



The Australian Prevention
Partnership Centre



Collaboration for Enhanced Research Impact

Developing a knowledge synthesis approach to address the knowledge-action gap in preventive health policy and practice

NCOIS Webinar 31 Aug 22

**“Knowledge Translation in Action: Research and
Case Studies from Prevention Research”**

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Acknowledgment of Country

The Collaboration for Enhanced Research Impact
acknowledges Aboriginal and Torres Strait Islander peoples as the
First Australians and Traditional Custodians of the lands where we
live, learn, and work.

MEMBERS



Knowledge translation, knowledge mobilisation & systems thinking

Evidence-policy gap

- Decision makers face ongoing challenges in the mobilisation & translation of evidence into policy & practice
- A systems approach to Kmb could help address the evidence-policy gap.
 - facilitates a multi-perspective view
 - can identify who within the system has power and influence
 - Identify what types of knowledge are valued and used.



Our knowledge synthesis process

The approach

- Synthesise findings and expertise from across Prevention Centre and CERI research to generate new insights
- Co-produce research, policy and communications outputs
- Project team
 - Research content lead – Prevention Centre and CERI network
 - Communications lead – Coordinating Centre
 - Policy lead – current funding/policy partner

The questions

- What can we learn from the findings to date of our funded program(s) across our whole body of work?
- How do these insights add to the broader (international) body of evidence on this topic?
- What are the implications (if any) for Australian policy and practice?
- What are the implications for a next-generation program of work/research?

Establish synthesis focus

Identify key topic areas within the scope of Prevention Centre and CERI programs of research, and cross reference with priorities outlined by policy partners



Engage project team

Identify and engage research lead from Prevention Centre and CERI networks

Identify and engage policy/ practice partners



Policy-research dialogue 1

Meet with policy/practice partners to present concise overview of existing research program areas, and identify the main policy questions arising in the field from policy/practice partners.



Project plan developed

Develop project plan and finalise research questions

Initial synthesis

Undertake data extraction and initial synthesis

Prepare synthesis of key findings focused around the priority policy topics identified above, including a summary table and narrative overview of key findings



Policy-research dialogue 2

Meet with policy/practice partners to present and consider key findings of synthesis in light of policy questions arising in the field, and jointly consider the implications for policy and practice as well as the next generation of research in this area.



Finalise and disseminate synthesis outputs

Research, policy and comms outputs to be finalised and disseminated.

Public health law

Mapping the literature

What is public health law?

- Legislation and regulation
(e.g. tobacco control Acts)
- Mandatory codes and standards
(e.g. food standards)
- Voluntary co-regulatory approaches
(e.g. Health Star Rating)
- Voluntary self-regulation
(e.g. advertising to children)
- Intra-organisational policy
(e.g. healthy food provision Directive)
- Inter-organisational policy
(e.g. built environment guidelines)

*“public health law are
implementation tools that
can be used to achieve
policy goals”*

Research questions arising from policy dialogue 1

1

- How has PC research focused on policy, law and regulation, in terms of type of research and public health topic or / risk factor?

2

- What are the cross-cutting themes of this synthesised body of research?

3

- What are the implications of this for policy, and practice and future public health law research?

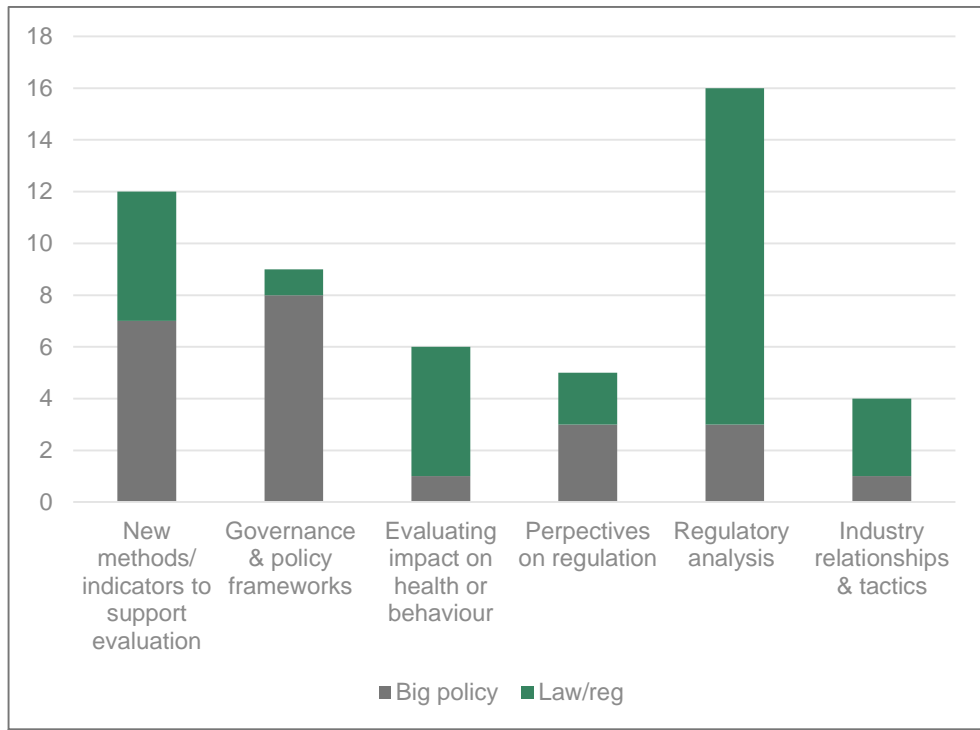


Figure 1: The grouping and research focus of studies investigating policy, law and regulation

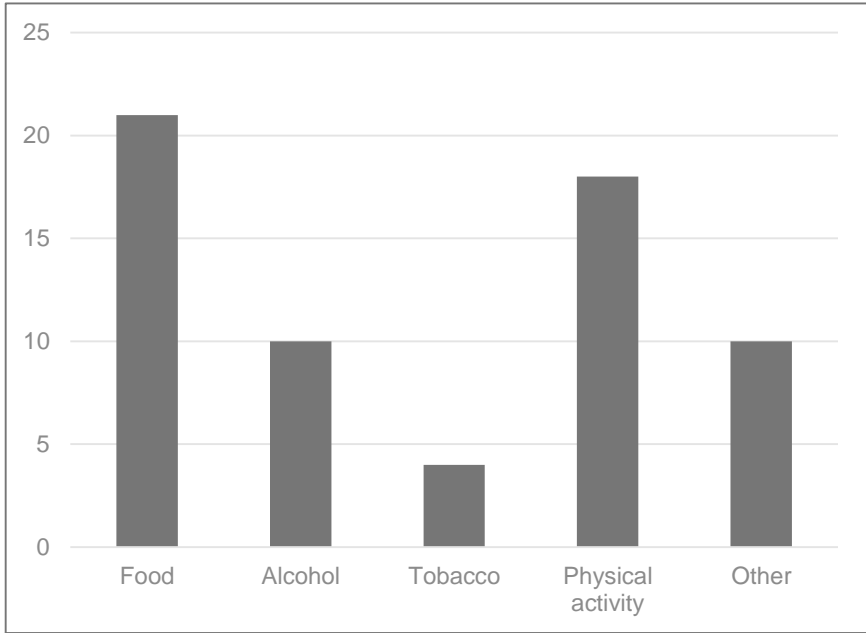


Figure 2: The public health risk factors targeted in policy, law and regulation research

Synthesis and translation

Thematic analysis

- Five themes identified:
 1. monitoring and evaluation
 2. political environment and considerations
 3. regulatory design, implementation and enforcement;
 4. engagement collaboration and coproduction
 5. impact on equity and disadvantage

Reflections and implications

- Public health law can provide the rules and frameworks to shape social and commercial determinants of health
- Public health law research can help make the case for prevention
- There is a wide range of co-production strategies used in public health law research and prevention
- There are ongoing challenges regarding how health and other sectors can meaningfully work together

First 2000 days

Making evidence based recommendations

Key Stakeholders in the first 2000 days

- The first 2000 days
 - Conception to age 5 years
- Critical life stage for health and development
- Investment in health and wellbeing of the next generation



Research Questions – informed by policy dialogue 1

1

- What are the benefits of prevention in the first 2000 days?

2

- What prevention interventions are effective and cost-effective?

3

- How do we support implementation and scale-up of effective interventions?

4

- How can we tailor interventions to meet the needs of priority populations?

Synthesis and translation

- Evidence drawn from selected body of research
- >60 peer-reviewed articles
 - Prevention Centre
 - CERl member CREs
- Findings presented back to partners for discussion - *Policy Dialogue 2*
 - Implications for practice
 - Next-gen research
- Key messages finalised
- Knowledge translation products developed



Knowledge products

Prevention in the first 2000 days

Synthesis of knowledge from The Australian Prevention Partnership Centre and CERI

August 2022



The Collaboration for Enhanced Research Impact (CERI) is a joint initiative between The Australian Prevention Partnership Centre and a diverse group of related NHMRC Centres of Research Excellence. We are working together to find alignment in the policy and practice implications of our work and to develop shared communications and early career capacity support across our participating centres.

Prevention in the first 2000 days

This document summarises the findings from a synthesis of knowledge conducted by members of the Collaboration for Enhanced Research Impact (CERI).

The first 2000 days (conception to age five) is a critical window to give children the best possible start in life.

- Acting early reduces risk of disease in later life
- Prevention at this age is effective and cost-effective
- The public supports government action to protect children's health



What is the issue?

The first 2000 days is a window of opportunity in early life to establish and support healthy behaviours among parents and their children to reduce the likelihood of poor health outcomes and associated economic impacts in the short and long term.

This knowledge synthesis aimed to combine the expertise of research, policy and communications experts to draw out policy relevant lessons from research conducted by the Prevention Centre and the NHMRC Centres of Research Excellence within the Collaboration for Enhanced Research Impact (CERI), as relevant to the first 2000 days of life. Our findings are based on evidence drawn from 60 peer reviewed articles, synthesised and interpreted with guiding input from 12 prevention policy makers from eight jurisdictions covered over two national roundtables.

Key messages

- We asked our policy partners how our research on the first 2000 days could support them in their work and identified answers from the research of CERI members.
- We found strong evidence to support the benefits of prevention in the first 2000 days and identified several interventions that are effective and cost-effective to give children the best start in life.
- We found that implementation and scale-up of effective interventions in the first 2000 days requires collaboration between researchers, policy makers, health and social care practitioners, and consumers.
- We identified the need for research into design, implementation and evaluation of interventions for priority populations, and increased monitoring of risk factors across the first 2000 days.

Read the full report, preventioncentre.org.au

Why invest in prevention in the first 2000 days?

This policy brief is based on the findings of a knowledge synthesis conducted by The Australian Prevention Partnership Centre (the Prevention Centre) and member organisations of the Collaboration for Enhanced Research Impact (CERI).¹



Key messages

Our research has found that investment to support a healthy lifestyle during preconception, pregnancy, postpartum and early life is warranted. Intervening during the first 2000 days of a child's life (conception to age five):

- is more effective than at other times
- sets children up for a healthy life and reduces the risk of disease into adulthood
- provides economic benefits and is cost-effective
- reduces health inequalities throughout life
- is strongly supported by the public.

The Prevention Centre is a national collaboration of researchers, policy makers and practitioners who are working together to identify new ways of understanding what works and what doesn't to prevent chronic health problems in Australia. CERI brings together the Prevention Centre with 10 related NHMRC Centres of Research Excellence, and represents at least 200 leading prevention investigators in Australia.

[Link to resources](https://preventioncentre.org.au)



preventioncentre.org.au





preventioncentre.org.au/CERI

