

EIGHT STRATEGIES for Research to Practice

An important goal of human development research is to generate evidence to guide improvements in policies and practices. Increasingly pressed to use proven approaches and to terminate strategies that do not work, development agencies look to research to better understand problems, to inform decision making and to identify effective solutions. Despite the critical role of research, a large gap often exists between the evidence and its widespread use in development programs.¹

This “research-to-practice gap” is augmented by several factors, including limited stakeholder involvement in research, pilot project designs with little consideration for scale-up, feeble attempts to disseminate research findings and advocate their use, and the absence of tools and systematic efforts to replicate and expand evidence-based interventions. These barriers may be particularly evident in resource-constrained settings, where weak health systems further challenge the incorporation of research into practice.

Designed for both researchers and program designers, this primer introduces a set of eight strategies that address these challenges and help close the gap between research and practice. The strategies are based on a growing body of evidence, theoretical frameworks, case studies and published guidance. The strategies explain how to plan, implement and disseminate research to facilitate its translation into practice. They also describe the most effective ways to incorporate research results into policies and programs. Although not exhaustive, each strategy includes general recommendations and resources for further reading.

1 STRATEGY ONE

Include key stakeholders in research to increase the likelihood of producing useful research findings

Involving stakeholders in a research study is a critical step toward the translation of research into practice.²⁻⁷ Stakeholders should be involved not only when the results are known, but throughout the research process — from conceptualization to dissemination. This involvement will ensure that the research addresses program or policy needs and will foster research ownership among stakeholders who can facilitate the use of results.^{6,7} Although the range of stakeholders will vary depending on the research topic, these stakeholders typically include local research partners, donors, program managers, policymakers and other government officials, service providers or practitioners, community

members and program beneficiaries.⁶ Consider these recommendations:

- Identify and prioritize stakeholders by considering (1) those who will use the research results, (2) those who can influence the use of the research results (by supporting or blocking their use), and (3) those who will be directly affected (positively or negatively) by the research results.⁸
- Identify opportunities to obtain stakeholder input at each stage of research — while developing the research question, when assessing the overall relevance of the

research, while developing the research protocol, during research fieldwork, when interpreting research findings, and as part of the dissemination and advocacy of findings.^{6,7,9} Note that different degrees of involvement may be appropriate at different stages of research.¹⁰

- Consider involving various levels of stakeholders. Stakeholders with different levels of decision-making responsibilities can play different roles in facilitating the research process. For example, a senior-level government official may be important for the initiation of a study, but a program manager may be a more relevant facilitator during data collection.¹⁰
- Communicate with stakeholders early in the research process to determine their interest in the research, to formulate stakeholder roles and to develop strategies for engaging stakeholders and obtaining support.
- Plan research budgets and timelines to accommodate stakeholder input. Involving stakeholders is valuable, but it can be time intensive and costly.^{9,10}

There is no single approach to stakeholder involvement. Deciding how to involve stakeholders, finding the right people and institutions to work with, and defining the goals for their involvement across the various stages of research are essential parts of the process.¹⁰

2 STRATEGY TWO

Design and evaluate pilot projects to enhance the potential for future replication and scale-up

A *pilot project* is an intervention of limited scope that is being tested to see if it works as intended. A research pilot project is commonly referred to as a *feasibility study* or a *demonstration study*. Although pilot projects often show impressive results, these results may not extend beyond the pilot site. Interventions that are costly, time intensive or specific to a particular setting may be difficult to sustain, replicate and scale up.¹¹ Consider these recommendations based primarily on the work of ExpandNet/World Health Organization (WHO):⁷

- Engage stakeholders throughout the pilot project process (see Strategy One).
- Work with stakeholders to ensure the proposed project has practical relevance. The project should respond to known problems or needs expressed by

Resources

MacQueen KM, Harlan SV, Slevin KW, Hannah S, Bass E, Moffett J. The stakeholder engagement toolkit for HIV prevention trials. Research Triangle Park, NC: FHI 360 and AVAC; 2012.

http://www.fhi360.org/en/HIVAIDS/pub/res_HIV_prevtrials_stakeholder_toolkit.htm

Schmeer, K. Guidelines for conducting a stakeholder analysis. Health Reform Tools Series. Bethesda, MD: Partnerships for Health Reform, Abt Associates Inc.; 1999.

<http://www.who.int/management/partnerships/overall/GuidelinesConductingStakeholderAnalysis.pdf>

Hennink, M. Turning research into practice: suggested actions from case-studies of sexual and reproductive health research. Improving utilization of sexual and reproductive health research through collaboration. UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction. Geneva (Switzerland): WHO Press; 2006.

http://whqlibdoc.who.int/publications/2006/9241594837_eng.pdf

Preskill H, Jones N. A practical guide for engaging stakeholders in developing evaluation questions. Princeton, NJ: Robert Wood Johnson Foundation; 2009.

<https://folio.iupui.edu/bitstream/handle/10244/683/091022.stakeholder.involvement.fullreport.draft.pdf?sequence=2>

local stakeholders, have the potential to make a significant difference, be likely to work in the local setting where it will be implemented and be considered preferable to alternative approaches.⁷

- Design pilot projects to build on existing structures, systems and approaches to increase the likelihood of sustainability.⁷
- Keep the project as simple and low cost as possible. Complex interventions usually require resources and changes to existing structures that are not feasible or sustainable outside of a controlled study environment.⁷
- Test pilot projects at sites that are similar to those where scale-up will occur. Consider the

sociocultural aspects, the organizational structure and the resources at potential sites.⁷

- Document the implementation of the pilot project to inform future replication and scale-up. Once a successful project is complete, create a “package” that describes the processes and materials required to replicate and expand the project. The package may include step-by-step guidance on startup and implementation, and project materials such as training manuals, job aids, and monitoring and evaluation indicators.¹² Include information about allowable modifications to the program (such as changes that can be made to the program inputs that will not jeopardize the program outcome).¹¹

Resources

ExpandNet, World Health Organization (WHO). Beginning with the end in mind: planning pilot projects and other programmatic research for successful scaling up. Geneva (Switzerland): WHO; 2011. <http://www.expandnet.net/tools.htm>

Kilbourne AM, Neumann MS, Pincus HA, Bauer MS, Stall R. Implementing evidence-based interventions in health care: application of the replicating effective programs framework. *Implement Sci.* 2007 Dec 9;2:42. <http://www.implementationscience.com/content/2/1/42>

3 STRATEGY THREE

Develop and implement a plan for disseminating research findings to key audiences

Dissemination is the act of using a strategy to spread research results or evidence-based practices to target audiences through the most effective channels.¹³ Simply distributing reports or other educational materials is usually ineffective and produces little change in practice.¹⁴ Consider these recommendations:

- Create a dissemination strategy at the beginning of the research process with key stakeholders. Identify dissemination goals, target audiences (people who will use the research results), dissemination activities and the products to be disseminated, such as research summaries and fact sheets.^{15,16}
- Organize participatory face-to-face meetings with the target audience. For example, hold a dissemination workshop where research findings are presented and stakeholders participate in interpreting the findings and developing specific recommendations or action plans for their use.^{7,15,17,18}
- Present the research findings in a way that considers the needs of different audiences, which may include the development of targeted, actionable messages in nonacademic language.^{15,16,19}
- Messages should be tailored to each stakeholder based on the types of decisions they make and the environments in which they work.¹⁵ For example, program managers should be targeted with information that clearly explains the process of implementing evidence-based practices (see Strategy Two).
- Consider using champions to disseminate research results or evidence-based practices (see Strategy Five).
- Enhance the experiences of certain audiences by organizing site tours or using film and other media to convey information.²⁰
- Track the effectiveness of your dissemination strategy. Gather information on whether the information was used and how it was used.¹⁵
- Work with stakeholders to determine dissemination follow-up activities, such as resource mobilization, capacity building and technical assistance. Dissemination is only one of the steps needed to ensure the effective and widespread use of evidence.²¹

Resources

MEASURE Evaluation. Making research findings actionable: a quick reference to communicating health information for decision-making. Chapel Hill, NC: MEASURE Evaluation, UNC; 2009. <http://www.cpc.unc.edu/measure/publications/pdf/ms-09-39.pdf>



Carpenter D, Nieva V, Albaghal T, Sorra J. Development of a planning tool to guide dissemination of research results. Dissemination planning tool: exhibit A. Washington, DC: US Dept of Health & Human Services, Agency for Healthcare and Research Quality; 2005. <http://www.ahrq.gov/qual/advances/planningtool.htm>

Canadian Health Services Research Foundation. Developing a dissemination plan. Ottawa, ON: Canadian Health Services Research Foundation; 2010. http://www.chsrf.ca/Migrated/PDF/Communication-Notes/dissemination_plan_e.pdf

4 STRATEGY FOUR

Advocate policy changes that will facilitate the widespread use of evidence-based practices

New evidence-based practices can often be implemented without policy changes. But policy changes are often crucial for the large-scale implementation and support of new practices.⁷ Consider these recommendations:

- Increase interactions between researchers, advocates and policymakers to facilitate policy change. Strategies include using champions to advocate policy changes (see Strategy Five), increasing the involvement of policy stakeholders in the research and establishing forums — such as technical working groups, listservs, online communities of practice and e-forums — to facilitate the dialogue between researchers and policymakers.^{22–24}
 - Build capacity among policymakers and researchers to increase the influence that evidence has on policy.^{22,25} Conduct workshops for policymakers to encourage an evidence-based culture for policymaking. This will help them to understand and appreciate the contribution of research to policymaking, to demand evidence as a basis for policy and to become adept at evaluating and using high-quality information.^{16,22} Conduct workshops for researchers so they better understand political decision making (including resource planning and budgeting),²² know how to respond to the needs of policymakers and become proficient at communicating research findings to policymakers.¹⁶
 - Synthesize and present research results in ways that are easy for policymakers to understand and use. Be clear and concise and highlight key conclusions and recommendations that relate to policymaking.²²
 - Promote the right evidence to the right policymaker. Customizing messages for individual policymakers has been shown to be effective, particularly in institutions that value research.²⁶
- Consider political instability and policymaker turnover, and plan your communication and advocacy efforts accordingly.²⁷
 - Collaborate with donors to ensure that funding for advocacy is part of the research budget. This will increase the likelihood of policy change after a successful pilot project.¹⁶

Note that policy change does not automatically lead to changes in practices.²⁸ Most new evidence-based practices require multifaceted implementation strategies to become established and institutionalized (see Strategies Five through Eight).

Resources

European Commission, Communications Unit, Directorate-General for Research. Communicating research for evidence-based policymaking: A practical guide for researchers in socio-economic sciences and humanities. Brussels (Belgium): European Commission; 2010. http://ec.europa.eu/research/social-sciences/pdf/guide-communicating-research_en.pdf

MEASURE Evaluation. Making research findings actionable: a quick reference to communicating health information for decision-making. Chapel Hill, NC: MEASURE Evaluation, UNC; 2009. <http://www.cpc.unc.edu/measure/publications/pdf/ms-09-39.pdf>

Start D, Hovland I. Policy impact online toolkit. Tools for policy impact: a handbook for researchers. London: Overseas Development Institute; 2004. http://www.odi.org.uk/RAPID/Tools/Toolkits/Policy_Impact/Index.html

5 STRATEGY FIVE

Engage champions to increase the likelihood that a new or underused evidence-based practice will become the standard

A *champion*, or opinion leader, is a persuasive advocate of a belief, practice, program, policy or technology who can influence and facilitate change in others.¹³ A 2007 Cochrane review showed that using champions can successfully promote evidence-based practices.²⁹ Consider these recommendations:

- Use of champions may work best when the individuals are already considered influential within an area of expertise or a particular development sector.³⁰
 - Engage champions from different spheres of influence. For example, for the advocacy of a public health issue, consider engaging a political leader, a health sector leader, a practitioner and a community member. Having multiple champions can help facilitate and institutionalize change at multiple levels.^{18,30}
 - Select and support more than one champion per country or region to maximize the impact of advocacy efforts.³⁰
 - Involve champions in developing an advocacy work plan, and carefully assess the time frame needed to achieve the intended outcomes. Certain goals, especially those linked to policy change, may require a longer duration of advocacy than others.³⁰
- Provide financial support for champions (such as a stipend and travel expenses) and talking points or other materials to implement advocacy activities.³⁰
 - Champions may be most effective in the early phases of adopting evidence-based practices. A different set of skills (and the involvement of other stakeholders) may be needed during the implementation stage.³¹

Resources

Family Health International (FHI). Engaging innovative advocates as public health champions. Research Triangle Park (NC): FHI; 2010.
<http://www.fhi360.org/NR/rdonlyres/eqdet4k5um4n-nujqxdyxi44rssbvmcyrme7di4muqqubjffparoroy-b2vp2k2iy4odlqr5fepllh/RUchampions.pdf>

Richiede S, Darwich-Kodjouri K, Lanteigne V. Women lead as family planning policy champions. Washington, DC: USAID, Health Policy Initiative; 2009.
http://www.healthpolicyinitiative.com/Publications/Documents/1152_1_WomenLead_Brief_acc.pdf

HRH Global Resource Center, USAID. Fostering Change in Health Services e-Learning Module Resource Page. Washington, DC: USAID Global Health eLearning Center, CapacityPlus; 2007.
<http://www.hrresourcecenter.org/node/1804>

A Champion for Male Circumcision to Prevent HIV

In 2007, the World Health Organization and the Joint United Nations Programme on HIV/AIDS recommended the immediate integration of male circumcision services into HIV-prevention strategies in areas where a high prevalence of HIV was driven predominantly by heterosexual sex and where the rates of male circumcision were low. The

government of Kenya launched a national male circumcision campaign the following year. Kenya's prime minister, **Raila Odinga**, also endorsed and promoted voluntary medical male circumcision (VMMC) for HIV prevention — a crucial boost for the VMMC program. Prime Minister Odinga supported VMMC as a medical intervention in local public forums and helped to convince the influential leadership of the Luo, traditionally a noncircumcising culture, to accept the practice as a way to reduce HIV in their community.



6 STRATEGY SIX

Develop job aids to help practitioners implement new evidence-based policies or guidelines

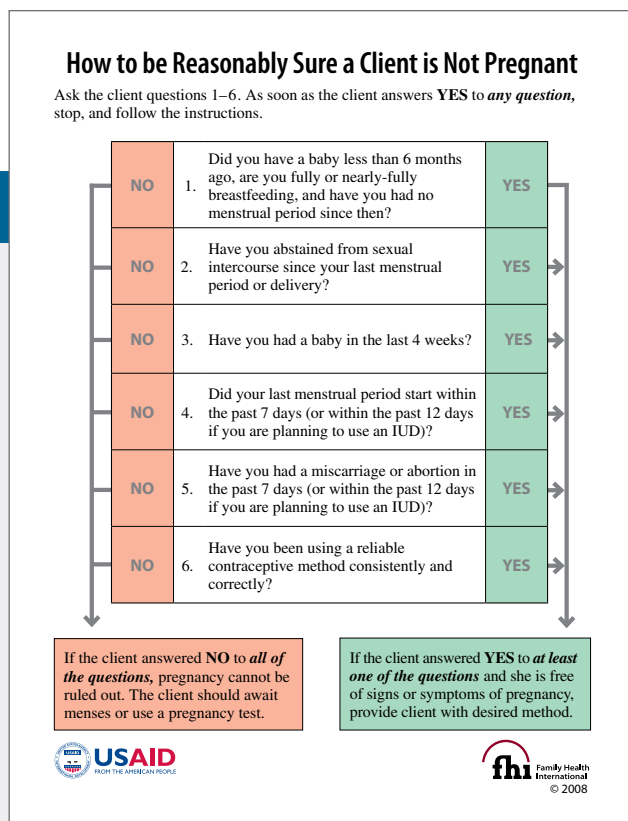
A job aid is a performance support tool, such as a checklist, that can be used to present a detailed policy or guideline in a concise and easy-to-follow format. Job aids can help ensure that practitioners follow evidence-based practices.^{32–35} Job aids help with memory recall for practitioners performing complicated or repetitive tasks and outline the minimum expected steps in a complex process.³⁶ Consider these recommendations:

- Involve those who will use the job aid in creating it, including content review and field-testing.³²
- Consider the language, education and literacy levels of those who will use the job aid.³²
- Create a simple format so the job aid is easy to follow.³⁷ As appropriate, consider using illustrations or diagrams, including decision-making algorithms.³⁸
- Consider the job aid's portability if practitioners travel frequently between settings. If the job aid is too heavy or cumbersome, it will not be used.
- Develop an addendum to the job aid with information explaining the evidence, policies and guidelines on which the job aid is based.³⁴
- Plan for how practitioners will learn to use job aids. Actively disseminate job aids — through the training and supervision of providers — to improve outcomes.^{32–34} As guidelines change, update job aids and retrain providers, highlighting the changes that have been made.³²

Resource

University Research Co., LLC (URC). Job aids: rationale for use and experience to date. Bethesda, MD: URC; Undated.

http://www.urc-chs.com/uploads/resourceFiles/Live/jobaidv3f_small.pdf



A Job Aid — The Pregnancy Checklist

FHI 360 developed a simple checklist entitled *How to Be Reasonably Sure a Client Is Not Pregnant*. Developed for family planning clinics and community-based providers, this pregnancy checklist contains a series of questions to rule out pregnancy so nonmenstruating clients can safely initiate a contraceptive of choice. These questions are based on criteria established by the World Health Organization (WHO) for determining with reasonable certainty that a woman is not pregnant. Evaluations of the pregnancy checklist conducted in family planning clinics have demonstrated that the tool is effective in correctly identifying women who are not pregnant. Furthermore, studies in Guatemala, Mali, and Senegal have shown that use of the checklist by family planning providers significantly reduced the proportion of clients who are turned away because of their menstrual status, and it improved women's access to contraceptive services.

Family Health International (FHI). How to be reasonably sure a client is not pregnant. Research Triangle Park, NC: FHI; 2008. <http://www.fhi360.org/en/RH/Pubs/servdelivery/checklists/pregnancy/index.htm>

7 STRATEGY SEVEN

Replicate interventions that have been proven effective

Health and other development sectors increasingly place priority on adopting interventions that have been proven to meet the needs of clients and communities. Little attention is given, however, to the process of replicating an effective intervention in a different setting.^{12,39} A major challenge is adapting a proven intervention to local conditions while maintaining the key drivers that make the intervention effective. Consider these recommendations:

- Identify a proven intervention that meets the needs of the local setting.^{12,40} Select a practice that has been shown to be effective in populations similar to the target population.¹²
- Determine whether the implementing institution is ready to implement a new evidence-based intervention. Is there organizational support for the new approach? Are there resources and capacity to initiate, implement and sustain the new intervention?^{12, 40,41} Involve key organizational stakeholders (funders, administrators and managers) in the adaptation process to ensure institutional and financial support for implementation.⁴⁰
- Adapt the evidence-based intervention to match the local setting while maintaining the core elements that made it effective during the testing phase. Test the intervention for functionality at a few sites, and further refine as needed.¹²
- Train the practitioners of the implementing institution, and provide ongoing technical assistance, as needed, to implement and sustain the practice.^{12,40} Provide assistance on distinguishing core elements from optional elements and integrating the practice with existing services.¹²
- Evaluate how the practice was actually implemented — especially the core elements — and examine client-level outcomes.¹²

Resources

Kilbourne AM, Neumann MS, Pincus HA, Bauer MS, Stall R. Implementing evidence-based interventions in health care: application of the replicating effective programs framework. *Implement Sci.* 2007 Dec 9;2:42. <http://www.implementationscience.com/content/2/1/42>

Metz, AJR. A 10-step guide to adopting and sustaining evidence-based practices in out-of-school time programs. Research-to-results brief. Pub. #2007-15. Washington, DC: Child Trends; 2007. http://www.childtrends.org/Files/Child_Trends-2007_06_04_RB_EBP2.pdf

Brach C, Lenfestey N, Roussel A, Amoozegar J, Sorensen A. Will it work here? A decisionmaker's guide to adopting innovations. Publication no. O8-0051. Rockville, MD: Agency for Healthcare Research and Quality; 2008 Sep. <http://www.innovations.ahrq.gov/guide/guideTOC.aspx>

CLEAR Project. Readiness checklist. Silver Spring, MD: Effective Interventions, Danya International; 2008 Oct. http://www.effectiveinterventions.org/Files/CLEAR_Agency_Readiness_Checklist_10-10-08_2.pdf

California Health Kids. Fidelity guidelines and checklists for research-validated programs. California Healthy Kids Resource Center. Sacramento, CA: California Department of Education; Undated. <http://www.californiahealthykids.org/fidelity>

What is the difference between an evidence-based practice and program?

Practices are skills, techniques and strategies used by practitioners. Typically one component of an intervention, an evidence-based practice has been proven to produce a desired effect. Evidence-based programs are usually coordinated, multi-component interventions with demonstrated effectiveness, with the core components linked to specific outcomes. Evidence-based programs may integrate a number of practices in a specific service delivery setting for a given population. The recommendations under Strategies Seven and Eight will refer to practices and programs as *interventions*.

Fixen D, et al. (2005) Implementation Research: A Synthesis of the Literature. <http://ctndisseminationslibrary.org/PDF/nirnmonograph.pdf>

8 STRATEGY EIGHT

Scale up interventions that have been proven effective

Scale-up can be defined as the deliberate effort to increase the impact of interventions that were successfully tested in pilot projects and thereby benefit more people and foster policy and program development on a lasting basis.⁴² Challenged with meeting ambitious Millennium Development Goals, the development community has recognized the limits of small, short-lived interventions (even though they are effective) and is paying more attention to the systematic expansion of effective interventions.⁴³ Unlike some technological innovations, development interventions rarely expand on their own. A deliberate, carefully planned process is vital for the effective expansion of evidence-based interventions.⁴³ Several frameworks have emerged over the past decade to help guide the scale-up process. Consider these recommendations, based on the work of ExpandNet/WHO^{17,18,44}:

- Design and test a pilot project with scale-up in mind (see Strategy Two).
- Determine whether the institutions that are expected to adopt the intervention have the capacity for large-scale implementation. Consider the perceived need for the intervention; the necessary legal and policy frameworks; and the local training capacity, staffing, technical skills, leadership, management, logistics and supplies, physical space, capacity for monitoring and evaluation, the organizational culture and the values in support of new interventions. Examine whether and how some of these elements need to be strengthened during the scale-up process.
- Assess the environment — the conditions likely to influence expansion that are external to the institution. Consider the policy and political context (particularly electoral cycles), bureaucratic structures, donor support and the socioeconomic and cultural contexts.
- Establish a strong resource team (with the appropriate skills and adequate time) to support the scale-up. A resource team may include researchers, technical area experts, champions, program managers, trainers, educators, service providers, policymakers and representatives from governmental and non-governmental institutions.
- Make strategic choices about how scale-up will occur. Vertical scale-up involves institutionalizing

interventions nationally (or regionally). Such expansions typically require changes to policies, laws, regulations, budgets and other systems. Horizontal scale-up involves the expansion of the intervention to additional geographic sites or other populations. These two models are complementary, and sustainable expansion often requires the pursuit of both.

- Ensure that the scale-up process is monitored and evaluated.

Resources

ExpandNet, World Health Organization (WHO). Nine steps for developing a scale-up strategy. Geneva (Switzerland): WHO; 2011.
<http://www.expandnet.net/tools.htm>

ExpandNet, World Health Organization (WHO). Practical guidance for scaling up health service innovations. Geneva (Switzerland): WHO; 2009.
http://www.expandnet.net/PDFs/WHO_ExpandNet_Practical_Guide_published.pdf

FHI 360's Research Utilization staff can provide technical assistance on these and other strategies for translating research into practice. For more information, please email ResearchUtilization@fhi360.org.

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