

A Brief History of Knowledge Translation

The term can be daunting for those who have never really had the chance to learn what KT really is, as opposed to the myths surrounding it. If you haven't already read our blog on "KT: Myth vs. Reality"[Link] check it out. If you have already read this blog piece and are still curious for more, you are in the right place.

By: | Posted: August 19, 2020

Have you ever wondered how Knowledge Translation (KT) as we know it came to be?

The term can be daunting for those who have never really had the chance to learn what KT really is, as opposed to the myths surrounding it. If you haven't already read our blog on "KT: Myth vs. Reality"[Link] check it out. If you have already read this blog piece and are still curious for more, you are in the right place.

The question at hand for us to consider is, what factors led to the creation of KT as a tool for knowledge implementation, and why is it important for us to understand this today?

A Brief History of Knowledge Translation

There have been several debates concerning the origins of Knowledge Translation. For decades, researchers were conducting valuable studies on varying topics within the Health field without any tangible results. This trend was largely critiqued in academia; research tended to be housed in one place, but the people who needed these resources the most were left without any link to receive valuable knowledge which could help to improve their services. Knowledge translation became a bridge to link research conducted by researchers to the health service providers who were in need of innovations to improve their services.

You see, for a long time, researchers continued to research, and practitioners continued their practices, but the two groups were not in conversation with one another—there was a disconnect. In short, this was viewed as a “knowledge transfer problem.”^[1] This trend in research being far-removed from its end-users led to the creation of a new method which would work to marry the research with its intended practical change.

According to the University of Waterloo, “the concept of KT emerged in the 1990s, where producers of research “pushed the research message onto end-users, but its meaning has since evolved.”^[2] In 2000, the Canadian Institute of Health Research (CIHR) coined the term “Knowledge Translation” (KT) and defined it as, “a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve the health of Canadians, provide more effective health services and products, and strengthen the health care system” (CIHR).^[3] From this point forward, more research was conducted to analyse the “Knowledge gaps” between research to implementation. Despite this research, the knowledge transfer problem continued.

Putting KT Into Practice

This narrative changed with the creation of the “I2I”. The Mental Health Commission of Canada's I2I (Implementation to Innovation) Guide, is a great resource which offers further insight concerning how one can use “KT activities” to implement much needed knowledge in the services which need it the most. [4]

Created in 2012, the I2I, “guide illustrates how to move from innovation to implementation in a thoughtful manner to achieve the desired outcomes on a project or initiative. The I2I guide was developed on the basis of research findings and practical experience, through which it became apparent that a wider range of practices, participants, and types of knowledge need to be incorporated into KT activities.”[5]

This, “practical, action-oriented guide”, is a key model that is used within our SPARK training program to help participants apply their knowledge about KT in an effective, efficient, and noteworthy way. If you are somewhat familiar with KT, you may have come across the statement that it takes 17 years on average to implement knowledge into action. While there isn't a definitive “number” of years that it takes to turn knowledge into action, advocates of KT have worked tirelessly to decrease this large knowledge gap through their activism.

References

Canadian Institutes of Health Research. 2010. Knowledge to Action: What it is and what it isn't." <https://cihr-irsc.gc.ca/e/41928.html>

Mental Health Commission of Canada. 2012. Innovation to Implementation: A Practical Guide to Knowledge Translation in Healthcare.

University of Waterloo. n.d. “Get Facts Knowledge Translation: What is Knowledge Translation?”. <https://uwaterloo.ca/get-facts-knowledge-translation/knowledge-translation>.

Elizabeth Peprah is a current PhD Student in Human and Social Services with a concentration in Community Intervention and Leadership at Walden University. She is a graduate of a master's degree in Women's and Gender Studies at Carleton University where she researched the connection between mental health and sexual assault trauma. Elizabeth further discovered the importance of adequate mental health services for victimized women while working with women in a bail residency program with the Elizabeth Fry Society of Ottawa. She blogs on gender-based violence at serwaaspeaks.com and has been a Knowledge Broker with the MHCC since January 2020.

[1] University of Waterloo. n.d. “Get Facts Knowledge Translation: What is Knowledge Translation?”. <https://uwaterloo.ca/get-facts-knowledge-translation/knowledge-translation>

[2] Ibid

[3] Canadian Institutes of Health Research. 2010. Knowledge to Action: What it is and what it isn't." <https://cihr-irsc.gc.ca/e/41928.html>

[4] Mental Health Commission of Canada. 2012. Innovation to Implementation: A Practical Guide to Knowledge Translation in Healthcare, p.1

[5] Ibid

Mental Health Commission of Canada

<https://mentalhealthcommission.ca/>

350 Albert Street, Suite 1210 Ottawa ON K1R 1A4

Tel: 613.683.3755 | Fax: 613.798.2989

mhccinfo@mentalhealthcommission.ca