

# Deliberative Processes and Knowledge Translation

April 2010

Public health actors are increasingly being called upon to base their decisions on the best available knowledge. Various knowledge translation strategies have therefore been proposed as a means of drawing together the world of research with that of decision making (Mitton et al., 2007).

Yet, knowledge translation still faces many challenges: research is not always valued as an input in the decision-making process; research is not always relevant to the issues faced by public health actors; research is not simple to use or the findings are not always effectively communicated; and research is in competition with many other factors that influence decision making (Lavis, 2008).

The use of deliberative processes appears to be a promising strategy for overcoming these difficulties. This fact sheet briefly describes the deliberative model of knowledge translation and its objectives. Two concrete examples are also given to illustrate this discussion.

**DEFINITION:** A “deliberative process” is a process that allows a group of actors to receive and exchange information, to critically examine an issue, and to arrive at an agreement that informs decision making.

## The Deliberative Model of Knowledge Translation

The deliberative, or interactive, model of knowledge translation promotes exchanges and cooperation between researchers, public health actors, members of civil society, and all other interested parties, throughout the research process. By promoting the co-production and co-interpretation of research, this model ensures the democratization of research knowledge and increases the likelihood of its being implemented (Weiss, 1979).

Such deliberative processes may be used upstream or downstream in the research process:

- **Upstream**, a deliberative process allows various actors to jointly define a problem and the scope of research. This type of approach ensures the relevance of research to users and also increases the likelihood that the knowledge produced will be valued and implemented. In fact, ongoing interaction between researchers and users is considered one of the main facilitators of research use (Lavis, 2006b; Denis et al., 2004).
- **Downstream**, a deliberative process allows researchers to inform and raise the awareness of various actors (e.g. decision makers, public health actors, members of civil society and all other interested parties) about research findings. Deliberation also makes it possible to enrich research findings. The various actors involved at the local level are able to anticipate issues related to the potential application of an intervention in their own context. Thus, deliberation makes it possible to combine scientific and contextual knowledge so that better recommendations can be formulated (Lomas et al., 2005; Lavis, 2006a).

## First Example: Canadian Health Services Research Foundation

The Canadian Health Services Research Foundation (CHSRF) has established a program aimed at commissioning knowledge syntheses that meet the information needs of decision makers in the health sector. The CHSRF organizes a deliberative process that brings researchers and decision makers together in an effort to define a problem and to establish the scope of the knowledge synthesis. The knowledge synthesis that is commissioned by the CHSRF then serves as a starting point for another round of group deliberations between the researchers and decision makers. These deliberations allow the group to interpret research findings and formulate recommendations to inform decision making.



Through this approach, the CHSRF aims to promote the use of deliberation throughout the research process. Deliberation should make it possible to interpret all the available data so that informed decisions can be made: scientific data based on the effectiveness of interventions, context-based scientific data, and informal data (e.g. the opinions of decision makers and experts, values, customs, traditions, etc.) are considered. For more information: <http://www.chsrf.ca> [FR/EN].

## Second Example: The McMaster Health Forum

The McMaster Health Forum, based at McMaster University in Ontario, constitutes an innovative example of deliberation carried out downstream of the research process. The McMaster Health Forum organizes, among other things, stakeholder dialogues involving 15 to 18 persons representing various groups (e.g. researchers, decision makers, members of civil society and all other interested parties) for the purpose of critically examining a health issue. A policy brief is distributed to participants prior to their meeting and serves as a starting point for group deliberation (Lavis et al., 2009b). The policy brief presents an overview of the most recent research on the problem; reviews the policy options for solving the problem; explores the benefits, harms, and costs of each option; and explores the issues linked to the implementation of each option. Deliberation is thus aimed at enriching scientific knowledge with the tacit knowledge and experiences of those who will be involved in the decision-making process or those who will be affected by the decision. This approach should help to find creative solutions to collective problems (Lavis et al., 2009a).

These stakeholder dialogues make use of certain strategies that have been shown to facilitate knowledge translation. Firstly, the dialogues are intended to create sustainable ties between decision makers and researchers. Moreover, the dialogues can be organized quickly and can respond in a timely manner to the specific needs of decision makers. Finally, the dialogues allow participants to explore the extent to which scientific knowledge corresponds to the values, beliefs, and interests of key stakeholders. This reveals opportunities for taking advantage of synergy existing between various stakeholders; it also highlights points of tension that

should be taken into account. For more information: <http://www.mcmasterhealthforum.org> [EN].

## The National Collaborating Centre for Healthy Public Policy and Deliberative Processes

The National Collaborating Centre for Healthy Public Policy (NCCHPP) seeks to increase the expertise of public health actors across Canada in healthy public policy through the development, sharing and use of knowledge. The NCCHPP is developing documents to support deliberative practices in Canada, but also to stimulate further reflection in this promising field of practice.

To access these resources, please visit our website at: <http://www.ncchpp.ca> [FR/EN].

## References

- Denis, J. L., Lehoux, P., & Champagne, F. (2004). A Knowledge Utilization Perspective on Fine-Tuning Dissemination and Contextualizing Knowledge. In L. Lemieux-Charles & F. Champagne (Eds.), *Using knowledge and evidence in health care: Multidisciplinary perspectives* (pp. 18-40). Toronto: University of Toronto Press.
- Lavis, J. N. (2006a). Moving Forward on Both Systematic Reviews and Deliberative Processes. *Healthcare Policy*, 1, 59-63. [\[http://www.longwoods.com/product.php?productid=17877&cat=412\]](http://www.longwoods.com/product.php?productid=17877&cat=412).
- Lavis, J. N. (2006b). Research, Public Policymaking, and Knowledge-Translation Processes: Canadian Efforts to Build Bridges. *Journal of Continuing Education in the Health Professions*, 26, 37-45.
- Lavis, J. N. (2008). Knowledge Translation for Policymakers. In *CIHR IHSPR / IPPH 7<sup>th</sup> Annual Summer Institute* Cornwall, Ontario, Canada.

- Lavis, J. N., Boyko, J. A. et al. (2009a). SUPPORT Tools for evidence-informed health Policymaking (STP) 14: Organising and using policy dialogues to support evidence-informed policymaking. *Health Research Policy and Systems*, 7(s1), 1-8. Retrieved from: <http://www.health-policy-systems.com/content/pdf/1478-4505-7-S1-s14.pdf>.
- Lavis, J. N., Permanand, G. et al. (2009b). SUPPORT Tools for evidence-informed health Policymaking (STP) 13: Preparing and using policy briefs to support evidence-informed policymaking. *Health Research Policy and Systems*, 7(s1), 1-9. Retrieved from: <http://www.health-policy-systems.com/content/pdf/1478-4505-7-S1-s13.pdf>.
- Lomas, J., Culyer, T., McCutcheon, C., McAuley, L., & Law, S. (2005). *Conceptualizing and Combining Evidence for Health System Guidance*. Ottawa: Canadian Health Services Research Foundation. Retrieved from: [http://www.chsrf.ca/Migrated/PDF/insightAction/evidence\\_e.pdf](http://www.chsrf.ca/Migrated/PDF/insightAction/evidence_e.pdf).
- Mitton, C., Adair, C. E. et al. (2007). Knowledge Transfer and Exchange: Review and Synthesis of the Literature. *Milbank Quarterly*, 85, 729-768.
- Weiss, C. H. (1979). The many meanings of research utilization. *Public Administration Review*, 39(5), 426-431.

#### April 2010

Author: François-Pierre Gauvin, Ph. D., National Collaborating Centre for Healthy Public Policy

The National Collaborating Centre for Healthy Public Policy (NCCHPP) seeks to increase the expertise of public health actors across Canada in healthy public policy through the development, sharing and use of knowledge. The NCCHPP is one of six Centres financed by the Public Health Agency of Canada. The six Centres form a network across Canada, each hosted by a different institution and each focusing on a specific topic linked to public health. In addition to the Centres' individual contributions, the network of Collaborating Centres provides focal points for the exchange and common production of knowledge relating to these topics. The National Collaborating Centre for Healthy Public Policy is hosted by the Institut national de santé publique du Québec (INSPQ), a leading centre in public health in Canada.

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the National Collaborating Centre for Healthy Public Policy (NCCHPP). The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

Publication N°: 1195

This document is available in its entirety in electronic format (PDF) on the Institut national de santé publique du Québec website at: <http://www.inspq.qc.ca> and on the National Collaborating Centre for Healthy Public Policy website at: [www.ncchpp.ca](http://www.ncchpp.ca).

La version française est disponible sur les sites Web du Centre de collaboration nationale sur les politiques publiques et la santé (CCNPPS) au : [www.ccnpps.ca](http://www.ccnpps.ca) et de l'Institut national de santé publique du Québec au [www.inspq.qc.ca](http://www.inspq.qc.ca).

Reproductions for private study or research purposes are authorized by virtue of Article 29 of the Copyright Act. Any other use must be authorized by the Government of Québec, which holds the exclusive intellectual property rights for this document. Authorization may be obtained by submitting a request to the central clearing house of the Service de la gestion des droits d'auteur of Les Publications du Québec, using the online form at <http://www.droitauteur.gouv.qc.ca/en/autorisation.php> or by sending an e-mail to [droit.auteur@cspq.gouv.qc.ca](mailto:droit.auteur@cspq.gouv.qc.ca).

Information contained in the document may be cited provided that the source is mentioned.

LEGAL DEPOSIT – 1<sup>st</sup> QUARTER 2011  
BIBLIOTHÈQUE ET ARCHIVES NATIONALES DU QUÉBEC  
LIBRARY AND ARCHIVES CANADA  
ISBN: 978-2-550-60783-0 (FRENCH PRINTED VERSION)  
ISBN: 978-2-550-60784-7 (FRENCH PDF)  
ISBN: 978-2-550-60785-4 (PRINTED VERSION)  
ISBN: 978-2-550-60786-1 (PDF)

© Gouvernement du Québec (2011)

