

# The Institute of Musculoskeletal Health and Arthritis (IMHA) Knowledge Exchange Task Force: An Innovative Approach to Knowledge Translation

Mary Brachaniec  
William Tillier  
Flora Dell



**Mary Brachaniec**  
Member of the IMHA/Knowledge Exchange Task Force  
Member, Canadian Arthritis Patient Alliance and Cochrane Consumer Network  
Executive Member, Programs and Services Chair, Board of Directors, The Arthritis Society  
New Brunswick Division  
Moncton, New Brunswick, Canada



**William Tillier**  
Member of the IMHA/Knowledge Exchange Task Force  
Member, Medical and Scientific Advisory Committee,  
Muscular Dystrophy Canada  
Psychologist, Ministry of the Solicitor General and Public Security  
Province of Alberta  
Calgary, Alberta, Canada



**Flora Dell**  
Chair, Knowledge Exchange Task Force  
Member, IMHA Advisory Board  
Executive Member, Canadian Centre for Activity and Aging,  
University of Western Ontario  
Member, Board of Directors, Canadian Arthritis Network  
Recipient of Queens Golden Jubilee Award  
Moncton, New Brunswick, Canada

Contact: Elizabeth Robson, CIHR – Institute of Musculoskeletal Health and Arthritis, Department of Surgery, Heritage Medical Research Building, University of Calgary, 3330 Hospital Drive, NW, Calgary, AB, T2N 4N1. Telephone (403) 320-0068.

---

*This article will introduce the concept of Knowledge Translation (KT), as defined and used by the Canadian Institutes of Health Research (CIHR). The Institute of Musculoskeletal Health and Arthritis (IMHA), one of the 13 institutes under the umbrella of CIHR, has created the Knowledge Exchange Task Force (KETF) to research KT and to determine how to best develop and implement KT initiatives within the Canadian research milieu. Task Force goals, objectives and activities will be outlined and summarized in poster form. KETF Members, or Research Ambassadors, will be recognized, along with the names of their Parent Organizations. The paper will detail the process of KT, as defined by CIHR, and a promising KT project created by IMHA to build communication pathways between scientific researchers, consumers and multiple stakeholders with the ultimate goal of improving the quality of life of all Canadians. (JCCA 2006; 50(1): 8–13)*

**KEY WORDS:** Knowledge Translation (KT), chronic pain, Canadian Institutes of Health Research (CIHR), The Institute of Musculoskeletal Health and Arthritis (IMHA).

---

### *Introduction*

Current medical research is exceedingly complex and increasingly difficult to access for other researchers, for health care workers and for patient and client groups. In light of this, a movement to translate research knowledge into more understandable and useful terms has recently begun. Knowledge translation, as it is generally known, represents the broad array of activities that take place between the researcher and his/her creation of new knowledge, and its beneficial impact on Canadians.

### *The Canadian Institutes of Health Research (CIHR)*

Created by the Government of Canada in June of 2000, the Canadian Institutes of Health Research (CIHR) is the premier health research funding agency in Canada. CIHR's mandate is "To excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved

health for Canadians, more effective health services and products and a strengthened Canadian health care system".<sup>1</sup>

Knowledge Translation includes all steps between creation of new knowledge and its application to yield beneficial outcomes for society.<sup>2</sup>

CIHR defines Knowledge Translation (KT) as "the exchange, synthesis and ethically-sound application of knowledge – within a complex system of interactions among researchers and users – to accelerate the capture of the benefits of research for Canadians through improved health, more effective services and products, and a strengthened health care system."<sup>2</sup>

There is currently a large gap between "what we know" and "what we do." Knowledge Translation aims to reduce, and ultimately close, this gap by facilitating information sharing between the creators of new knowledge (researchers) and those who apply and benefit from this knowledge (end-users).

KT strategies help to define the research question and hypotheses, determine how the research will be done (methods), conduct the research itself, interpret new knowledge gained and determine how to best disseminate it to multiple stakeholders.<sup>2</sup> Strategies vary for different types of research (i.e., biomedical versus clinical) and different groups of intended end-users such as patients/consumers, health care professionals, policy makers and other researchers.<sup>2</sup>

CIHR supports research on KT concepts and processes, contributes to building KT networks of researchers and research users, seeks to strengthen and expand both KT and KT research, and supports and recognizes KT excellence.<sup>2</sup>

### *The Institute of Musculoskeletal Health and Arthritis*

The Institute of Musculoskeletal Health and Arthritis (IMHA), one of the thirteen institutes under the umbrella of CIHR, "is the champion and primary source of funding for Canadian health research across six foci: arthritis, musculoskeletal rehabilitation, bone, skeletal muscle, skin and oral health".<sup>3</sup>

IMHA's vision is to sustain health and enhance quality of life by eradicating the pain, suffering and disability caused by arthritis and musculoskeletal, oral and skin conditions.

To achieve this goal, IMHA has identified three strate-

gic research priorities that guide all of its initiatives:

- Physical Activity, Mobility and Health;
- Tissue Injury, Repair and Replacement; and
- Pain, Disability and Chronic Disease.

IMHA recognizes that strategic and effective research requires an active dialogue between those who conduct investigations (researchers) and the end-users/stakeholders who consume and fund them. This dialogue does not just happen – it requires a forum in which the various stakeholders can interact; a “shared language” in which

they can communicate; and dissemination strategies for information sharing to a wider audience. To set this process in motion, and in response to CIHR goals, IMHA has recently created the Knowledge Exchange Task Force (KETF).

#### *The Knowledge Exchange Task Force*

The Task Force is comprised of national representatives from IMHA’s six focus areas – most of whom are patients and consumers of health care. In joining the Task Force, these individuals became *Research Ambassadors* of KT



Figure 1: IMHA's Knowledge Translation Cube.

Source: IMHA 2005

within the Institute. Current members and the organizations in which they represent are presented at the end of this article.

The KETF brings researchers, patients, and other stakeholders such as health care professionals and students together to share and discuss current research either completed or underway. In so doing, KETF members learn about research carried out by IMHA researchers, and seek to translate the knowledge gained into language and approaches suitable for dissemination within their own organizations, with other stakeholders and ultimately, with the Canadian Public as a whole. The end-user becomes an active research partner in the promotion and implementation of the research and its conclusions.

In addition to translating information gained through research to Canadians, the KETF also assists in the identification of research priorities of primary importance to the groups they represent. This process helps to ensure that IMHA supports research that addresses the needs of Canadians.

Knowledge Translation is an integral component of the overall strategic plan and priorities identified by IMHA.

#### FIGURE 1

Source: IMHA 2005

Under the guidance of IMHA's Scientific Director, Dr. Cyril Frank, the KETF is led by IMHA Advisory Board member, Mrs. Flora Dell. The first meeting took place November, 2004, and subsequent meetings have followed bi-annually. Activities to date have focused on research relating to chronic, non-malignant pain and its management. The Task Force has been privileged to hear presentations from several CIHR researchers including: Dr. Sandra LeFort (Chronic Pain Self-Management: Results of Two Research Studies), Dr. James Henry (Pain & Chronic Pain: Basic Principles & Exciting Developments in Canada), Dr. Alex Jadad (Rebuilding Public Trust in Medical Research: What Can We Do?) and Dr. Lynne Breau (Inter-Disciplinary Team Management for Children with Chronic Pain).

KETF meetings provide an opportunity for Research Ambassadors to share "best practices" relating to KT and plan future activities. Efforts were enhanced when the Directors and Managers of the parent organizations represented by Research Ambassadors attended the most re-

cent KETF meeting. These individuals brought forward many insights and recommendations for improving our Knowledge Exchange activities with plans already underway for their implementation. CIHR – IMHA Trainees (Research Students) also attended the last meeting and contributed fresh ideas to further our goals. These students learned a great deal about the process of KT which will serve them well in their careers and in creating dialogues with groups such as this one.

Possible future steps for the Task Force include:

- Adding stakeholders such as policy makers;
- Expanding topics to include research relating to physical activity;
- Carrying out research on KT possibly through the CIHR - Community Alliances for Health Research (CAHR) Program

#### Conclusion

Knowledge translation will quickly become an indispensable tool with the potential of increasing the impact of new knowledge on the health of Canadians. It will also enable a wider audience of both professional and lay stakeholders (primarily clinicians and patients) to access, understand and draw conclusions based upon complex research findings. Canada is leading the way in this effort though the efforts of IMHA's Knowledge Exchange Task Force. The current focus on chronic non-malignant pain should be of interest to Canadian Chiropractors.

For more information on IMHA – KETF please see our poster presentation (on pp 12), previously presented at the IV Canadian Cochrane Symposium, Montreal, Canada, December, 2005.

Currently, the KETF is comprised of the following individuals:

Nicola Birchall – The Canadian Paraplegic Association  
 Blair Boudreau – Group of IX - A Nova Scotia Seniors' Organization (Oral Health)  
 Mary Brachaniec – The Arthritis Society and the Canadian Arthritis Patient Alliance  
 Priscilla Cole – Osteoporosis Canada  
 Barbara Grimster – Lupus Canada  
 Leanne Hall – University of British Columbia Skin Care Centre

# Institute of Musculoskeletal Health and Arthritis (IMHA) Knowledge Exchange Task Force (KETF)



Institut de  
Musculoskétal / l'appareil locomoteur  
Health and Arthritis / et de l'arthrite



CIHR IRSC  
Institut de  
Musculoskétal / l'appareil locomoteur

## CBHR-IMHA

The Canadian Institutes of Health Research (CIHR) is Canada's premier funding agency. It's mission is to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products, and a strengthened Canadian health care system.

The Institute of Musculoskeletal Health and Arthritis (IMHA), one of the thirteen institutes under the umbrella of CBHR, is committed, through research, to sustaining health and enhancing the quality of life by eradicating the pain, suffering and disability caused by arthritis, musculoskeletal, oral and skin conditions.



To achieve this goal, IMHA has identified three strategic research priorities that guide all of its initiatives: Physical Activity, Mobility and Health; Tissue Injury, Repair and Replacement; and Pain, Disability and Chronic Disease.



## Knowledge Exchange and Translation

Strategic and effective research requires a dialogue between those who conduct these investigations and those who consume and fund them (stakeholders).

Patient/consumers can make a tremendous contribution towards creating a research agenda that addresses the most pressing health issues of the day. With this in mind, IMHA has taken steps to include this valuable stakeholder group in workshops, conferences and other pertinent meetings and recently created a *Knowledge Exchange Task Force (KETF)* committed to creating a communication pathway linking researchers and key stakeholders.



## Before Translation:



## Knowledge Exchange Task Force (KETF)

The KETF is comprised of national representatives from IMHA's six focus areas.

### Goal

The goal of the KETF is to make health research more useful and develop ways to disseminate research findings in ways useful to all stakeholders.

### Mandate

To proactively accelerate the translation and exchange of new research knowledge among researchers, stakeholders and partner communities for the benefit and improved health of all Canadians

### Vision

To create communication pathways linking researchers and key stakeholders. In turn, key stakeholders will become Research Ambassadors for the program and expedite dissemination of findings to their respective organizations and communities.

## After Translation:



## Research Ambassador Role – Advancing Quality of Life

- To support a meaningful two-way exchange of knowledge and information with and between the Researchers and Task Force members.
- To develop opportunities to promote and activate new knowledge, findings and outcomes of current research with peers, organizations and community.
- To build on the strength of existing knowledge and training while incorporating the vision of the Institute of Musculoskeletal Health and Arthritis research priorities.
- To be an effective participant in the process of knowledge exchange.
- To build a working partnership based upon an understanding, respect and a shared commitment to research that will contribute to the improved health and well-being of all Canadians.

Please see our web page for more information:  
<http://www.cihr-irsc.gc.ca/e/27297.html>

Presented by: Mary Brachamier, Bill Talbot and Flora Dell on behalf of the IMHA-KETF

We would like to acknowledge the assistance and support from the IMHA for this project.



Phil Hughes – Group of IX - A Nova Scotia Seniors' Organization (Oral Health)  
Gezina Ilse – Osteoporosis Canada  
Maria Judd – Canadian Health Services Research Foundation  
Otto Kamensek – Arthritis Research Centre  
Diane Ladouceur – Active Living Coalition for Canadians with a Disability  
Linda Li – Canadian Physiotherapy Association  
Pam Sherwin – Children's Arthritis Foundation  
William Tillier – Muscular Dystrophy Canada  
Regina Willmann – Canadian Chiropractic Association  
Flora Dell – KETF Chair, IMHA Advisory Board Member  
Erna Snelgrove-Clarke – KETF Vice-Chair, IMHA Advisory Board Member  
Elizabeth Robson – KETF Project Staff Lead

For more information please contact the Institute of Musculoskeletal Health and Arthritis by e-mail at [imha@ucalgary.ca](mailto:imha@ucalgary.ca) or visit our website at <http://www.cihr-irsc.gc.ca/e/13217.html>.

#### References

- 1 Canadian Institutes of Health Research (CIHR) [homepage on the Internet]. Ottawa: Her Majesty the Queen in Right of Canada; c2004 [modified: 2005-02-14; cited 2006 January 4] Available from <http://www.cihr-irsc.gc.ca/e/24418.html>
- 2 Canadian Institutes of Health Research (CIHR) [homepage on the Internet]. Ottawa: Her Majesty the Queen in Right of Canada; c2004 [modified: 2005-02-14; cited 2006 January 4] The CIHR Knowledge Translation Strategy 2004 – 2009; [about 8 screens]. Available from <http://www.cihr-irsc.gc.ca/e/26574.html>.
- 3 Canadian Institutes of Health Research, Institute of Musculoskeletal Health and Arthritis, [homepage on the Internet]. Calgary: Institute of Musculoskeletal Health and Arthritis; c2005 [modified: 2005-06-22; cited 2006 January 4]. Annual Report of Activities 2003-2004; [about 10 screens]. Available from <http://www.cihr-irsc.gc.ca/e/28339.html>

## Support Chiropractic Research

Your gift will transform chiropractic

*Become a member of the  
Canadian Chiropractic Research Foundation and help us establish  
university based Chiropractic Research Chairs in every province*

Contact Dr. Allan Gotlib

Tel: 416-781-5656 Fax: 416-781-0923 Email: [algotlib@ccachiro.org](mailto:algotlib@ccachiro.org)