

## ■ ESSAY

## Communication skills and pathways to improve the effectiveness of health research

*The ability to translate health research for various users is vital for research organisations. But equally important for communicators are skills in engaging research policy shapers and the public to involve them and prepare them to be able to absorb the results of health research.*

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In the past decade, the communication of science and research results to inform and influence different beneficiaries in society – politicians, students, implementers of projects, development NGOs or local communities, for example – has emerged as a profession in its own right. Today's trend in the profession is that translating 'repackaging' – technical or scientific information into a more user-friendly format will increase the uptake of this research. Clearly, translating and summarising research for use by policy makers, implementing NGOs or local communities, will increase the value and usefulness of health research.

Translation is but one of three important aspects of research communication. The other two involve engaging directly with potential users of health research to understand their needs and to bring their perspectives into the research cycle.

This paper provides the rationale for a linked approach in research communication between the following three activities:

- A process for target-group driven translation of health research
- The creation of a two-way dialogue between researchers and policy makers as part of the research process
- And, building links with policy-shapers: the intermediaries between researchers and policy makers communities, NGOs, special interest groups, and the media.

### Research translation

While there is general agreement on the importance of 'research translation', there is also a lack of clarity on what it entails, and, especially, whose domain or responsibility is it, and what skills and *behaviour* are required for a research organisation to excel at it?

From a practical point of view, the answer is that research communication and knowledge translation are the

business of everyone in the organisation. Different communication roles must be defined and skills developed by research organisations.

### Communication roles - ideal behaviour we would like to see

#### Directors

The director needs to provide political backing and funds for communication within the institute. The behaviour that a director should display is to put communication and translation of results at the same level of importance as research, and ensure that it is funded by research projects or activities<sup>4</sup>. Often the synthesis and translation of research is a separate, less funded, activity.

The list of constituents that the organisation needs to reach and influence to be successful is often not explicit and even if available is often biased towards the Director's networks and probably out of date. It is crucial that the constituents' list be made explicit, ideally in an interaction with research programme leaders and communications specialists. Answering the key questions of '*whom to communicate to?*', '*what to communicate?*'; and '*what is the desired change that should result from the communication?*' will guide the establishment of a robust communication approach.

#### Research programme leaders

Research programme leaders need to ensure that a communication focus is integrated into the research programme by doing three things:

- **Include an explicit communications component and budget in every research project** that they manage. Communications specialists will use a technical report or peer reviewed output as a starting point for translating this 'finished' work into material useful for other audiences. This work needs to be planned and funded as a part of research.

- **Establish a routine for summarising and reporting on progress in individual research projects.** This information can be linked to the monitoring and evaluation or project management system, and should be managed and updated by the individual researcher or project leader. Summaries should guide researchers' thinking on questions such as: what is unique about this work?; who can benefit from it?; what is the most recent development in the project?; how do you see it being used to improve people's health? Having this information handy allows management and communicators to harvest information on the research programme at any time in the research process.
- **Work with communications colleagues** to develop and maintain a system that works for you – one that produces practical and useful information for the organisation in spite of resource constraints.

#### Researchers

In executing their work, researchers should be helped to understand and operate as a part of the institution's communication system. They should be encouraged to think about their project in terms of who might use the results of their work or who it will benefit – and how. Research programme leaders provide oversight and make clear the requirement for researchers to consider and define the ultimate aim of their work in terms of benefits to a specific user group. Communications colleagues provide encouragement and advice to this process, and harvest the research information for various practical purposes.

We believe that the goal of an effective institutional communications approach is to allow researchers to concentrate on delivering good research, while providing information, explanations and



4. A useful guideline is the DFID recommendation for research it supports in all sectors, calling for 10 percent of the project budget to be allocated to communicating the results.

context that help the organisation track, harvest and communicate its benefits.

### Communicators

Communications specialists, acting with full support (and budget!) from management will bring alive the practical aspects of communication in the institute. In addition to packaging information and producing the information products (general information, policy syntheses, user materials, etc.) that make the organisation known, they will provide advice and support to research colleagues to support their participation in communicating research.

#### Good research is relevant research

- If it has been communicated effectively to those who need to act on it,
- In a format that they can understand,
- In a time frame that allows corrective action to be taken.

### Neglected areas of research communication:

#### 1. Dialogue with and capacity building for 'policy-shapers'

Being better at translating, summarising or packaging research is imperative. But this is only part of the picture. Emerging thinking on 'research-to-impact' shows the benefits of involving policy makers and government officials in the planning and execution of the research process<sup>5</sup>. The research community, supported by research communicators, should engage in dialogue and capacity building with *policy makers* government officials, and *policy shapers* intermediaries with the potential to inform their thinking, including the media, NGOs and others. These groups need to be invited to participate in parts of the health research process in their country.

#### Policy 'shapers' and Policy 'makers'

Seen in this way, research communication is less about one-off 'publish-summarise-disseminate' events than about focused preparation of decision makers and those who can influence them to appreciate and use the products of national research systems. From this perspective, research

communications activities and research communicators are 'enablers' of dialogue with research constituencies.

This approach is not about 'training government officials' but about preparing everyone involved research for health including media, community representatives, NGOs, civil society, development partners, research sponsors, and individuals.

In Uganda, the Makerere University Institute of Public Health will be testing this approach in 2006 in a number of 'discourses' (round table interactions) on research for health, which bring together various stakeholders to exchange on a specific topic such as the theme of a current research programme, neglected areas that need to be researched, national priorities, usage of research in the national system to actual application to fight disease in the country, and other areas. When well executed, these exchanges will have multiple effects: they will build trust and new links, educate participants on the importance of the work being done; inform them of the research programme; present results of completed work and make a call to action, and, hopefully, re-align the institutional research agenda more with national health research priorities.

#### 2) Dialogue with and capacity building for communities

##### *How communities can influence the research agenda*<sup>6</sup>

Building links with communities presents another opportunity to improve the effectiveness of research through communication. Typically, the 'community focus' of health research is involving it in data collection, participation in projects, trials, with possibly a communications aspect by the researcher or organisation to feedback to the community at the end of a study.

In the development paradigm, most peoples' perception of community is that of villages, or rural or urban neighbourhoods. In practice, in the health research context, a community is much broader than geographical proximity: it should be seen as any group of people with a common interest or characteristic that has the potential to inform the health research process. They

could be pregnant mothers, the homeless, drivers, those suffering from or susceptible to a specific disease, health workers, and so on.

As important clients of health care services and systems, the general public should become a more active player in defining needs and sharing national research agendas. Examples from developed countries are patient organisations, NGOs and quasi-government bodies that run national mechanisms for gathering input and reaching consensus between all health stakeholders in society (e.g. health researchers, health professionals, patients/consumers and the general public). In their most developed form<sup>7</sup> - these groups and processes influence definition of the national health research agenda, and on the output side are involved in translating research for use by beneficiaries.

While this approach is really a new way of engaging all stakeholders in the research process, it also presents a significant opportunity for research communicators to provide support 'to make health research work ... *for everyone*'. Their efforts can include: informing community members on progress of the research project; receiving and commenting on findings with communities; starting dialogue on the design of research and discussing the relevance of results and how they can best be translated for use by the community, and, of course, on how to relate the research findings to everyday living so that it becomes 'active knowledge'.

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5. Lavis JN. Research, public policymaking, and knowledge-translation processes: Canadian efforts to build bridges. *The Journal of Continuing Education in the Health Professions*. 2006; 26(1):37-45.

6. The COHRED work programme has a theme and is working with partners to develop this topic see [www.cohred.org/communities](http://www.cohred.org/communities)

7. ZonMw, The Netherlands Organisation for Health Research and Development (Zon-Mw [www.zonmw.nl](http://www.zonmw.nl).) has highly developed processes for involving diverse opinion in the shaping and translating of national health research. Another example is how patient groups and a people's voice have impacted investments breast cancer research in the US.