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GETTING A 'GRIPP' ON THE RESEARCH-POLICY INTERFACE IN NEW SOUTH WALES

The Sax Institute, Sydney

The Sax Institute is a coalition of over 30 universities and research centres across NSW. The Institute is funded by NSW Health to improve health outcomes and services by building policy and practice focused research and increasing the impact of this research on health policy, programs and services. The Institute's 'Getting Research into Policy and Practice' (GRIPP) program was established to develop new models for linking research with policy and practice. This report outlines the background to the development of the GRIPP program and describes some of the program's key achievements to date.

GETTING STARTED: WHAT DID WE KNOW?

The lack of connection between research and policy and practice is widely acknowledged. Studies conducted with policy decision makers suggest that limited contact with researchers and a lack of timeliness or relevance of research results can act as barriers to the use of research evidence in policy development.[1, 2] Researchers in academic environments also face obstacles. For example, their incentive system emphasises publication in peer-reviewed journals over broader knowledge-transfer activities.[3, 4] Possibly the greatest challenge is understanding that research is one of many competing forms of 'evidence' in policy making. Political and economic realities and information from a variety of sources, such as reports and expert opinion, also influence policy decision making.[5]

Several models for improving research and practice links have been trialled. The Canadian Health Services Research Foundation, for example, has developed a collaborative knowledge exchange program to facilitate the planning, dissemination, and application of research in healthcare decision making. However, while these models provide useful descriptive information about research translation strategies, there remains very little evidence about what works in practice.

GETTING STARTED: WHAT DID WE DO?

Against this background the GRIPP committee was established in 2003. The committee was a conjoint venture between the Institute and NSW Health, initially co-chaired by Dr Greg Stewart (then NSW Chief Health Officer) and Professor Anthony Zwi (from the University of NSW). Members included senior policy makers from the NSW Department of Health and the area health services along with leading population health and health services researchers. In mapping out an initial direction for the GRIPP program, the committee sought to explore current perceptions and practice relevant to evidence-informed policy; implement a systematic approach to setting policy-relevant research priorities; and trial a range of new approaches to improving the conduct of policy-relevant research and the dissemination of findings through the health system.

WHAT HAVE WE ACHIEVED?

Survey of practice

In October 2003 the committee commissioned a confidential survey of 38 senior policy makers from NSW Health to explore their views about research and policy. The survey provided information about how research is currently used to inform policy development in NSW. For instance, few respondents (13 per cent) regularly used research to get issues onto the policy agenda, but over half (55 per cent) consistently used research to inform policy content (this included participants who used research in each policy situation more than half of the time). Importantly, the survey also offered insights into some of the barriers to and potential facilitators of research transfer. When asked about the relevance of local health research to policy and program development issues, 18 per cent of respondents thought research was not relevant and 30 per cent felt that its relevance varied considerably. Respondents were also invited to identify approaches they thought would improve the use of research in their organisations. The most commonly nominated strategy was enhanced links with researchers, including better access to research findings and summaries.

A corresponding survey of health researchers in NSW will be undertaken in 2006 to explore researchers' involvement in policy, service and practice development.

Priority setting

The survey of policy makers indicated a need to improve the relevance of local health research to the NSW policy context. A research priority-setting workshop was held in 2004 to encourage senior decision makers across the health system to identify issues of concern in NSW for the next five to 10 years where research could make a difference. Five broadly defined priorities for research were agreed:

- enabling individuals and communities to better manage their health
- improving workforce planning and education for future health needs
- addressing social, economic and environmental determinants of health through improved inter-sectoral collaboration
- developing effective management systems to improve service quality and safety
- developing models to promote Aboriginal health and community engagement.

Research partnerships and programs are being developed to address each of these priorities. For example, policy decision makers have been working with the Institute to better define the information needed to improve workforce planning in preparation for a partnership.

Evidence check

Findings from the survey of policy makers also highlighted the potential benefits of facilitating timely access to research summaries. Ideally, such a strategy would provide comprehensive reviews that draw from a broad range of knowledge and available literature to provide the synthesis of evidence needed to support policy development.

Using this framework as a guide, the committee oversaw the development of an 'Evidence Check' system that aims to help NSW Health policy decision makers to more easily commission research reviews relevant to a defined policy issue. Evidence Check has three core components:

- a standard commissioning form which decision makers complete to define the background to the policy issue and the components and format required of the review
- a 'knowledge broker' with extensive policy and research experience who is available to liaise between the policy and research environments during the process of commissioning the review. The broker is available to assist in articulating a review question, scoping the size and feasibility of the review, and negotiating a review contract with a relevant research expert in the field
- a 'researcher register' that has been developed to enable the rapid identification of researchers who could conduct reviews or provide other expertise.

Research partnerships

Collaborative partnerships that engage both the producers and users of research in all stages of the research process are recognised as an effective mechanism for improving research uptake.[6] The GRIPP committee has overseen the establishment of three research partnerships that aim to provide information useful for policy decision making about diabetes prevention.

In February 2004, at the request of the Centre for Chronic Disease Prevention and Health Advancement at the NSW Department of Health and in the context of new policy developments, the Institute hosted a forum to enable the exchange of information about current research into the prevention of Type 2 diabetes. A working group was established to identify key knowledge gaps, and research proposals were developed to address diabetes among three priority populations:

- general practice attendees with impaired glucose tolerance
- women with gestational diabetes mellitus
- Aboriginal communities.

Proposals have been finalised and seed funding approved for these partnerships. The Aboriginal project has been selected for the prestigious Community Actions to Prevent Chronic Disease program at Yale University. The GRIPP committee will monitor and evaluate the process of organising the partnerships, the acceptability of the approach, and the outcomes of the partnerships in terms of knowledge uptake.

WHERE TO NEXT?

The GRIPP program is innovative and experimental and over the next few years we hope to learn more about how to improve research and practice links. The next issue of the *NSW Public Health Bulletin* will highlight examples of how the principles of GRIPP are being used in public health programs in NSW. The issue has been guest edited by Philip Davies from the Government Chief Social Researcher's Office, Prime Minister's Strategy Unit, Cabinet Office, London, and Shelley Bowen, GRIPP Program Director at The Sax Institute.

The Sax Institute was formerly known as the Institute for Health Research. The Institute changed its name in 2005 to better reflect its role in building research partnerships for better health. The Institute is named after Dr Sidney Sax, one of Australia's first health planners and a major leader in public health, health services reform, and establishing research in these areas.

For more information about any of the initiatives described here, visit The Sax Institute website, www.saxinstitute.org.au, or contact Danielle Campbell via danielle.campbell@saxinstitute.org.au.

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THE BANGKOK CHARTER FOR HEALTH PROMOTION IN A GLOBALIZED WORLD: WHAT IS IT ALL ABOUT?

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On August 11, 2005, in Bangkok, Thailand, the delegates of the Sixth World Health Organization (WHO) Global Health Promotion Conference endorsed a statement known as the Bangkok Charter for Health Promotion in a Globalized World.[1] This article briefly describes the background to the Bangkok Charter, summarises the main components and highlights some of the issues arising from its preparation.

BACKGROUND

The Ottawa Charter of 1986, a product of the first WHO global health promotion conference, was a significant milestone in the evolution of health promotion.[2] It established the principles and strategies of health promotion and has effectively defined health promotion since then. The Charter is still highly relevant today.

Since 1986 there have been four other global health promotion conferences. These were held in: Adelaide (1988—theme of healthy public policy)[3], Sunsvall, Sweden (1991—theme of supportive environments conducive to health and sustainable development)[4], Jakarta, Indonesia (1997—focus on partnerships)[5] and Mexico City (2000—focus on confirming political support for health promotion).[6] Each of these meetings generated a Declaration or Statement, but none of these products had the same dramatic reach and impact as the Ottawa Charter.

The Sixth WHO Global Health Promotion Conference (7–11 August, 2005) endorsed the Bangkok Charter for Health Promotion in a Globalized World. Almost 20 years since the Ottawa Charter, the world is a different place, politically and economically. Transport and communication developments have allowed processes of globalization to rapidly change the contexts and environment of people in most countries of the world. Global economies and trade agreements mean that the same products are now available worldwide in a way never seen before. These changes require a new public health response and new ways of working.

HOW THE CHARTER WAS DEVELOPED

The Bangkok Charter was the product of a complex