



A research-practice partnership for improving the health of populations

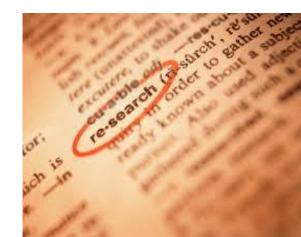
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Background



- Burden of chronic disease
 - Evidence-based policy and practice recommended
 - Evidence/practice gap persists
- Common approaches to increasing evidence-based practice
 - Evidence-based training of policy-makers/practitioners
 - Better dissemination methods of research evidence
 - Targeted policy/practice focused research funding
 - Creation of evaluation units/positions in service organisations
- Partnership approach may improve
 the efficiency of the translation process





Pathway of research to practice: Traditional model

Idea





 $\mathsf{Idea} \to \mathsf{funding}$





Idea \rightarrow funding \rightarrow trial





Idea \rightarrow funding \rightarrow trial \rightarrow submit







Idea \rightarrow funding \rightarrow trial \rightarrow submit \rightarrow publish/guideline







Idea \rightarrow funding \rightarrow trial \rightarrow submit \rightarrow publish/guideline \rightarrow end-user aware of research



















17 years







17 years

100%







17 years

100%

14%











Pathway of research to practice: Partnership model

 $\mathsf{Idea} \to$





Idea \rightarrow funding \rightarrow trial





Pathway of research to practice: Targeted Partnership model

Idea \rightarrow funding \rightarrow trial \rightarrow submit \rightarrow publish/guideline \rightarrow end-user aware of research \rightarrow research considered useful \rightarrow adoption





Pathway of research to practice: Targeted Partnership model

Idea \rightarrow funding \rightarrow trial \rightarrow submit \rightarrow publish/guideline \rightarrow end-user aware of research \rightarrow research considered useful \rightarrow adoption \rightarrow submit...





Pathway of research to practice: Targeted Partnership model

Idea \rightarrow funding \rightarrow trial \rightarrow submit \rightarrow publish/guideline \rightarrow end-user aware of research \rightarrow research considered useful \rightarrow adoption

< 3 years

100%

100%





Hunter New England Population Health / University of Newcastle Partnership

- Aim:
 - To describe a public health research practice partnership to build the capacity for translation research
- HNEPH / University partnership model
 - HNEPH provides population health services
 - Partnership established 1992 (HCHA)
 - 23 years
 - 100 staff across 3 sites (17 university)







How it operates



- MOU between University academics and HNEPH
- Integration of research and practice
 - Each service is evaluated and supports research outputs
 - Each research initiative is service delivery orientated
- Co-location
- Research staff embedded in service team/service staff embedded in research initiatives – no distinction- role and function defined
- Shared: IP, professional development, publication opportunities





Key partnership characteristics

- 1. Leadership
 - Service delivery values and expertise
 - Research values and expertise
 - Co-appointment between University and Health Service

• 2. Training

- In-house workshops and seminars
- Engagement of service staff in research projects
- Formal RHD supervision
- Traineeships, professional placements etc







Key partnership characteristics

- 3. Infrastructure and resources
 - Statisticians and programmers, data entry
 - Health professionals
 - Dietitians, psychologists, physiotherapists, physicians, registered nurses, health promotion practitioners
 - Telephone call centre
 - Intervention delivery, monitoring and surveillance, trial evaluation
- 4. Strategic Collaborations
 - Based on expertise access
 - Examples: Australian Drug Foundation, NSW Ministry of Health, Turning Point, Parenting Research Centre, Cancer Council, NSW Family Service Inc..









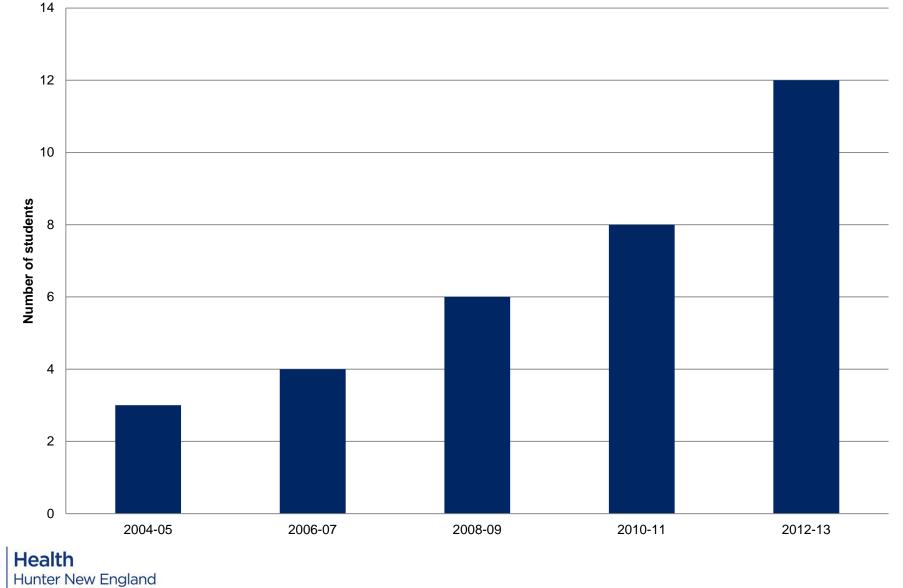


Partnership outcomes and impact



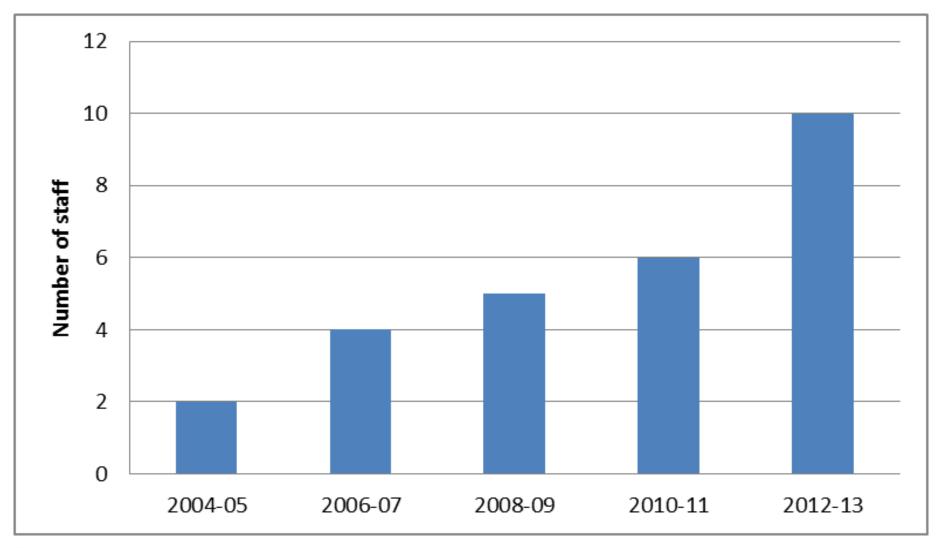


Enhanced Population Health Workforce: PhD Students



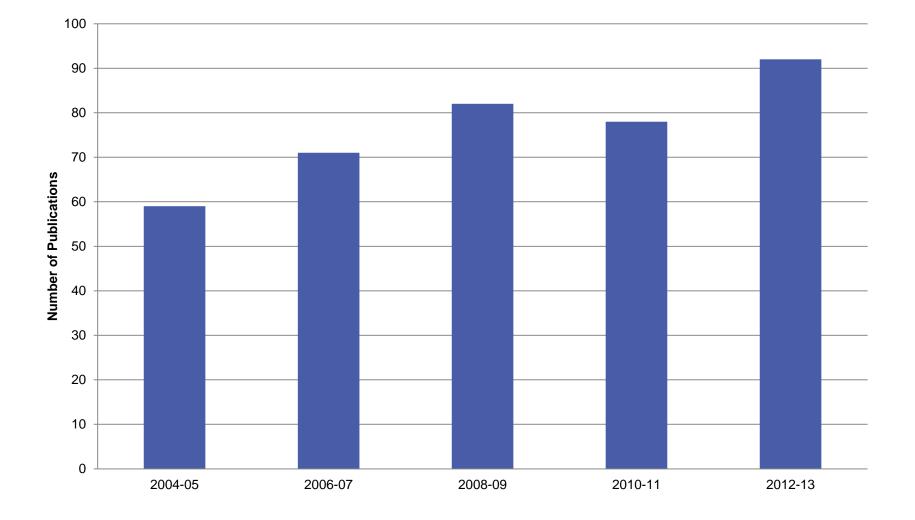
GOVERNMENT | Local Health District

Enhanced HNEPH Workforce: HNEPH staff with PhD's





Contribute to evidence base: Journal Publications





Attract external funds for HNEPH service delivery

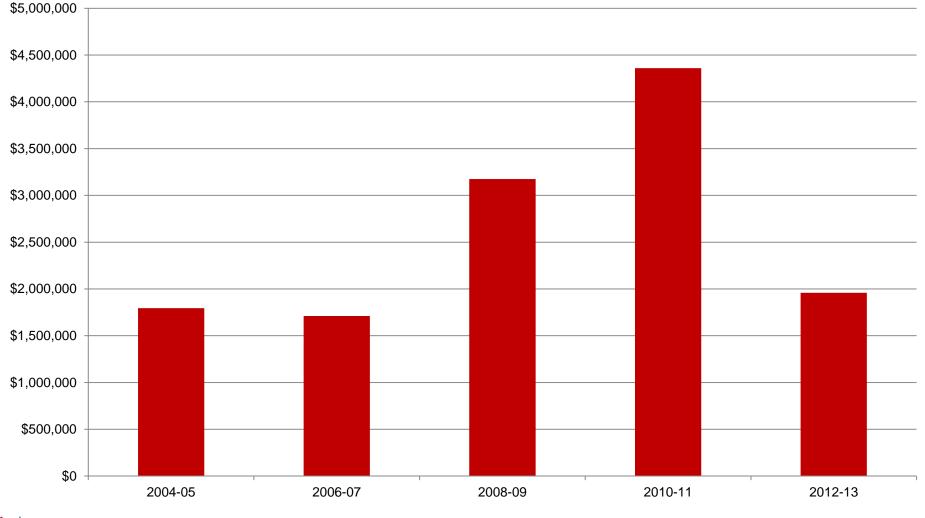
- Externally funded PhD scholarships
 Currently x10
- Externally funded research fellows

 Currently 2 x NHMRC, 1 x NHF, 1 x HMRI
- Grant income
 - Government, NGO
 - Nationally competitive



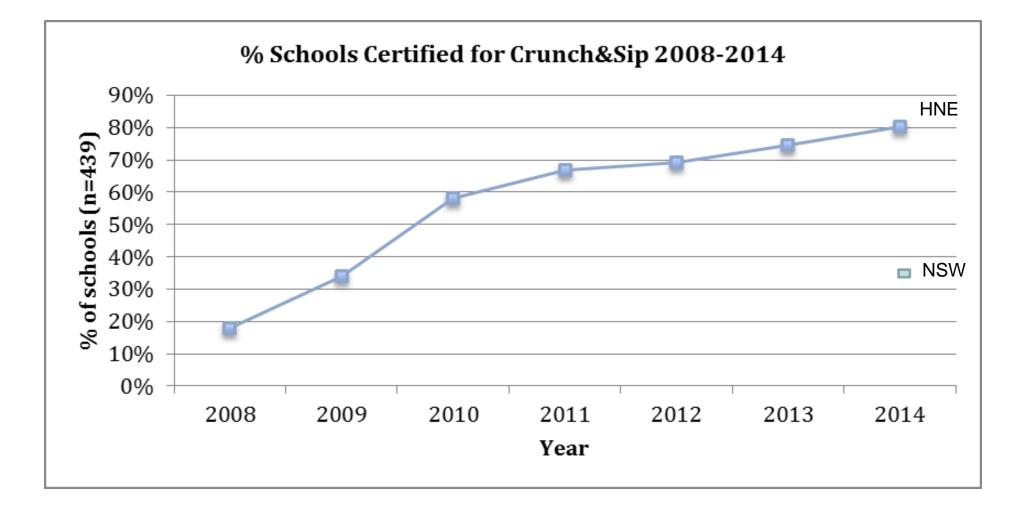


Nationally Competitive Grant Income





Enhanced effectiveness /outcomes – Child obesity





Strengthen HNEPH ability to influence policy/practice

- 1. Local/Hunter New England Smoking cessation for inpatients
 - Partnership HNEPH / Newcastle University
 - Clinic, 4 hospitals, entire hospital network 2009-2011
- 2. NSW- Good for Kids
 - Partnership, HNEPH / Newcastle and Sydney Uni / NSW Ministry of Health in 2006
 - Informed intervention setting strategy and targets for NSW HCI





Strengthen HNEPH ability to influence policy/practice

- 3. National Good Sports
 - HNEPH / Newcastle University / Australian Drug Foundation in 2006
 - \$19 million national roll-out 2014-17
 - ARC grant for sustainability
- 4. International- Alcohol Linking Program
 - Partnership HNEPH / Newcastle University / NSW Police
 - Rolled out across NSW in 2002-2006 and NZ in 2004-6





- Research partnerships may increase the use of evidence in policy and practice decisions
- Research Practice partnerships can benefit academic and service organisations
- HNEPH/ University of Newcastle Partnership represents one model of how this could be achieved.



Acknowledgements



• With grateful acknowledgements of ..







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