exchange projects across Canada.