

Knowledge Translation: How consumers fit in

By: Nancy Santesso, The Cochrane Musculoskeletal Group

Unfortunately, there is a lot of health research being done that is not producing better health. Why is this happening? Often, it's because the results of research are still not reaching the people who are making decisions, nor being put into action to change policies, change physician practices or change patient care.

According to the Canadian Institutes of Health Research (CIHR), it's important to not only do the research but also make sure it better health. It makes sense, but it hasn't actually been happening. CIHR describes the way research should flow so that it makes a difference (see the knowledge cycle at <http://www.cihr-irsc.gc.ca/e/7518.html>). The knowledge cycle shows how a need for better health leads to an idea and plans for research; how the results from that research should add to the big picture by synthesising the information with other studies; how that synthesised information should be disseminated and used; and finally, how the change or the failure to meet health needs should feed back into more ideas for research. The cycle never ends. Research knowledge flows through the cycle of need and use - knowledge translation is making sure that *knowledge* flows through the cycle. Consumers can play a valuable role in the entire knowledge cycle and ensure knowledge translation occurs.

Right now there are excellent efforts to involve consumers in the early stages of the knowledge cycle. Many arthritis organisations and committees include consumers in conversations about what research should be done – they help identify and prioritise the needs and ideas. Consumers also help to directly develop research plans. And consumers help summarise and synthesise research results to inform the big picture. The Cochrane Musculoskeletal Group (CMSG), for example, pulls together and reviews the research results from individual studies in arthritis to come up with a summary and bottom line about treatments for arthritis. The process of writing the reviews involves the expertise of consumers. The CMSG, as well as other groups, such as The Arthritis Society, then disseminate the synthesised information by posting it on the Arthritis Society web site and works with consumers to format the information so it is useful.

But more involvement is needed to promote the use of research – the latter stages of the knowledge cycle. Although more research needs to be done about the best ways to ensure people use research, something can still be done. Consumers who are involved in setting research agendas, developing research plans can start by asking research committees...

What is being done in this research project to make sure the results reach the people who need them and produce change?

It appears to be a simple question but it's not so easy to answer. You may even be told 'we don't have to worry about that right now' or 'we just do the research – someone else in programme development or the government will take care of that later'. The key is not to be deterred. It's important that the question is asked and that a greater awareness to make research count and produce action is created. Eventually, with the help of consumers, *knowledge* will always be *translated* into action for better health. The latest newsletter is now available on the main Collaboration site www.cochrane.org/newslett (and the Cochrane mirror site at www.cochrane.de/newslett)