



The translation imperative: moving research into policy

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The translation imperative: moving research into policy

Injury and violence prevention research has led to numerous discoveries that effectively reduce the burden of injury. Although we are a relatively young field, advances have been accelerated by the work of early scholars like William Haddon and Susan Baker, who gave us the principles and data needed to develop and test interventions. Numerous examples of proven effective injury countermeasures exist, such as passenger restraint devices, smoke alarms, residential sprinklers, and helmets for motorcyclists and bicyclists, to name just a few.¹ The challenge now is to accelerate the translation of this and new knowledge into action that can protect populations.

Assuring that individuals working to prevent and control injuries have access to information about evidence-based interventions, and actually use that information to inform decision making, is often overlooked by researchers. Translating knowledge from research findings into practice includes targeted efforts to disseminate information about effective interventions; processes to promote implementation of policies and programmes; and strategies to facilitate adoption of the intervention(s) among target populations.² As researchers, our familiarity with the scientific process, skills in critically appraising data, and affiliations outside political and administrative bureaucracies make us well positioned to embrace a role in the translation process. Increasingly, funding agencies are recognising the need for attention to translation, and the literature now offers guidance on how to translate research²⁻³ as well as factors associated with translation success.⁴ While disseminating research findings to the general public, high risk groups, and public health practitioners is critical, the focus of this article is on another priority audience—policy-makers.

Use of research in policymaking

As demonstrated throughout our field's history, laws and public policy are often the most effective ways to control injury. The current emphasis on evidence-based decision making underscores the importance of using research throughout the policymaking process. There is empirical evidence on both facilitators and barriers to policymakers' use of research in the policymaking process. Studies indicate that important facilitators to the use of research by policymakers include personal contact between researchers and policymakers, and the timely conveyance of easy to understand and use information that is germane to the policy context.⁵ Policymakers and their staff often have difficulty obtaining information directly from peer reviewed publications due to such barriers as a lack of access, time, and expertise.⁶ Voluminous, hard-to-use data have also been described as a barrier to use of research by policymakers.⁷ Studies continue to explore which tools best enable policymakers to identify reliable research on specific topics, including information on the burden of the problem, costs associated with inaction, and options for policy formulation.⁶⁻⁸

Translation is essential to connecting policymakers with research about evidence based interventions to prevent injury. To ensure that the best available science is included in policymaking, injury researchers need to develop strategies that address the previously described barriers and are compatible

with their own responsibilities and expertise. There is a critical need for approaches that successfully minimise the chasm between researchers and policymakers.

Two examples of how injury researchers can begin to effectively address this divide come from our work at the Johns Hopkins Center for Injury Research and Policy. For four consecutive legislative sessions, two authors (KP, SF) volunteered 1 day per week in the Maryland General Assembly as staff volunteers for a state legislator. As described in an earlier article in this journal, having injury researchers present in the state legislature helps ensure that science informs injury prevention policies.⁵ There is evidence that this approach to disseminating research findings to legislators is effective. In 2009, Maryland's child passenger safety seat law was expanded to include children up to age 8 years of age, due at least in part to our involvement in providing testimony and communicating research to legislators.⁵

Disseminating research to policymakers

Preventing injuries in Maryland: a resource for state policy makers is another approach to translation.⁹ This publication, designed to describe and offer policy solutions to specific injury problems in Maryland in a highly readable and accessible document, was developed by Center faculty and graduate students in time for the 2010 legislative session. It covers eight high priority injury topics for the state, with concise information on the nature and scope of each problem nationally and in Maryland, as well as the best evidence based policy solutions. To support dissemination of the guide to state policymakers, Center faculty hosted a briefing before a key legislative committee, and are distributing it throughout the legislature in addition to injury-related agencies and advocacy organisations. We are also promoting it through the university's government affairs newsletter, the school's news magazine, and in an op-ed accepted for publication by a local newspaper. The policy resource's impact will be evaluated through an electronic survey sent to legislators, in addition to monitoring how often it is cited during bill hearings, number of visits to the website, and individual requests for the guide or for technical assistance.

It is clear to us that many other injury researchers share our commitment to translation. In fact, the impetus for developing this policy guide resulted not just from our own collective experience participating in the policymaking process, but also from colleagues at the University of Iowa Injury Prevention Research Center and Blank Children's Hospital, who shared a similar product at a meeting sponsored by the Centers for Disease Control and Prevention in March 2009 called 'Communicating effectively with state policymakers'. We need to continue sharing our experiences in facilitating the translation process with one another. By doing so, we can expand the knowledge base necessary to accelerate the dissemination and uptake of proven effective injury countermeasures that can save lives and reduce the burden of preventable injuries.

Towards this end, the SAVIR Advocacy Committee will be collecting examples of how injury prevention researchers are translating research to policymaking audiences. If you have a policy translation experience you would like to share, please email your story to Susan DeFrancesco, co-chair of the committee at: SDeFrancesco@salud.unm.edu. The Advocacy Committee will review the materials they receive and decide how best to disseminate this information.

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