



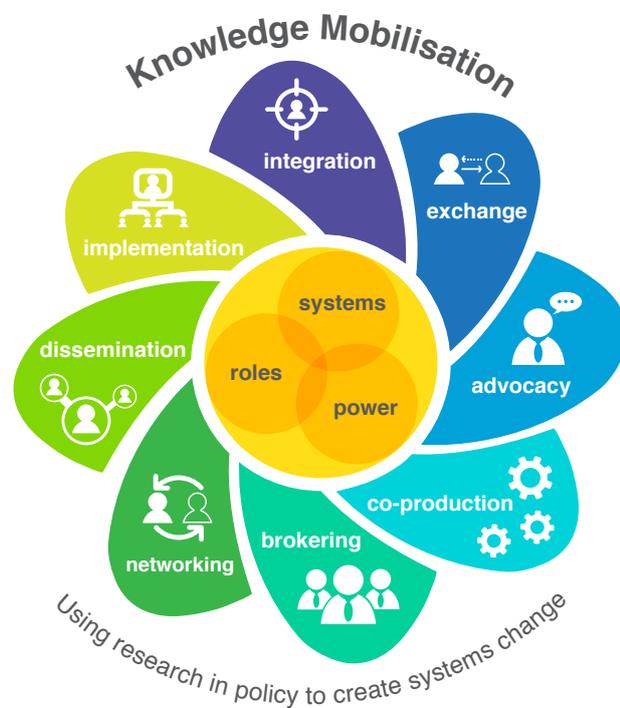
## Knowledge mobilisation at the Prevention Centre

Knowledge mobilisation describes how knowledge is created and used to inform policy and practice. It is a relatively new term that comes from the implementation science literature.

The Prevention Centre uses knowledge mobilisation to support the use of research findings to prevent chronic disease. Knowledge mobilisation also refers to the use of other forms of knowledge, such as practical experience and local data, and relies on collaboration between those who work in research, policy and practice roles.<sup>1</sup>

Understanding the complexities of policy and practice decisions is important as it helps us to know when and where to use different knowledge mobilisation strategies, how they interact and reinforce one another, and how they can be used flexibly according to local needs.<sup>2</sup>

Knowledge mobilisation requires institutional support for evidence-informed decision making. A range of strategies are used, including the co-production of research, networking and exchange to develop relationships, brokering between researchers and decision makers, integration of different perspectives, dissemination of research findings, and strategies that support policy and program implementation.<sup>3</sup>



### Why do we need it?

The overall goal of the Prevention Centre is to inform policy and practice to reduce the rate of lifestyle-related chronic disease nationally, and our funding is tied to this outcome.

Traditionally, efforts by researchers to inform policy and practice would focus on the publication and dissemination of research findings. This had limited success because the processes that create health policy and practice are complex and dynamic.<sup>4</sup>

Knowledge mobilisation seeks to apply a systems approach – both to understand the complexity of the real world, and to adapt and work with that complexity. A systems approach recognises that many problems in policy and practice are complex, dynamic and have a web of interconnected elements. Rather than linear, cause-and-effect responses, systems practice has the potential to be more effective in addressing complex problems like chronic disease.<sup>2,5</sup>

## What is the Prevention Centre's approach to knowledge mobilisation?

Recognising complexity and collaboration are major principles underpinning all of our work – including knowledge mobilisation. We value knowledge derived from research, practical policy expertise and local experience. We also focus on building enduring connections between research and policy stakeholders that are based on mutual understanding and trust.<sup>6</sup>

The way that knowledge is developed matters to its overall uptake and use. Fundamental to our approach is that public health policy makers and practitioners should inform prevention research as much as research should inform policy and practice. We also recognise that policy and practice-relevant knowledge is always a blend of ideas, values, information and data, only some of which are scientifically derived.<sup>7</sup>

Collaboration and knowledge co-production require a deliberate and systematic approach and support for the views and expertise of diverse participants. This can be challenging but is valuable and important, as co-produced knowledge has greater meaning, perceived legitimacy and, ultimately, is more likely to contribute to improved health policies and informed practices.<sup>8</sup>



### Knowledge Mobilisation Lead, Dr Michelle Irving

The Prevention Centre's Knowledge Mobilisation Lead, Dr Michelle Irving, works with our research teams to support knowledge mobilisation activities. Michelle is also working to identify and draw together what we can learn across projects about effective knowledge mobilisation strategies. Please contact Michelle for further information about our approach. [michelle.irving@saxinstitute.org.au](mailto:michelle.irving@saxinstitute.org.au)

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The Australian Prevention  
Partnership Centre  
Systems and solutions for better health

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