



Australian Association of Gerontology

AAG Collaborating Centre Workshop Report: Translating Research into Policy and Practice

Background:

As one of the deliverables under the 2008 Funding Agreement between the Department of Health and Ageing and the Australian Association of Gerontology (AAG), the AAG was obligated to host a workshop at the 2009 AAG National Conference with International Association of Gerontology and Geriatrics (IAGG) Australian Collaborating Centres to explore strategies for translating research into practice. As there are only five IAGG Collaborating Centres in Australia presently, the workshop was extended to include all 15 AAG Collaborating Centres.

The workshop took place on Thursday 26 November 2009 from 1:30 – 3:00pm at the National Convention Centre in Canberra as part of the AAG National Conference. Professor Julie Byles, Director of the Research Centre for Gender, Health and Ageing, and Incoming President of the AAG, Chaired the workshop.

Aim:

To consider ways in which the AAG Collaborating Research Centres are best able to work together to develop formal relationships for translating research into policy and practice to improve the lives of older Australians.

Purpose:

To bring together representatives from each of the AAG's Collaborating Research Centres and discuss how best to build relationships and collaborate to develop the ageing research agenda, and how research centres are best able to contribute to the effective translation of research into policy and practice.

The AAG will use key information gathered from the discussions to develop a seminar or workshop for the 2011 IAGG Asia/Oceania Regional Congress on translation issues.

Acknowledgements:

The AAG recognises that the workshop participants gave up their time to be present at the workshop to contribute in discussions concerning the translation of research into policy and practice, and is greatly appreciative of this support.

Session 1 (1:30 – 2:15pm): Building Relationships

Key questions:

- i. How do the centres currently complement one another?
- ii. What level of collaboration should the centres be engaged in?
- iii. What would the centres like to see included within Terms of Reference?
- iv. What are the long term goals of the centres?

In order to address these questions, the AAG needs to start with basics. For example, the AAG website needs to have adequate links on the homepage directing members, students and the public to the AAG Collaborating Centres. The links should be boldly identified, easy to find and accessible. Moreover, there should be a page on the website that maps out collaborations between each of the AAG Collaborating Centres.

In particular, students and emerging researchers need to see where collaborative links between centres already exist. They need to have greater access and exposure to the AAG Collaborating Centres. This would encourage stronger collaborative ties and possibly increase visitation of students and emerging researchers, as well as visiting academics.

There are also issues around conflict of interest in relation to collaboration. For example, there are only a limited number of AAG Collaborating Centres and so collaborating on research projects will limit the number of potential reviewers who are impartial to the research. This, in turn, may cause delays due to the difficulty of finding quality reviewers who do not have a conflict of interest.

On the other hand, having a collective voice to lobby for research funding would be useful and that will inevitably involve elements of collaboration between the AAG Collaborating Centres. It may be that collaboration leads to an increase in funding grants and attracts more researchers to the field.

It is important that while the AAG Collaborating Centres are seen to have common, sustainable goals that each centre is recognised for the unique areas of ageing research that they specialise in. Moreover, while it is important to have national recognition, the centres also need to be seen and recognised at an international level as well. This means being linked in with overseas centres, too. The IAGG has to be encouraged to accept more AAG Collaborating Centres for admission. This would not only prove to be an important networking tool, but would help to highlight Australian ageing research to a greater international audience.

There is a question of workloads in all this, however. Greater involvement should not necessarily involve a substantial increase in workloads. Collectively, the ageing research community need a network that can be seen prominently both here in Australia and overseas. Rather than following models such as the WHO Collaborating Centres that involve a lot of work to set up and run, each centre would be better off keeping their own centre websites up-to-date and then linking in, perhaps through a central conduit such as the AAG. There is potential to develop further collaborations in this way, but it is not about forcing it.

It's more about being accessible and being able to develop linkages. To this end, there may be scope to develop Terms of Reference around this for the AAG Collaborating Centres.

AAG Collaborating Centres also need to consider what structured lobbying elements might be involved as part of these collaborative linkages. Government agendas and policy decisions need to be taken into account when lobbying for ageing research funds and broader government funding programs. The Building Ageing Research Capacity (BARC) Program is nearly ten years old now. The Ageing Well, Ageing Productively (AWAP) Research Grants that emerged as part of BARC's agenda are coming to an end in 2010 and presently there is nothing to replace them. There appears to have been an assumption that governments would simply continue to fund these programs such as BARC and the ARC/NHMRC Research Network in Ageing Well. This has not been the case. The AAG Collaborating Centres need to actively ensure governments remain interested in pursuing an ageing research agenda and continue to support ageing research policies and programs. This means working closely with governments and government departments, such as the Department of Health and Ageing, as well as other key stakeholders such as the Council on the Ageing and National Seniors Australia.

The AAG Collaborating Centres should also serve to nurture the professional growth and development of students and emerging researchers. Previously, the ARC/NHMRC Research Network in Ageing Well had sponsored student groups such as the Emerging Researchers in Ageing (ERA). However, due to the cessation of funding for the Network, ERA lacks the financial support that it once enjoyed. There may be space for the AAG Collaborating Centres to continue to assist student and emerging researcher development. Although it lacks financial resources to support ERA, the AAG, together with the Collaborating Centres, may be able to keep sourcing speakers to talk to students facilitated through the AAG student section in conjunction with ERA. This will involve discussions between Helen Bartlett and Linda Peach who help run ERA, and Colleen Cartwright and Gill Lewin. Greater collaborative efforts should be made in this direction. It should also be noted that there is potentially scope to get funding support for students from Government, as programs such as BARC had previously supported student development.

Session 2 (2:15 – 3:00pm): Translating Research into Policy and Practice

Key questions:

- v. What relationships are required for translating research?
- vi. How can the centres best contribute to policy and practice?
- vii. How can the centres be encouraged to work nationally?
- viii. How can the AAG best work with the centres?

Although researchers need to remain aware of translation issues and the policy and practice outcomes of their research, the focus should remain primarily on research. Otherwise, there is a chance that research can become policy driven. The best way of ensuring appropriate policy and practice outcomes is to work with various health services, which includes health workers, service providers, hospitals, and even older people themselves. Many of the AAG Collaborating Centres are already placed in an advantageous position in that they are either physically based or else have strong affiliations with hospitals and aged care providers. There is, therefore, already a strong emphasis on evidence based research and best practice outcomes. However, greater funding is required for more extensive research.

Unfortunately, all too often the funding mechanisms dictate the evidence base and evidence based best practice. It then becomes a circular process. Unless the researcher provides a service, they are never able to generate further research which then negatively impacts on policy and practice.

It should also be highlighted that the research community is continually engaged with policy and best practice outcomes. Translating research is part of analysing results. Researchers might not be responsible for changing major policies, but policy considered as part of the everyday research process.

Often, however, there are problems between government timelines and timelines for research. For example, biological research does not work on government timelines. If the focus is too heavily on translation and policy outcomes there is a danger that serious and important research will miss out on funding. Moreover, the question needs to be asked, is it the researchers job to be translators? Researchers, however, can't ignore government needs. Researchers need to be aware of the government's agenda and government timelines in order to tailor their grant applications for funding.

There needs to be greater opportunities for the research community to lobby government and make government aware of the research needs and gaps in the evidence base. The AAG Collaborating Centres could potentially come together to lobby for better funding for research as well as put together Position Papers on issues such as the needs of gay, lesbian, bisexual, transgender and intersex people as they age, or pain management and access to care. There may be some that the AAG Collaborating Centres can get behind that are really important. It may be a time consuming process, but it's a process worth going through.

Next Steps

- The AAG Collaborating Centre Workshop participants agreed to meet as and when needed with a confirmed commitment to meet at the IAGG Regional Congress in October 2011.
- Working parties and sub-committees would be allowed to form organically to deal with issues such as Position Papers.
- Julie Byles was nominated to continue as Chair of the AAG Collaborative Centre Working Group.

List of Attendance:

Prof Kaarin Anstey – Director, Ageing Research Unit, Centre for Mental Health Research

Prof Tony Broe – Director, Ageing Research Centre

Prof Laurie Buys – Institute for Sustainable Resources

Prof Julie Byles – Director, Research Centre for Gender, Health and Ageing

Prof Colleen Cartwright – Director, Aged Services Learning and Research Centre

Dr Tony Coles – Executive Officer, Australian Association of Gerontology

Dr Briony Dow – Director, Preventive and Public Health, National Ageing Research Institute

Dr Susan Feldman – Senior Research Fellow, Healthy Ageing Research Unit, Monash
Research for an Ageing Society

Prof Leon Flicker – Director, Western Australian Centre for Health and Ageing

A/Prof Stephen Gibson – Deputy Director, National Ageing Research Institute

Prof David LeCouteur – Director, Centre for Education and Research on Ageing

Prof Gill Lewin – Professor of Ageing, Centre for Research on Ageing

Prof Mary Luszcz – Director, Flinders Centre for Ageing Studies

Rev Prof Elizabeth Mackinlay – Director, Centre for Ageing and Pastoral Studies

Prof Rhonda Nay – Director, Australian Centre for Evidence Based Aged Care

Dr June Sheriff – Nursing Research Officer, Health and Ageing Research Unit

Apologies:

Prof Henry Brodaty – Director, Dementia Collaborative Research Centre