



A Knowledge Translation framework on ageing and health

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ABSTRACT

Background: The world's population aged 60 and over will more than triple from 600 million to 2 billion between the years 2000 to 2050. This demographic change has significant impact on health, social, and economic sectors. The need to ensure that research into older peoples' health is effectively translated to policy is immediate.

Objective: The purpose of this paper is to present a proposed framework to support evidence informed policymaking in ageing and health.

Methods: We undertook a two stage process to develop the framework. We (a) conducted a review of the literature, and (b) convened an expert panel to provide feedback.

Results: Numerous frameworks have been proposed yet the majority do not address all the barriers. The Lavis et al., framework addresses a majority of the obstacles associated with evidence-informed policymaking and this framework was modified to include sub-elements important to ageing and health and to reflect the order of importance of the elements. The main elements are: a climate and/or context for research use, linkage and exchange efforts, creation of new knowledge, push efforts, facilitating pull efforts, pull efforts, and evaluation. A four-step implementation process is proposed.

Discussion: This paper offers an approach to Knowledge Translation within the field of ageing and health. The framework and proposed implementation could be used to conceptualize and implement evidence-informed policymaking.

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1. Background

Over the past century, humanity has been adding years to life. More people are surviving childhood and childbirth, and adults are living longer. This also leads to a predictable

and rapid ageing of populations around the world. In the next four decades, the proportion of people aged 60 and over in the global population is expected to rise from 10% to 22% [1]. Most of this increase will occur in less developed countries, where the number of older people will rise from 400 million in the year 2000 to 1.7 billion by the year 2050 [2], meaning that 8 in 10 of the world's older population will live in less developed regions [3].

This presents both opportunities and challenges, particularly in the area of health. While people are living to see more of their progeny and often contributing to the

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workforce, formally or informally, for longer, it is at the cost of enduring chronic conditions, disability and dementia. Individuals are also having less children who will care for them in their old age [4]. To ensure the opportunities presented by ageing populations are maximised and the challenges contained, major decisions on health, social services, and financial security need to be made. However, many countries have yet to take appropriate measures to address current needs and to prepare for the future challenges of their ageing populations. The ageing population faces specific challenges that are not always faced by other population subgroups i.e., living alone, social isolation, and financial limitations, and needing specific supports such as housing, meal and transportation support. Furthermore, the social determinants of health within the elderly need to be given special attention as they at times have broader challenges, and addressing these social determinants of health can effect health outcomes [5].

This is particularly true for less developed countries where the burden of disability is high, and resources to deal with illness are scarce, especially considering that diseases associated with ageing constitute three of the leading causes of death (ischaemic heart disease, stroke and COPD) [6]. Developing countries are experiencing the aforementioned demographic change at an accelerated rate; for example, it took Brazil only two decades for the elderly population to double while in France the same change occurred over 100 years [3]. Additionally, changes in the familial structure, such as the decline of co-residence and smaller family size causes the ratio of working-age adults per older person to fall, and add strain onto family members to withdraw from the workforce in order to care for their ageing relatives [3,4]. These challenges need to be addressed in the context of continuing high rates of maternal mortality and infectious diseases. In these settings, it is crucial that investments in health identify the appropriate priorities and are evidence informed.

The need to ensure that research into older peoples' health is effectively translated to policy and practice is immediate and will increase as populations' age. Knowledge Translation has emerged as a movement to address many of the challenges [7] and is described by the World Health Organisation as "the synthesis, exchange, and application of knowledge by relevant stakeholders to accelerate the benefits of global and local innovation in strengthening health systems and improving people's health" [8].

There have been numerous studies examining barriers and facilitators to the use of research in policymaking [8–10]. Some studies have identified that the timeliness, relevance, and local applicability of research can influence the uptake of research evidence [11–14]. Furthermore, the role of stakeholders and the health system can facilitate the use of research in policymaking by overcoming barriers such as individual's lack of skills and the systems' poor capacity to find and use research evidence [14–17]. A recent systematic review demonstrated that poor access to good quality, relevant, and timely research were barriers, whereas collaboration between researchers and policymakers facilitated the use of research in decision making [18].

While tools for Knowledge Translation for health are well developed, and their use is increasing, there has been little application of Knowledge Translation in the field of ageing. Some studies have applied and evaluated specific Knowledge Translation activities in particular contexts related to the elderly, such as dementia, reduction of inappropriate prescription, and engaging home care providers and family caregivers [19–21]. Yet, recent work has confirmed that there is still a need for implementation models for disseminating new knowledge in the field of ageing and health [22]. Additionally, gaps have been identified in Knowledge Translation and elder care and in the long-term care sector [23,24]. On World Health Day 2012, WHO published a draft Knowledge Translation framework on ageing and health designed to provide guidance for the use of evidence for policy development [25,26]. The framework is based on the work of Lavis et al., and the SUPPORT tools promoted by the WHO EVIPNet [27,28]. The Lavis et al. framework and the SUPPORT tools are being applied in countries in Africa, Asia, Middle East and Latin America. The purpose of this paper is to provide a summary of the framework and a proposed method of application.

2. Methods

The literature on Knowledge Translation is diversified and it includes frameworks, opinion papers, models, theories, research studies, and tools. Recognizing that previous frameworks exist, we undertook a two stage process to develop the proposed Knowledge Translation framework for ageing and health. Specifically, we (a) conducted a review of the literature, and (b) we convened an expert consultation to review and provide feedback on the proposed framework. In the first step, WHO commissioned the work of a consultant to review the Knowledge Translation literature and develop a background paper that would support the meeting of the expert group. In developing the background paper, the consultant undertook a literature review of current and available tools on Knowledge Translation. Frameworks were selected from frequently cited literature and from discussions with experts in the field of Knowledge Translation. No Knowledge Translation framework for ageing and health was identified. Nine different frameworks, models and tools were identified and all are included in the review (see Table 1). Prior to analyzing the frameworks, the main barriers to effective Knowledge Translation were identified and categorized. The categories were then used to analyse the identified frameworks to assess if the frameworks offer solutions and assist in determining approaches to address the barriers. Within each category, multiple questions were posed i.e., does the framework address the category, does the framework provide tools to assist in assessing capacity or the current state within each category, does the framework provide examples of interventions or initiatives within the category, and does the framework provide tools to assist in interventions within the category. Each framework was analysed to assess strengths, weaknesses, and its ability to offer solutions and assist in determining approaches to address the barriers often associated with Knowledge Translation.

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