The use of evidence from research in the development and evaluation of health policy and practice has the potential to improve both health outcomes and resource allocation. The potential value of evidence from research in health policy has been recognised by the New South Wales (NSW) Government in the State Health Plan which promised to:

- Build national and international research collaborations, to speed the transfer of the best research evidence from across the world to drive health policy and practice in NSW.

At the national level, recent work has emphasised the need for an evidence-based approach to public policy and has suggested ways to build and utilise an effective evidence base. Leaders of governments in the United States, the United Kingdom (UK) and Australia support the increased use of evidence in policy. The 58th session of the World Health Assembly acknowledged the importance of this issue in passing a resolution requesting the Director-General of the World Health Organization (WHO) to:

- …assist in the development of more effective mechanisms to bridge the divide between ways in which knowledge is generated and ways in which it is used, including the transformation of health research findings into policy and practice.

While the benefits are agreed, opportunities to use existing research to inform policy and practice and to generate new and useful information are often missed. In his review of the Medical Research Council in the UK, Cooksey noted that:

*The UK is at risk of failing to reap the full economic, health and social benefits that the UK’s public investment in health research should generate… The Review identified cultural, institutional, and financial barriers to translating research into practice.*

Similarly in Australia the 1998 Health and Medical Research Review, the Virtuous Cycle (known as the Wills Review), emphasised the need for ‘priority-driven research that contributes directly to population health and evidence-based health care’, particularly the need to routinely integrate research-based knowledge into health policy and practice. This message was restated in the subsequent review, Sustaining the Virtuous Cycle, chaired by John Grant (2004). The report noted the need for a greater focus on strategic research and the development of the infrastructure needed to enable the transfer of research results into policy and practice.

**Challenges and opportunities**

How can we increase the use of evidence from research in health decision making? Over the past 10 years there has been an explosion of interest in grappling with this issue. For research to make an optimal impact on policy, better use should be made of existing evidence from research by improving the access of policy makers to research findings. Equally important is the generation of new research findings that are more relevant and useful to policy makers in Australia – in turn, this will require greater research capacity, research expertise and tools and infrastructure. There is a growing literature about the barriers to using evidence in policy and a wealth of different models to bring policy and research closer together that are being implemented both in Australia and internationally. However, a recent
review by Moore et al.¹⁴ found only five studies that had attempted to evaluate the impact of strategies to increase the use of evidence from research in health policy or practice.

In the next 10 years, the development of a more strategic approach will be critical; this will require a shared understanding of different strategies, more explicit testing of what works and what doesn’t, and a more careful selection of the best approaches for support by government.

Innovative approaches

This issue of the *NSW Public Health Bulletin* aims to contribute to the development of a shared understanding by describing some of the current innovative approaches to generating relevant research and increasing the use of evidence from research, particularly in NSW. The issue focuses on population health research (i.e. research relevant to the health status of groups or whole populations), though some authors in this issue and in the broader literature use the term ‘public health research’ to refer to this body of work.

Space has required us to be selective and there are many other interesting strategies – we note, for example, the Policy Liaison Initiative, a partnership between the Australasian Cochrane Collaboration and the Commonwealth Department of Health and Ageing designed to increase the use of systematic reviews and the forums conducted by the Menzies Centre for Health Policy to stimulate debate. Other examples in NSW are the Sax Institute’s Evidence Check Program and the Centre for Informing Policy in Health with Evidence from Research (CIPHER). Evidence Check helps policy makers commission rapid reviews of research – over 70 reviews have been commissioned through the program and an evaluation has been undertaken.¹⁵ CIPHER is a new National Health and Medical Research Council Centre of Research Excellence that will develop and test interventions to increase the use of evidence in policy and build methods for evaluating these interventions.

In this context, NSW Health’s development of a population health research strategy is timely. The paper by Biggs and Stickney outlines the development of this strategy and its three main themes: the generation of high quality, relevant, population health research; maximising the use of population health research evidence; and building our capability for population health research. The paper illustrates how a review of strategic documents from other jurisdictions and countries, and consultations with key stakeholders, were used to design a set of actions to assist the Population Health Division of the NSW Department of Health to use more efficiently funds currently devoted to supporting research. A snapshot of the resulting actions highlights the importance of communication and collaboration.

The issue includes initiatives that receive either direct or indirect infrastructure support from NSW Health. Three case studies of different approaches to generating evidence that is more relevant to policy and programs, and which use this infrastructure funding, are highlighted. The paper by Milat et al. demonstrates the value of a long term relationship between government and researchers which is focused on areas of mutual interest (the Physical Activity, Nutrition and Obesity Research Group). Banks et al. (the 45 and Up Study) and Irvine and Taylor (the Centre for Health Record Linkage) describe ways in which large-scale data sets and data linkage infrastructure can be used to provide accurate and timely information for health policy decisions.

Two papers describe more integrated approaches to generating and using evidence from research. The paper by Ritter presents the Drug Policy Modelling Program and the use of computer modelling as a translational tool to bridge the divide between research and policy. This approach links three separate elements: generating new evidence based on policy priorities; translating evidence; and studying policy processes including the impact of media on illicit drug policy. The paper by Perkins et al. provides an insight into the Australian Rural Health Research Collaboration which aims to build capacity to foster high quality research and its use in programs for the benefit of remote and rural communities in NSW. This collaboration demonstrates the value of bringing together small research units and working in partnership with local health services and state-level policy makers.

The final paper by Hawe et al. outlines the development and future directions of the Population Health Intervention Research Initiative (PHIRIC) in Canada, an approach to building population health research capacity at the national level. The PHIRIC has used a collaborative model: harnessing the energy, ideas and resources of key research funders, non-government organisations, policy makers and researchers across Canada. Through strategic, system-level changes, efforts are being realigned from the description of health problems to the identification and embedding of successful population health interventions.

The approaches illustrated in this issue describe existing examples of the better use of research in policy and generating research with policy relevance. However, more can be done to build a comprehensive understanding of effective methods of research translation. Initiatives such as NSW Health’s Population Health Research Strategy and the CIPHER project will help to build this understanding, to improve population health outcomes.

References
