



Curtin University

# SiREN 2020

## KNOWLEDGE TRANSLATION STRATEGY

Sexual Health & Blood-borne Virus Applied Research & Evaluation Network

COLLABORATION FOR EVIDENCE, RESEARCH & IMPACT IN PUBLIC HEALTH





Please direct all correspondence to the:

Sexual Health and Blood-borne Virus Applied Research and Evaluation Network (SiREN)  
Collaboration for Evidence, Research and Impact in Public Health (CERIPH)  
School of Public Health, Faculty of Health Sciences, Curtin University  
GPO Box U1987, Perth, WA 6845  
Email: [siren@curtin.edu.au](mailto:siren@curtin.edu.au)  
Web: <http://siren.org.au/>

## ABOUT SIREN & CERIPH

SiREN is the WA Sexual Health & Blood-borne Virus Applied Research & Evaluation Network which was established in 2012. SiREN is supported by the Sexual Health and Blood-borne Virus Program (SHBBVP) within the Department of Health, Western Australia.

SiREN supports collaboration between a network of more than 200 individuals and organisations from three stakeholder groups in the sexual health and blood-borne virus sector: policymakers; service providers; and researchers.

SiREN facilitates evidence-informed policy and practice by:

- Providing project planning and evaluation support
- Developing research and evaluation skills
- Identifying and promoting opportunities for collaboration
- Developing and disseminating evidence and publications

These actions place Western Australia in a strong position to fully participate in the national evidence-building agenda to prevent and manage sexually transmitted infections and blood-borne viruses.

The SiREN project operates via a tiered governance structure to increase the potential for research and evaluation, knowledge dissemination, participation and cross- sector collaboration. This comprises a:

- Management Team
- Project Steering Group
- Interest Group

Capacity building activities are and implemented by a project team at the Collaboration for Evidence, Research and Impact in Public Health (CERIPH) currently comprising a part-time Research Fellow, Project Officer, Research Assistant, Project Assistant and PhD Scholar.

CERIPH is a multi-disciplinary research centre within the School of Public. CERIPH was formerly known as the Western Australian Centre for Health Promotion Research (WACHPR) established in 1986 as the first health promotion research centre in an Australian university.

Recognising the complexity of health and its determinants, this multidisciplinary collaboration provides leadership and evidence to support action across educational, organisational, socio-economic, environmental and political domains to improve population health in the region.

CERIPH has built and demonstrated high level expertise and research strength in:

- The design, planning, implementation, evaluation and dissemination of quality integrated health promotion programs.
- Health promotion approaches using community and settings based interventions, peer and social influence, social marketing, advocacy, community mobilisation and sector capacity building.
- Health promotion that improves outcomes in nutrition, physical activity, mental health, sexual health and sexuality, alcohol and other drug use, injury prevention and environmental and community health.
- Promotion and dissemination of evidence informed practice and building practice based evidence.
- Provision of research training and capacity building to students, allied health professionals and community workers.
- Building sustained partnerships and collaborations.

## ABBREVIATIONS

BBV	Blood-borne virus
CERIPH	Collaboration for Evidence, Research and Impact in Public Health
SiREN	Sexual Health & Blood-borne Virus Applied Research & Evaluation Network
STI	Sexually transmitted infection
SHBBV	Sexual health and blood-borne virus
SHBBVP	Sexual Health and Blood-borne Virus Program
WA	Western Australia

# CONTENTS

SiREN and Knowledge Translation	1
<i>What is knowledge translation?</i>	1
<i>What is evidence?</i>	2
<i>Addressing WA specific issues</i>	3
<i>The knowledge users</i>	3
The Framework	5
<i>Framework elements and principles</i>	6
The Plan	8
Case studies	9
References	10





# SIREN & KNOWLEDGE TRANSLATION

Sexually transmissible infections (STIs) and blood-borne viruses (BBVs) are significant public health issues globally. High rates of STIs and BBVs continue to be diagnosed in Australia, with an upward trend for most STIs in many existing and new priority populations including gay and other men who have sex with men and in mobile and migrant populations. Responding to the diversity of population groups requires a multi-faceted approach and public health professionals with often limited resources require increasingly sophisticated competencies in research, evaluation, and evidence-informed practice.

SiREN developed this knowledge translation strategy to support the Western Australian (WA) sexual health and blood-borne virus (SHBBV) sector to apply the best available evidence to decision-making and to generate new evidence on what works. Through this strategy, SiREN aims to support improvements in policy and practice to achieve better health outcomes.

## WHAT IS KNOWLEDGE TRANSLATION?

Knowledge translation is the process of creating and sharing knowledge as well as supporting its ethical application (1).

The purpose of knowledge translation is to get the right evidence, to the right people, at the right time to enable evidence-informed decision making (2).

This is important because health programs and policies that are informed by evidence are more effective, cost-efficient, minimise harm, and contribute to improved health outcomes (3).

The purpose of knowledge translation is to get the right evidence, to the right people, at the right time to enable evidence-informed decision making.

The term knowledge translation has historically been used by the research community and only more recently has been used within policy and practice.

Health programs and policies that are informed by evidence are more effective, cost-efficient, minimise harm, and contribute to improved health outcomes.

Many different terms have been used to describe knowledge translation including implementation science, dissemination, knowledge transfer, knowledge exchange, and knowledge mobilisation.

Each has slight differences in meaning, depending upon whether the emphasis is placed on the creation, exchange or uptake of knowledge. Regardless of the terminology, the overall aim of these efforts is to support an effective and efficient health system, to ultimately improve health (1).

## WHAT IS EVIDENCE?

The process of ensuring evidence-informed policy and practice is not straightforward. It occurs via a complex web of interactions between researchers, policymakers and practitioners, and draws on multiple sources of evidence (1).

As this strategy aims to support the creation, sharing and application of evidence, it is important to begin with a clear definition of evidence.

Evidence is information or facts that are *“replicable, observable, credible, verifiable, or basically supportable”* (4).

Sources of evidence can include publications in peer-reviewed journals, program evaluations, government reports, surveillance and monitoring data, organisational reports, evidence summaries, case studies and findings presented at conferences and forums.

Evidence is information or facts that are *“replicable, observable, credible, verifiable, or basically supportable”*.

In addition to these sources of evidence, SiREN recognises the value of the vast amount of experiential knowledge held by the sector.

SiREN plays a role in supporting the use and dissemination of experiential knowledge through the development of case studies, facilitating collaborations for knowledge exchange and sharing stories through its symposium.

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All evidence is context sensitive. Its usefulness depends on the characteristics of the population and setting in which it is being applied as well as the broader social, economic and political environment (1).

Public health evidence needs to be adapted depending on where it is being applied in order for it to be effective (5-7). Evidence that is applied to policy and practice decisions without consideration or modification for the context in which it is being utilised may see a reduction in effectiveness (8).

Effective decision making involves the use of research evidence, experiential knowledge, and an understanding of the context in which it is being applied.

Using evidence to inform decision making requires weighing up the strength of the different kinds of evidence available. There is not always a rigorous evidence base to support decisions, in which case *“decisions should be based on the best evidence available as opposed to the best evidence possible”* (8).

Evidence-informed decision making involves the use of research evidence, experiential knowledge, and an understanding of the context in which it is being applied.



## ADDRESSING WA SPECIFIC ISSUES

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It is important the WA has its own evidence base in relation to SHBBVs as there are many factors that are unique to WA.

SiREN is well positioned to support the generation and application of evidence that is relevant to the issues affecting WA.

SiREN was established to support the development of research and evaluation skills, facilitate collaboration, and create and share evidence within the SHBBV sector. By engaging in these actions, SiREN aims to support the sector to participate in and direct the national evidence-building agenda to prevent and manage STIs and BBVs.

SiREN recently asked the sector about what barriers they experience in relation to accessing evidence to inform their work.

Key challenges identified included a lack of time to identify relevant research, insufficient evidence available that is relevant to their work, lack of research skills and limited training opportunities to enhance research skills. These barriers align with what has been reported in the literature (9, 10).

A common thread that links many of these challenges is the time and difficulty associated with locating and interpreting evidence. Therefore, strategies such as connecting users with relevant evidence in easy to understand formats and research training and support may be effective.

Identified challenges included a lack of time to identify relevant research, insufficient evidence available that is relevant to their work, lack of research skills and limited training opportunities to enhance research skills.

As a network that shares and generates knowledge, SiREN plays an important role in facilitating knowledge translation. Many of SiREN's current strategies already align with existing knowledge translation practices.

This strategy will optimise SiREN's work in this space through aligning existing strategies with what is known to be effective knowledge translation.

New strategies will be identified over the years leading up to 2020. This will occur through consultation with the SiREN member network, the SiREN project steering group, and by examining the existing evidence regarding effective knowledge translation strategies.

## THE KNOWLEDGE USERS

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The users of the knowledge created and exchanged in this strategy are people working in, or interested in, sexual health and reducing the transmission of and impact of STIs and BBVs in WA.

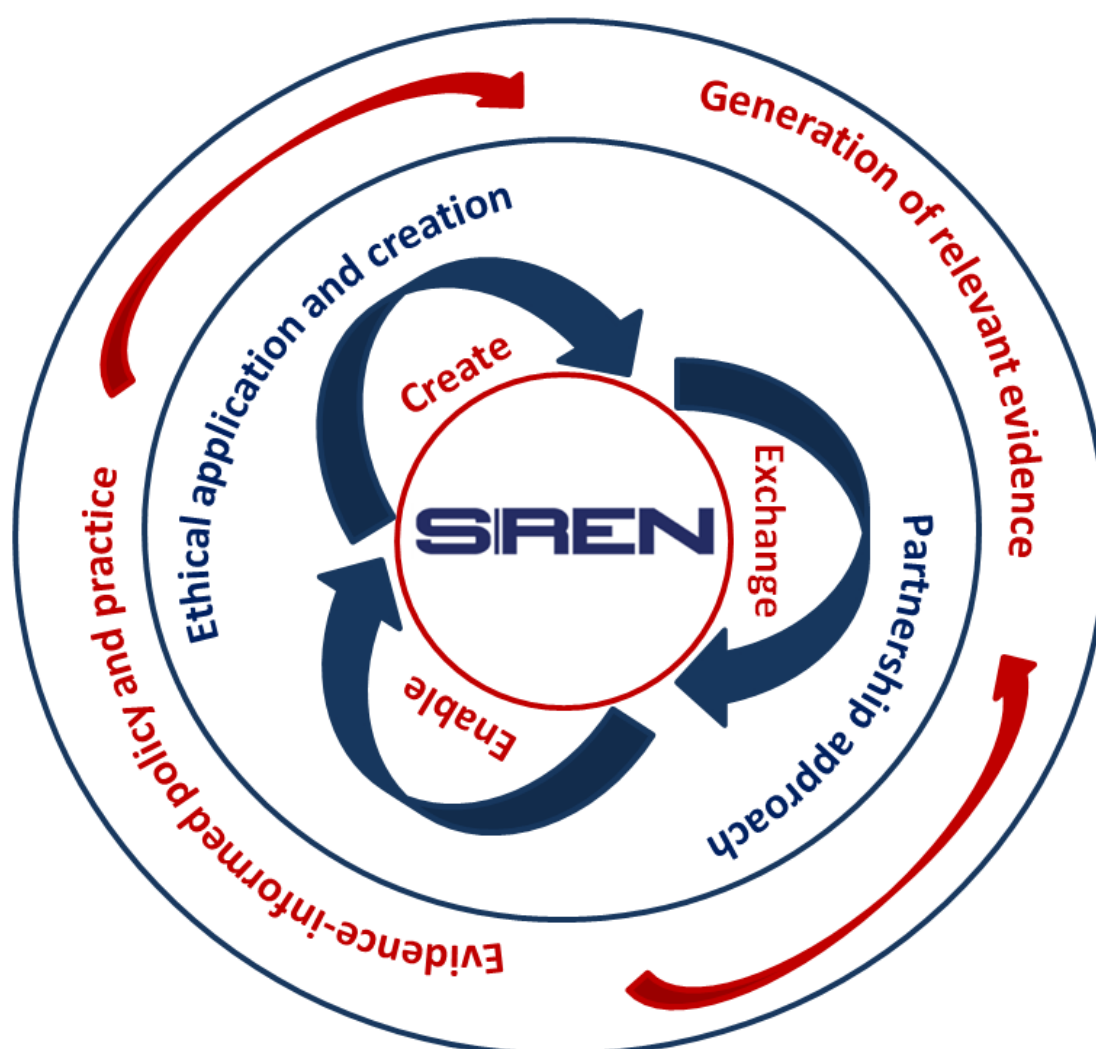
Knowledge users may include policy-makers, researchers, project officers, clinicians, outreach officers, students, educators, service managers, youth workers and the broader community.



## THE FRAMEWORK

The framework places SiREN at the centre to represent the role it plays in: supporting the *creation* of new evidence; facilitating the *exchange* of evidence; and *enabling* the sector to generate new evidence and apply evidence to their work.

The arrows indicate the iterative and complex nature of knowledge translation. The middle circle contains the principles that underpin SiREN's knowledge translation practice. These are a partnership approach and the ethical application and creation of knowledge. The outer circle includes the aims of engaging in knowledge translation. These are: to enable evidence-informed decision making in policy and practice; and the generation of knowledge that is informed by, and relevant to, the WA SHBBV sector.



This Framework was influenced by the Canadian Institutes of Health Research model of knowledge translation (11).

## FRAMEWORK ELEMENTS AND PRINCIPLES

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The following are the Framework elements.

**CREATING** - Creating involves the production of new evidence, as well as the synthesis of existing evidence. SiREN supports the creation of new evidence through collaborating with the sector to publish practice-based research and evaluation findings. SiREN also creates evidence based on research priorities determined by the sector. SiREN aims to make existing evidence more accessible through developing evidence synthesis and case studies.

Aim: Evidence is created that is relevant to WA issues and is used to inform practice and policy.

**ENABLING** - Enabling is about building capacity within the sector to participate in or support research and apply research findings to decision-making in policy and practice, in essence, building a culture that values research at the sector and organisational level. This involves supporting the development of skills, knowledge and infrastructure (tools, resources-both human and financial, technology) that enable the generation of high quality evidence that is relevant to the sector, as well as the effective application of evidence to decision making. Individuals and organisations working in the sector experience different barriers and enablers to engaging in research and have different levels of research capacity. SiREN acknowledges this diversity and aims to develop capacity building strategies that reflect this diverse range of needs.

Aim: The sector has the skills, knowledge and infrastructure to undertake or support research and evaluation, and to effectively apply evidence to their work.

**EXCHANGING** - SiREN facilitates knowledge exchange with the sector. This reciprocal sharing relationship aims to ensure that SiREN is informed on what is happening in the sector, and that those working in the sector are informed of evidence relevant to their work. Exchanging knowledge recognises that SiREN, and those working within the sector can all learn from each other.

Aim: SiREN and the sector will have access to the best available evidence to inform decisions.

The SiREN Knowledge Translation Strategy and Framework is underpinned by two key principles.

**ETHICAL APPLICATION AND CREATION** - Ethics and evidence-informed decision making are implicitly linked through the shared aim of improving health outcomes. It is argued that evidence-informed practice is more ethical, and ethical practice is more effective (12). Through applying this principle to knowledge translation practice SiREN seeks to: ensure that the evidence it creates and shares is ethically sound, and to support and encourage the sector to obtain ethics approval for research and evaluation projects.

**PARTNERSHIP APPROACH** - SiREN acknowledges the importance of working in partnership for effective knowledge translation. Working collaboratively facilitates the timely exchange of knowledge, as well as a shared identification of research priorities that are important to policy and practice (13, 14).



# THE PLAN

SiREN's knowledge translation outcomes are described in the table below. Outcomes that SiREN is currently working to achieve are indicated by a tick in the 'in progress column' and those that SiREN plans to develop in the future have a tick in the 'to be developed' column. New outcomes will be identified, and existing outcomes modified based on emerging evidence on what works in knowledge translation, feedback from the needs assessment undertaken with SiREN members, and consultation with the SiREN Project Steering Group and Management Team.

Creating   Aim: Knowledge is created that is relevant to WA issues and is used to inform practice and policy.	In progress	To be developed
<ul style="list-style-type: none"> <li>Grant applications for WA projects and research are supported by SiREN.</li> <li>The sector is supported to produce research from practice and policy.</li> <li>Articles are published in open access journals that are based on research priorities set by the sector.</li> <li>Case studies are developed that share stories from the sector.</li> <li>There is a planned approach to develop new, and refine existing knowledge creation strategies.</li> <li>Research priorities are set based on direct input from the sector.</li> </ul>	<ul style="list-style-type: none"> <li>✓</li> <li>✓</li> <li>✓</li> <li></li> <li></li> <li>✓</li> </ul>	<ul style="list-style-type: none"> <li></li> <li></li> <li></li> <li>✓</li> <li></li> <li></li> </ul>
Enabling   Aim: SiREN and the sector have the skills, knowledge and infrastructure to undertake or support research and evaluation, and to effectively apply evidence to their work.		
<ul style="list-style-type: none"> <li>Project focused planning and evaluation support is provided to the sector.</li> <li>Opportunities for collaboration are identified and promoted.</li> <li>Project staff (SiREN and sector) are mentored and supported to present research and evaluation projects at appropriate forums.</li> <li>Research and evaluation related training is identified and promoted within the network.</li> <li>Scholarships for research and evaluation are provided and recipients are mentored.</li> <li>SiREN has dedicated and sustained infrastructure and human and financial resources for knowledge translation.</li> <li>SiREN has in place processes and systems to capture and monitor the impact of its activities.</li> <li>Tools and resources that support the sector to use evidence in decision making and to undertake knowledge translation are developed, identified and shared.</li> <li>There is a planned approach to develop new, and refine existing strategies to build research and evaluation capacity.</li> </ul>	<ul style="list-style-type: none"> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li>✓</li> <li></li> <li>✓</li> <li></li> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> <li></li> <li></li> <li></li> <li></li> <li>✓</li> <li></li> <li>✓</li> <li>✓</li> </ul>
Exchanging   Aim: SiREN and the sector will have access to the best available knowledge to inform decisions.		
<ul style="list-style-type: none"> <li>Research priorities are set based on direct input from the sector.</li> <li>Knowledge is shared through traditional and new channels including social media, symposia and other fora.</li> <li>There is a planned approach to develop new and refine existing knowledge exchange strategies.</li> </ul>	<ul style="list-style-type: none"> <li>✓</li> <li>✓</li> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> <li></li> <li>✓</li> </ul>



# CASE STUDIES

These case studies are examples of SiREN's work within the KT framework action areas.

## **Case study 1: Creating knowledge through collaborative research priority setting**

SiREN facilitated a half day research and priority setting workshop. Attendees included representatives from state government, universities, non-government organisations, and the Royal Australian College of General Practitioners.

A brief outline of SiREN, reasons for undertaking a priority setting activity, the priority setting process, WA epidemiology and previously identified priorities were provided. Attendees were invited to rank a potential list of priority setting criteria on behalf of their organisation and to add any criteria that they felt were missing. The aim of this process was to establish a preliminary indication of the 'sector' criteria for ranking priorities given the range of sector organisations represented at the workshop. The top criteria identified: size of the health problem, likelihood of reducing disease burden and capacity to do research/likelihood of funding.

A number of priority areas were identified. It was agreed that consultation was required with the sector beyond those attending the workshop. SiREN sought feedback from symposium delegates, however few responses were obtained. This may have been due to a lack of time dedicated to the task and the design of the document. Additional feedback on research priorities is currently being undertaken in the SiREN Needs Assessment.

## **Case study 2: Enabling the sector to engage in research**

SiREN worked with the Metropolitan Migrant Resource Centre (MMRC) to evaluate and disseminated findings about the Sharing Stories Project. Sharing Stories employed a range of theatre and drama-based health promotion strategies to empower members of CaLD communities to become peer educators to appropriately communicate SHBBV education as well as offer support, appropriate resources and referral pathways to increase access to sexual health.

The [evaluation](#) of Sharing Stories was conducted in 2013 via an Australian Health Promotion Association Healthway Graduate Scholarship which was co-supervised by SiREN and MMRC. The evaluation demonstrated increased knowledge, confidence in seeking STI testing, and positive attitudes towards carrying condoms. This evaluation found that theatre and drama-based sexual health strategies were effective with multicultural youth.

The evaluation was published as a journal article (citation below):

Roberts, Lobo, and Sorenson (2017). Evaluating the Sharing Stories youth theatre program: an interactive theatre and drama-based strategy for sexual health promotion among multicultural youth. *Health Promotion Journal of Australia*: 28 (1), 30-36.

## **Case study 3: Exchanging knowledge through a Community of Practice**

The Community of Practice for Action on HIV and Mobility (CoPAHM) is a virtual network for those interested in maintaining momentum on the issues highlighted in the HIV and Mobility in Australia: A Road Map for Action paper Launched in December 2014. The CoPAHM was established by SiREN on 1 March 2015 with funding support from WA Health SHBBVP. The CoPAHM now comprises 85 members across Australia.

See more about the CoPAHM at <http://siren.org.au/hivandmobility-1/community-of-practice/>

## REFERENCES

1. Canadian Institutes of Health Research. Knowledge Translation 2016 [Available from: <http://www.cihr-irsc.gc.ca/e/29418.html>].
2. Knowledge Translation Australia. Bringing research to life 2016 [Available from: <https://www.ktaustralia.com/>].
3. Armstrong R, Waters E, Dobbins M, Anderson L, Moore L, Petticrew M, et al. Knowledge translation strategies to improve the use of evidence in public health decision making in local government: Intervention design and implementation plan. *Implementation Science*. 2013; 8(1):121.
4. Stetler CB, Caramanica L. Evaluation of an Evidence-Based Practice Initiative: Outcomes, Strengths and Limitations of a Retrospective, Conceptually-Based Approach. *Worldviews on Evidence-Based Nursing*. 2007; 4(4):187-99.
5. Green L. Closing the chasm between research and practice: Evidence of and for change. *Health Promotion Journal of Australia*. 2014; 25(1):25-9.
6. World Health Organization. Bridging the “Know-Do” Gap Meeting on Knowledge Translation in Global Health. 2005.
7. Bowen, Zwi AB. Pathways to “evidence-informed” policy and practice: a framework for action. *PLoS Medicine*. 2005; 2(7):e166.
8. Viehbeck SM, Petticrew M, Cummins S. Old Myths, New Myths: Challenging Myths in Public Health. *American Journal of Public Health*. 2015; 105(4):665-9.
9. Armstrong R, Waters E, Moore L, Dobbins M, Pettman T, Burns C, et al. Understanding evidence: a statewide survey to explore evidence-informed public health decision-making in a local government setting. *Implementation Science*. 2014; 9(1):1.
10. Brownson RC, Fielding JE, Maylahn CM. Evidence-based public health: a fundamental concept for public health practice. *Annual Review of Public Health*. 2009; 30:175-201.
11. Canadian Institutes of Health Research. Knowledge translation 2016 [updated 28th July 2016. [Available from: <http://www.cihr-irsc.gc.ca/e/29418.html>].
12. Carter SM, Rychetnik L, Lloyd B, Kerridge IH, Baur L, Bauman A, et al. Evidence, ethics, and values: a framework for health promotion. *American Journal of Public Health*. 2011; 101(3):465-72.
13. Seifer SD. Building and sustaining community-institutional partnerships for prevention research: findings from a national collaborative. *Journal of Urban Health*. 2006; 83(6):989-1003.
14. Buys N, Bursnall S. Establishing university–community partnerships: Processes and benefits. *Journal of Higher Education Policy and Management*. 2007; 29(1):73-86.

If you are interested in reading any of these articles, but find you are unable to access them, please get in touch with SiREN to assist you via [siren@curtin.edu.au](mailto:siren@curtin.edu.au)