

# The VicHealth knowledge policy

Discussion paper  
*September 2009*

First published in September 2009 by the  
Victorian Health Promotion Foundation (VicHealth)

15-31 Pelham Street  
Carlton 3053 Australia

T. +61 3 9667 1333

[www.vichealth.vic.gov.au](http://www.vichealth.vic.gov.au)

## Research at VicHealth

The Victorian Health Promotion Foundation (VicHealth) has a tradition of investment in public health research and the promotion of evidence-based interventions to promote the health and wellbeing of the Victorian community. A central challenge throughout VicHealth's different research funding programs has been the commitment to link research to health promotion practice. VicHealth has historically used a combination of investigator-initiated research and priority-driven research to foster innovation while also shepherding the research agenda towards policy outcomes. Alongside this commitment also is the role VicHealth has assumed in building capacity in health promotion and public health research.

At its inception in 1987, VicHealth funding was directed at balancing three imperatives: innovation, capacity building and public health priorities. Centre funding, fellowship programs and scholarship programs were aimed at building the knowledge makers of the future, while investigator-initiated research project funding supported innovation and commissioned research helped deliver on policy priorities. By 2005 VicHealth's funding profile was characterised as a mixed model with a predominance of investigator-driven research within broad priority areas.

With the advent of the VicHealth 2006–2009 strategic plan, further emphasis was placed on increasing the links between research, policy and practice. As a consequence, investment in research activity was decentralised within VicHealth which created further capacity to link funded research with the programs of work focusing on key priority areas for action.

The funding mix has changed over time; however, the tensions in priority setting have remained. To what extent can VicHealth create conditions through its research funding to enhance the health and wellbeing of the Victorian community?

### Evaluations/reviews

VicHealth currently invests approximately \$6 million annually in research. These investments have built significant capacity in public health research. A series of recent reviews have suggested that from 2002 to 2006 research funding at VicHealth has been successful. However, there are new demands on the research program, in particular the need to be able to respond to new and emerging trends, and to engage in effective knowledge translation. Alongside these demands is a greater appreciation that initiatives are needed to better link research to health promotion and policy practice. Thus the transition to a more integrated approach was adopted.

VicHealth has a number of internal knowledge systems that need to be coordinated efficiently in order to appropriately direct priorities in knowledge to those strategies and research activities that have the most impact on health.

### Stakeholder feedback data

The 2008 VicHealth stakeholder survey sought feedback from key VicHealth partners on its performance across the organisation. Respondents were asked to rate VicHealth performance in a number of knowledge-related activities, and they perceived VicHealth to perform well in a wide range of knowledge-related activities. While the best-understood VicHealth knowledge-related activity is the communication of health messages to the community (only 6.6% reported not knowing what VicHealth did in this area of activity), it is notable that the areas of knowledge activity most poorly understood are those related to the funding of research. Approximately one-fifth of VicHealth stakeholders in the 2008 survey responded "don't know" to a question about rating VicHealth performance in funding innovative research.

Although VicHealth has a broad set of engagements with the knowledge ecology/economy, there are challenges in communicating our performance in research funding to stakeholders.

## Research and knowledge

Research, as defined by the Australian Government's Excellence in Research for Australia (ERA) is characterised as "creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of humanity, culture and society, and the use of this stock of knowledge to devise applications" ([www.arc.gov.au/pdf/ACUADS\\_20Oct08.pdf](http://www.arc.gov.au/pdf/ACUADS_20Oct08.pdf)). Knowledge encompasses both structured inquiry and the intellectual capital latent in communities, systems, institutions and organisations (Howard 2005).

From a VicHealth point of view, knowledge comprises coherent propositions that are based on evidence and argument. Knowledge can be made more robust when evidence and arguments from different perspectives are brought together to describe and explain most convincingly what happens in the world. The VicHealth approach to knowledge therefore consists of different knowledge bases and a range of knowledge-related activities.

Academic and other researchers are driven and rewarded by providing explanations of phenomena in nature. As they primarily write for and speak to their research peers, the meaning and import of their work often needs to be 'translated' for a wider audience of practitioners and policy makers. Furthermore, the utility of knowledge generated from research is limited until it is 'transferred' into actions that benefit health.

Many publicly funded research organisations have shifted interest away from a narrow focus on research to a broader system of knowledge making, ranging across the production of knowledge through to its transfer into real-world effects (Higher Education Funding Council for England 2005). This change in focus has developed from an appreciation of several important considerations.

Firstly, internationally there is a public policy need to put knowledge to work (Department of Innovation, Universities & Skills 2008) for a broader public benefit than simply for the production of knowledge itself.

Secondly, it is well appreciated that health and wellbeing emerge from complex systems based on different categories of knowledge (such as clinical, social and organisational knowledge). It is only through being open to different categories of knowledge that we can become aware of the complexity of the systems underpinning health and wellbeing (CAHS 2009). Traditional distinctions between knowledge users and knowledge producers are becoming less clear (Hippel 2005).

Finally, there is a growing appreciation internationally that collaborative approaches to knowledge can produce significant outcomes (Nowotny H, Scott A & Gibbons M 2001). Public health research funding bodies are designing their funding investments around a range of collaborative innovations to improve health intelligence and health services (Lomas 2007). Similarly, VicHealth has committed itself through its imminent 2009–2013 strategic framework to collaborative knowledge processes at the level of production, synthesis, translation and evaluation to ensure better health for all.

### **Approaches to knowledge**

There are a number of approaches to describe the range of activities in the knowledge domain. Terms such as knowledge management, knowledge production, knowledge synthesis, knowledge exchange, engagement and knowledge translation can sometimes be used interchangeably. Although each approach has its own history and meaning, these multiple and sometimes overlapping taxonomies for knowledge can produce confusion and strategic uncertainty.

Collectively, the terms relating to what we do with knowledge (such as 'knowledge exchange' and 'knowledge transfer') describe a complex web of activities that point in a similar direction. Working with knowledge involves more than 'discovery'. It involves managing the production, synthesis, evaluation and translation/transfer of intellectual capital for public benefit.

Most Australian publicly funded research organisations describe their 'engagement', 'third stream', 'knowledge transfer', 'knowledge exchange' or 'translation' activities as those activities between the organisation and research end-users. Such activities are of mutual benefit and involve the transfer, sharing or interchange of knowledge derived from research, needed to enhance material, economic, human, social and environmental wellbeing (Howard 2005).

# VicHealth as a knowledge organisation

VicHealth’s approach to ‘Research’ is refocused in the imminent 2009–2013 Strategic Framework to ‘Knowledge’ (Key Result Area 4). Specific objectives within the strategic framework aim to “produce, synthesise and translate practical health promotion knowledge” [objective 4.1] and “evaluate health promotion practice” [objective 4.2]. Compared to the 2006–2009 strategic plan, this strengthened focus on ‘knowledge’ identifies an openness to support a wider range of knowledge-related activities, a wider range of knowledge categories, and a new set of challenges for the organisation to do more than simply fund research.

In addition to the prominence of *knowledge* in the strategic plan, there are existing governance, budgetary and external policy issues to be considered for knowledge activities in VicHealth. Most significant of these considerations is the intention for VicHealth to be a *Knowledge Organisation*. Knowledge now becomes central to the identity of VicHealth, at the core of its functions and a driver of values.

There are numerous heuristic devices for modelling the activities of knowledge organisations. These schema range from traditional

frameworks of ‘pure’, ‘basic’ and ‘applied’ research through to iterative quality assurance models of business innovation (Howard 2005). The Canadian Academy of Health Sciences (CAHS) framework for situating the activities of publicly-funded research agencies is helpful in locating VicHealth’s role in the health service innovation system (Figure 1). Using the CAHS (2009) framework, VicHealth is committed to funding research activity that produces results which can be used to influence decision making in a number of areas [see shaded area in Figure 1]. VicHealth research funding will support research activities which in turn produce research findings. These findings contribute to the knowledge pool. VicHealth will play a key role in supporting strategies that mediate the transfer of knowledge from the knowledge pool into the decision-making processes that structure health care and the determinants of health.

In order to encapsulate and provide strategic direction to its wide range of knowledge-related activities, VicHealth has through its strategic framework opted to organise its knowledge activities through four key elements: *knowledge production, synthesis, translation/transfer and evaluation*.

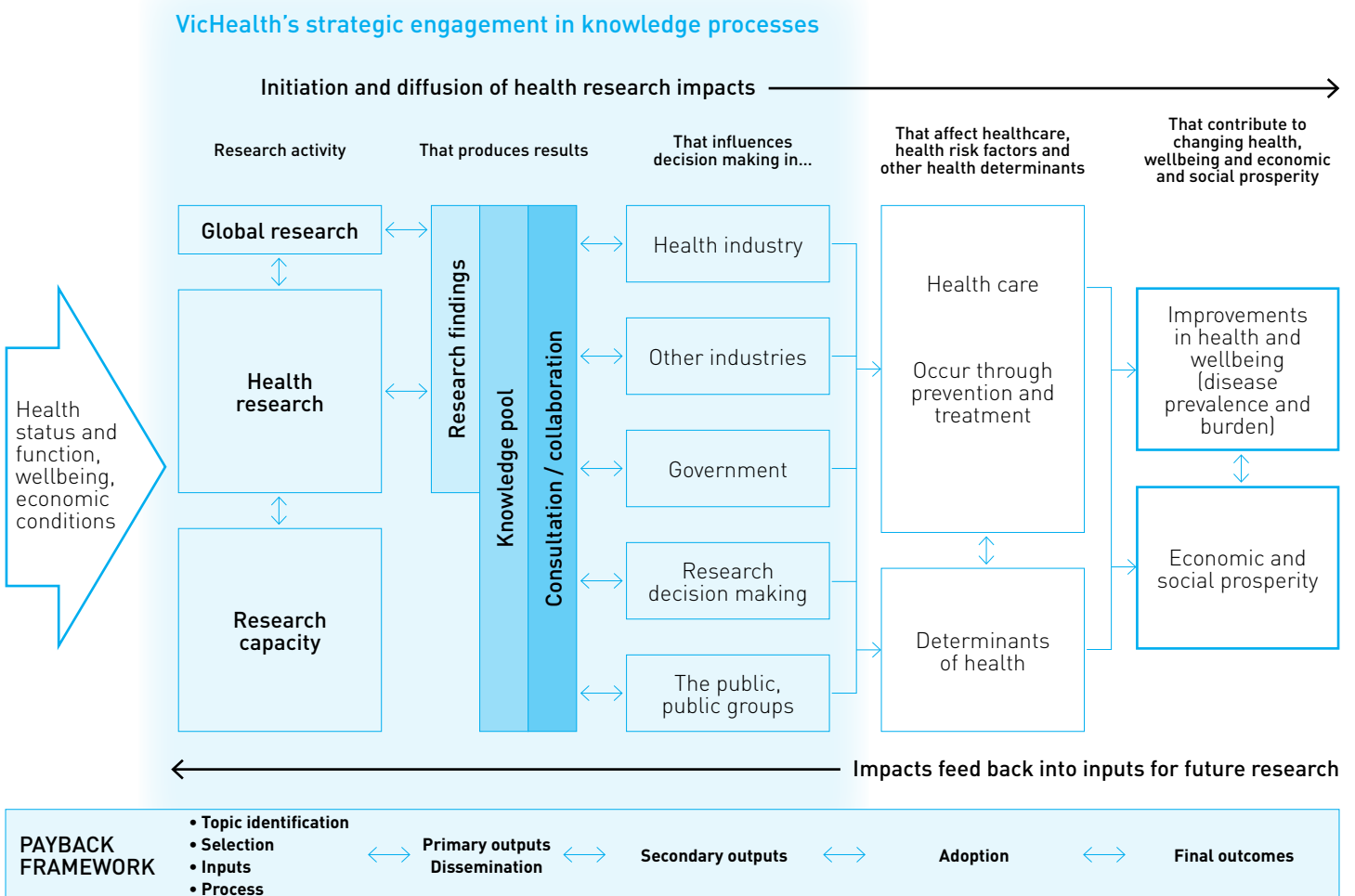


Figure 1. Framework logic model of health research progression to impacts. Adapted from Canadian Academy of Health Sciences (2009, p. 59).

## Policy principles

There are four principles underpinning the VicHealth knowledge policy.

### **Balanced portfolio**

With an annual research budget of around \$6 million, VicHealth has an opportunity to invest in knowledge in a range of ways. With a changing knowledge landscape, new opportunities are emerging so that a wider range of portfolio investments can be achieved. Investments can be made in data collections, collaborative knowledge making platforms, policy and practice networks and knowledge translation technologies and activities.

### **Building capacity**

In the past, capacity building at VicHealth has been limited to providing centre or large program-level funding for research. There are other mechanisms for building capacity in public health research. With the development of new forms of web-based interaction (such as social bookmarking, collaborative platforms, interaction and sophisticated search technologies), building knowledge capacity can be achieved in a number of ways. Capacity can also be achieved by building stronger linkages between knowledge production and knowledge translation. VicHealth currently builds capacity in the research-practice nexus areas through its Research Practice Leaders program and its investment in intervention research.

### **Partnerships**

Effective knowledge is borne from meaningful collaboration and partnerships. VicHealth has a long and proud history of creating change by working closely with its partners. Whether those partners are service providers, researchers, policy makers, government, community organisations or private industry, VicHealth will invest in partnerships to facilitate sustainable advocacy, policy and structural change to benefit health promotion and public health.

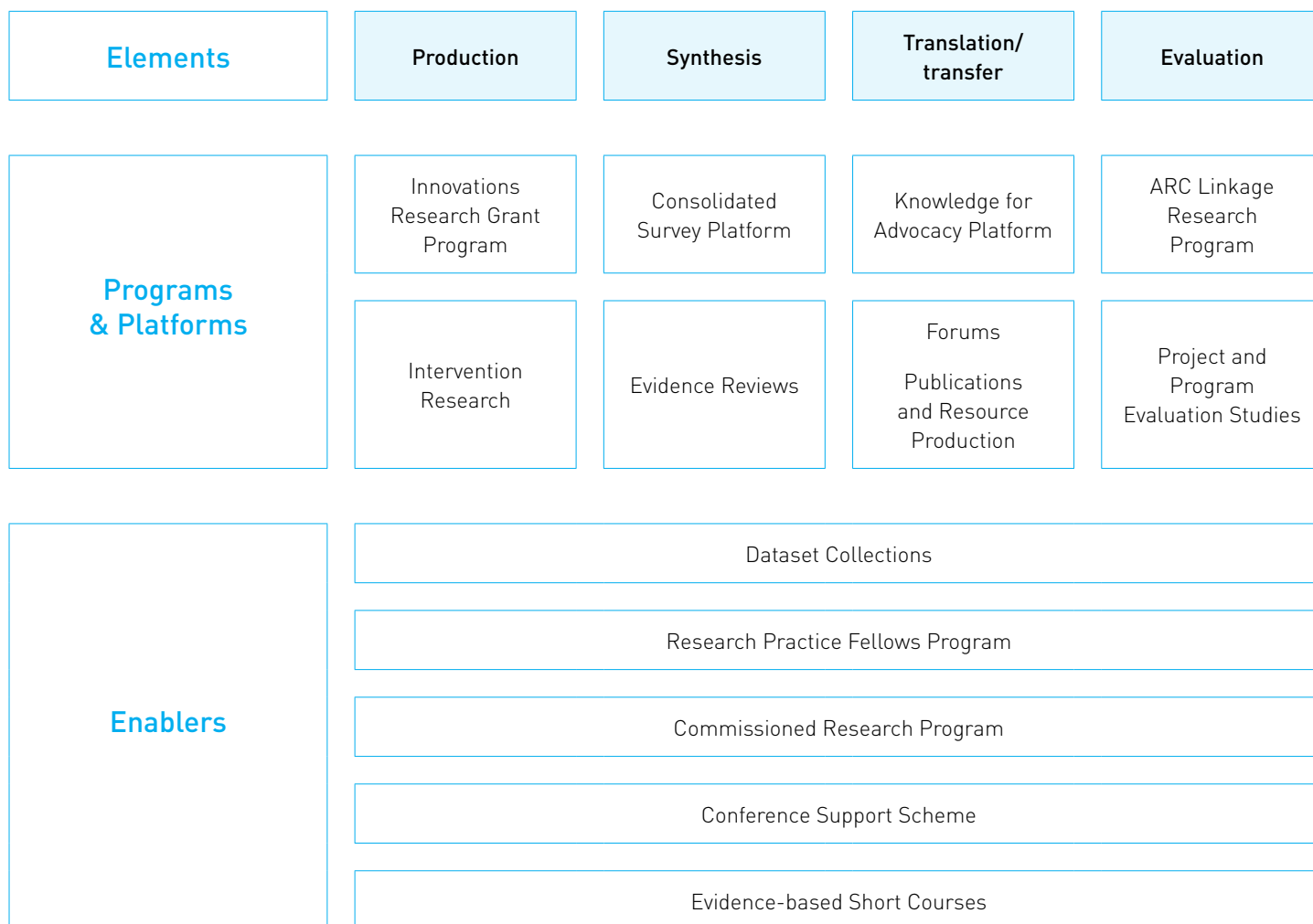
### **Connecting knowledge-related activities**

A core principle of the VicHealth Knowledge policy is that of connecting **knowledge-related activities into a coherent system**. A strong system is achieved when there is a coherent collection of related components that nurture, grow and produce new ways of thinking. The challenge for VicHealth is to account for the diversity of approaches to knowledge within the organisation and yet to provide clear strategic direction to affect change.

### **Scope of the policy**

This policy applies to all investments, programs and organisational units at VicHealth for the period 2009–2013 relating to Key Result Area 4, Knowledge. At an organisation level, *Knowledge* is proposed as a cross-cutting theme. Consequently, whilst the Knowledge and Environments for Health Unit (KEH) has overall responsibility for ensuring that this work is progressed, all units across the organisation are expected and encouraged to make a contribution to achieving our stated aims, particularly within their specific action areas.

# Components of the policy



**Figure 2.** Elements, programs/platforms and enablers of the VicHealth Knowledge Policy.

## Elements

### **Production**

Knowledge production is used in this policy synonymously with the Commonwealth Government's definition of research, i.e. it is the structured creation of new knowledge and/or the use of existing knowledge in a new and creative way so as to generate new concepts, methodologies and understandings ([www.arc.gov.au/pdf/ACUADS\\_20Oct08.pdf](http://www.arc.gov.au/pdf/ACUADS_20Oct08.pdf)).

### **Synthesis**

Evidence syntheses summarise research evidence on specific topics to assist decision makers in the development of policies. Synthesis can help place the results of a single study in context by accounting for the overall body of research evidence in a field of inquiry. There are many forms of synthesis, ranging from formal systematic reviews (such as those carried out by the Cochrane Collaboration), to informal literature reviews aimed at making 'best practice' recommendations for a specific area of management or policy development.

### **Translation/transfer**

Substantial improvements in innovation and practice in healthcare systems can be found when knowledge is transferred between normally separate groups of people. Bringing researchers, practitioners, the community and key decision makers together to facilitate interaction is the cornerstone of this approach. Collaboration for the purposes of knowledge translation/transfer results in a better understanding of each other's work, new partnerships, and the use of research-based evidence in policy and decision making (see [www.chsrf.ca/knowledge\\_transfer/index\\_e.php](http://www.chsrf.ca/knowledge_transfer/index_e.php)).

### **Evaluation**

There are many evaluation frameworks. Different frameworks work better for different programs. VicHealth supports a range of evaluation approaches such as the program logic framework, concept mapping, and the Department of Human Services (DHS) Planning and Evaluation Framework.

## Programs and platforms

Across the organisation the work of *Knowledge* can be expressed as four work elements (production, synthesis, translation and evaluation) with platforms and programs across each organisational unit acting as infrastructure for these elements.

### **Innovations Research Grant Program**

VicHealth has supported investigator-initiated research since 1987 through the Research Grant Program. Investigator-initiated research provides excellent opportunities to test new ideas, develop creative questions and explore previously untested approaches. Since 2004 VicHealth has offered support for investigator-initiated research within the specific research priority areas. This support will continue in the 2009–2013 business plan.

### **Intervention Research**

VicHealth has established Centres of Research and Practice that have been strategic catalysts in new developments in public health research, health policy and health promotion interventions. A prime goal of VicHealth intervention research is to transfer public health research knowledge to health promotion policy and practice in diverse fields such as community wellbeing, Indigenous health, violence against women, alcohol and tobacco consumption, and environments for health.

### **Consolidated Survey Platform**

Recently VicHealth has increased its focus on development and implementation of population-level surveys designed to enhance activity in key areas. The consolidated survey platform will integrate the focus of this survey work on the social and economic determinants of health, health behaviours and attitudes to health-related issues. Results from the survey platform will be made accessible to a wide range of policy and knowledge users. Survey data collected will be available for secondary analysis by the Community Indicators Victoria project and other academic institutions and in so doing: 1) establish the program as a community resource for Victoria's research community, and 2) increase research activity in VicHealth priority areas.



## **Evidence Reviews**

VicHealth funds the Cochrane Public Health Review Group, an entity of the Cochrane Collaboration, which aims to increase the quantity and quality of systematic reviews of health promotion and public health interventions.

The Cochrane Collaboration was formed in the UK in 1993 in response to the drive by Archie Cochrane for the best evidence to influence health care practice. The Collaboration's aim is to prepare and maintain systematic reviews of the effects of health interventions, and to make this information available to all practitioners, policy makers and consumers.

## **Knowledge for Advocacy Platform**

A core objective of VicHealth is to more effectively “produce, synthesise and translate practical health promotion knowledge”. Central to this objective is the creation of a supportive platform that can facilitate the synthesis and translation/transfer of knowledge between advocacy coalitions, practitioners, policy makers and researchers.

## **Forums**

VicHealth has a strong history in bringing researchers, policy makers and field practitioners together to discuss contemporary public health issues. The forums program allows opportunities for translation of knowledge across disciplines at the local, state, national and international level.

## **Publications and Resource Production**

Increasingly, publicly funded research foundations are using a variety of electronic resources to disseminate the outcomes from knowledge making. In addition to peer-reviewed journal articles, VicHealth is committed to the development of publications and resources which translate knowledge for a policy and practice audience. Reflecting this broadening base of knowledge translation and transfer activities, VicHealth will produce two publication series. The VicHealth *Populations, Policy and Practice* series focuses on dissemination of key findings from the VicHealth survey program and policy activities; while the *Funded Research* series focuses on disseminating technical monographs authored by VicHealth-funded researchers.

In addition to report-based dissemination of research, VicHealth is committed to using multiple communication channels, such as YouTube, for the translation/transfer of knowledge into a range of knowledge products. Short digital video clips of each of the 2009 recipients of research project grant funds are currently available for viewing through the VicHealth-branded YouTube channel. (See [www.youtube.com/VicHealthMedia](http://www.youtube.com/VicHealthMedia))

## **ARC Linkage Research Program**

ARC Linkage Research Projects – Industry Partner grants have been created for organisations applying for an ARC Linkage Project grant and who wish to have VicHealth represented as an industry partner in their application to the ARC. VicHealth is interested in being an industry partner for projects that support health promotion and public health research and development. The focus of this grant program is finding complex multidisciplinary solutions to complex social health problems.

## **Project and Program Evaluation Studies**

Project and program evaluation is a cornerstone of evidence-based health promotion practice. VicHealth continues to fund independent evaluations of projects and programs of activity through its targeted investigator-initiated research, linkage programs and commissioned evaluations.

## Knowledge enablers

The following knowledge enablers will be established across VicHealth program areas.

### Dataset Collections

VicHealth is well placed to gather, manage and act as a broker for large datasets that relate to our priority areas and those of our key stakeholders and partners. An example of such datasets are those produced through regular market research surveys, most of which have traditionally been used only by commercial groups to monitor and better understand consumer behaviour. Such data is increasingly recognised as also a potential source of knowledge for planning health promotion interventions.

### Research Practice Fellows (RPF) Program

Since 1999 VicHealth has funded 42 Research Fellows and invested over \$22 million in this scheme. The scheme ceased in 2007; however, in 2008 the Research Practice Leaders program was developed. This program aims to further strengthen the links between research, policy and practice in priority health areas while at the same time facilitating workforce capacity in the field of applied public health research. The RPL program will be expanded to the Research Practice Fellows program through the duration of the 2009–2013 Strategic Plan. The focus of this program is the support of a cohort of independent academic researchers committed to research in health promotion practice settings.

### Commissioned Research Program

VicHealth commissions research across its organisational units. These investments represent a more targeted approach to solving specific health promotion and public health problems.

### Conference Support Scheme

VicHealth is committed to continuing its support for the sharing of knowledge through conferences, interaction and information dissemination as an enabler for each of the knowledge elements.

### Evidence-based Short Courses

Since 2007 VicHealth has developed and consolidated a short course program designed to build the capacity of cross-sector practitioners to plan, implement and evaluate health promotion activity in priority areas. The course curriculum and resources are based on knowledge derived from evidence reviews, intervention research and practice and is provided to approximately 1500 Victorian organisations per annum. The short course program will continue to be expanded over the next four years.

## Internal governance

Originally, VicHealth's research program was managed by a centralised unit. A restructure in 2003 resulted in the decentralising of research to each of six program areas. This approach was later consolidated during the 2006–2009 Strategic Plan. A subsequent organisational restructure in 2008 resulted in two substantive content units, *Knowledge and Environments for Health (KEH)* and *Participation and Equity for Health (PEH)*, and two corporate units (*Communications* and *Corporate Support*). 'Knowledge' and 'health inequalities' are themes that work across the entire organisation. In this way, knowledge, although coordinated through KEH, is integrated through the organisation with content-specific management of knowledge projects occurring in different parts of the organisation.

### The VicHealth organisational knowledge base

VicHealth has developed a core set of organisational datasets that underpin its leadership in health promotion. The *VicHealth Organisational Knowledge Base Strategy* endeavours to integrate each of the elements of the knowledge base into a coherent system. The core principle organising the knowledge base is the establishment and maintenance of a connected system. This knowledge system integrates across the organisational units through the performance reporting and business plan.

### Quality and performance

Three advisory panels have been established to ensure quality and performance:

*(1) Academic Knowledge Advisory Panel (AKAP)*

The overall role of this group is to provide advice to the CEO on the strategic direction and production of knowledge at VicHealth.

*(2) Intersectoral Knowledge Advisory Panel (ISKAP)*

The overall aim of this group is to provide advice on the synthesis, translation/transfer and links between VicHealth knowledge processes and its stakeholders.

*(3) International Knowledge Advisory Panel (Int-KAP)*

The overall aim of this group is to provide advice about VicHealth knowledge investments in light of international practice.

The overarching objectives of this tripartite advisory structure are:

- (a) to broaden the expert advisory base informing knowledge policy at VicHealth;
- (b) to improve the quality, performance and strategic importance of knowledge production, synthesis, and translation and transfer;
- (c) to improve the quality, performance and strategic importance of evaluation activities at VicHealth.

## References

- Canadian Academy of Health Sciences (CAHS) 2009, *Making an Impact: A Preferred Framework and Indicators to Measure Returns on Investment in Health Research*. Report of the Panel on Return on Investment in Health Research, Ottawa. Available at: [http://www.caHS\\_acss.ca/e/assessments/completedprojects.php](http://www.caHS_acss.ca/e/assessments/completedprojects.php)
- Department of Innovation, Universities & Skills (UK) 2008, *Innovation Nation – Department for Innovation, Universities & Skills*, Presented to Parliament by the Secretary of State for Innovation, Universities & Skills, the Chancellor of the Exchequer and the Secretary of State for Business Enterprise and Regulatory Reform Cm 7345. Available at: [http://www.dius.gov.uk/reports\\_and\\_publications/-/media/publications/S/ScienceInnovation\\_web](http://www.dius.gov.uk/reports_and_publications/-/media/publications/S/ScienceInnovation_web)
- Garrard J 2004, 'Evidence and public health: data, discourses, and debates', in Helen Keleher & Berni Murphy (eds), *Understanding health: a determinants approach*, pp. 260-8, Oxford University Press, Australia.
- Higher Education Funding Council of England and Office of Science and Technology 2005, *Higher Education Innovation Fund Round 3: Invitation and guidance for institutional plans and competitive bids*, Office of Science and Technology, London. Available at: [http://www.hefce.ac.uk/pubs/hefce/2005/05\\_46/05\\_46.doc](http://www.hefce.ac.uk/pubs/hefce/2005/05_46/05_46.doc)
- Hippel E von 2005, *Democratising innovation*, MIT Press, Cambridge. Available at: <http://web.mit.edu/evhippel/www/democ1.htm>
- Howard J 2005, *The emerging business of knowledge transfer: Creating value from intellectual products and services*, Report of a study commissioned by the Department of Education, Science and Training, Canberra. Available at: <http://www.dest.gov.au/NR/rdonlyres/8EF6F189-0EFF-4533-B71A-80AA57B54225/4080/HowardFinalMasterRTF11April.rtf>
- Lomas J 2007, 'The in-between world of knowledge brokering', *British Medical Journal*, 334, 129–32.
- Nowotny H, Scott A & Gibbons M 2001. *Re-thinking science: Knowledge and the public in an age of uncertainty*. Cambridge, UK: Polity.
- Phillips KPA 2006, *Knowledge Transfer and Australian Universities and Publicly Funded Research Agencies: A report to the Department of Education, Science and Training*. Available at: [http://www.dest.gov.au/NR/rdonlyres/36818C20-9918-4729-A150-464B662644B3/12630/Knowtran\\_FinalCompilation\\_005\\_web1.pdf](http://www.dest.gov.au/NR/rdonlyres/36818C20-9918-4729-A150-464B662644B3/12630/Knowtran_FinalCompilation_005_web1.pdf)



Victorian Health Promotion Foundation  
PO Box 154 Carlton South 3053 Australia  
T. +61 3 9667 1333 F. +61 3 9667 1375  
[vichealth@vichealth.vic.gov.au](mailto:vichealth@vichealth.vic.gov.au)  
[www.vichealth.vic.gov.au](http://www.vichealth.vic.gov.au)

September 2009