

Implementation of a research- practice partnership to develop and test research translation strategies for improving the health of populations

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Aim: Implementation of evidence based guidelines, policies or programs into clinical and community settings is a cornerstone of effective public health efforts to prevent chronic disease. Over the past two decades, a partnership between Hunter New England Health, a government funded health service serving approximately 850,000 residents of a geographically and socially diverse region of NSW, and researchers of the University of Newcastle formed a unit to develop and test innovative strategies to increase the translation of population health evidence into practice. The aim of this presentation is to describe the implementation strategies employed by the partnership to build capacity and infrastructure for population based translation- research, highlight key learning's and outcomes

Methods: The research employs a case study approach. Key strategies to improve translation science capacity included executive support and endorsement for the partnership; alignment of research and practice priorities; targeted training of practitioners and policy makers in implementation science (e.g through enrollment in PhD's); investment in research infrastructure; co-location; the development of strategic collaborations; and clear governance structures and partnership values.

Results: Over the past 20 years the partnership has grown to over 50 academics, PhD students, health promotion practitioners, dieticians, exercise physiologists, psychologists, teachers, and statisticians. The group has established expertise in the key modifiable risk factors for morbidity and mortality in Australia including smoking, nutrition, alcohol, physical activity, tobacco, falls and obesity. Collectively the group publishes over 50 manuscripts per year, and has received on average \$2 million pa in nationally competitive grants funding for the past 5 years. Implementation research conducted by the group has led to significant changes to population health policy and practice in a variety of settings including hospitals, community health services, licensed premises, schools, childcare services and sporting clubs. Examples of such impact at a local, state and national level in obesity, alcohol, and tobacco will be presented.

Conclusions: The Hunter New England Population Health and University of Newcastle Partnership provides one model of increasing the translation of evidence into practice to improve population health. Many of the strategies employed by the group may be suitable to build academic / research partnerships and implementation science capacity in other jurisdictions