

Using knowledge brokering to promote evidence-based policy-making

In the August 2006 issue of the *Bulletin*, van Kammen et al. published an article about their experiences with knowledge brokering to inform policy on subfertility care in the Netherlands and the Regional East-African Community Health Policy initiative.¹ The authors identify three unanswered questions in knowledge brokering: how to bridge the researcher/policy-maker divide while balancing the needs for rigour and timeliness; how evidence should be translated and by whom; and what institutional supports could be used to assist this process.

We too have grappled with these questions, and have developed an "Evidence Check" system as one mechanism for brokering the know-do gap. In this letter we provide an overview of Evidence Check and describe its use in generating evidence to inform policy decisions around Type 2 diabetes primary prevention among culturally and linguistically diverse (CALD) communities in Australia.

Evidence Check was developed collaboratively by the New South Wales (NSW) Department of Health, a state-based Australian government agency, and the Sax Institute, an independent organization that builds partnerships between researchers and health policy and service delivery agencies. Evidence Check facilitates policy-makers' access to comprehensive evidence reviews to inform the development of policies and programs in the public health system. The Evidence Check system encompasses three components in the form of a standard commissioning tool for specifying the requirements of an evidence review, a register of experienced researchers to enable the rapid identification of individuals or groups who could conduct specific reviews, and an experienced knowledge broker to liaise between the policy and research

environments during the process of commissioning a review.²

In 2006, the Evidence Check system was used to examine primary prevention of Type 2 diabetes in Australia. At a Diabetes Summit held with government and nongovernmental agencies, CALD people were identified as a population at higher risk of developing Type 2 diabetes.³ Policy-makers at the state Department of Health recognized an opportunity to redress these inequities by leveraging national government plans. Under the banner of the Australian Better Health Initiative, US\$ 500 million over five years has been allocated to Australian state governments for chronic disease prevention.⁴ Plans were being prepared on how this allocation may be spent, and diabetes interventions were a key consideration. Policy-makers determined that Evidence Check would be a useful platform to inform allocation decisions, as a systematic, impartial and comprehensive process would be required.

The first stage in the brokering process was to complete the *Evidence Check Commissioning Tool*.⁵ The tool, developed following consultations with policy-makers and researchers, prompts policy users to consider the context of the policy issue, specific questions that must be answered by an evidence review and types of evidence to be included in the review. The process of completing the tool was guided by a knowledge broker, who helped Health Department policy-makers clearly articulate their requirements. Information from the completed Commissioning Tool was synthesized by the broker and presented back to policy-makers for confirmation of intent and scope. The Sax Institute's register of research expertise was then searched to identify researchers who could undertake a review of evidence on diabetes and risk factor prevalence, and of culturally appropriate interventions and evaluation frameworks. Several centres of excellence with recognized expertise at the national and state levels

were identified and, within weeks of initiating the process, an expert group was commissioned.

Ongoing process evaluation of Evidence Check has provided valuable insight into how a systematic brokering program can be structured in the NSW context. In the case described here, it was recognized that a comprehensive research review would be required to support diabetes interventions, but that the project was time-sensitive to national government plans. Evidence Check was built specifically to balance this type of tension: the system ensures rigour in the generation of reviews by engaging expert teams with up-to-date research knowledge, while simultaneously streamlining the process of commissioning the review to suit policy exigencies. To facilitate communication across the policy-research divide, the system draws on the expertise of knowledge brokers with high-level experience in both the policy and research spheres and excellent communication and translation skills. In the reporting phase, policy-friendly formats are specified to ensure that scientific evidence is presented in plain language and that the policy and practice implications of the findings are made clear. At the system level, the Sax Institute provides institutional brokering support for Evidence Check, working in close partnership with key policy agencies (including the NSW Department of Health) and with its 35 member research organizations (universities and research units from across the state). This provides both opportunities to embed the Evidence Check process in policy-making and ready access to research expertise.

Our experience suggests that a comprehensive knowledge brokering approach such as Evidence Check can help to reduce longstanding barriers to the use of research in policy and practice. A systematic approach to articulating research requirements, utilizing brokers with an understanding of the policy and research frameworks and enabling timely access to researchers through an

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expertise register, bridges the gap between policy-makers and researchers and facilitates the development of evidence-informed health policy. ■

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