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The gap remains: The challenge of translating research into policies for the health care of people and communities

Mauricio Barría P.¹

In health sciences, day-to-day a large amount of research is accumulated in different settings and contexts, which serve as the substrate for decision-making at the individual and collective clinical level. Nevertheless, strategies persist to modify the clinical practice based more on beliefs than on scientific evidence. In addition, although research evidence is generated at a growing rhythm, the clinical practice to reflect this evidence has been delayed.⁽¹⁾ According to the evidence-based practice model, the gold standard that supports the best recommendation for prevention and therapeutic interventions is constituted by the randomized controlled trial. Although it is also recognized that this design does not manage to establish if the treatment context influences upon the trial results or how an intervention achieves its effects beyond the study scenario. Thus, the difficulty of translating research findings suggests that an intervention that has demonstrated effectiveness needs to address the context for implementation.

At the same time, it is verified that both clinical-epidemiological research, as well as research in

health systems and services, exert little influence upon health policies or practices and that the principal obstacle of translating research results into improving health services and their impact upon the community is the lack of alignment between the research purposes and the needs of clinical professionals and those in charge of policy.⁽²⁾ Within this context, the use of evidence or research has been of growing concern in the health setting. It is considered an extension of research on the efficacy and effectiveness of interventions, but which also encompasses research of health services, public health, and community medicine. From a policy level, it has been described that in developed and developing countries elements may exist that potentially distance scientific information from health policies.⁽³⁾

The term MeSH “Translational Medical Research” refers to the application of discovery generated in research labs and preclinical studies to conduct clinical trials and studies in human beings. A second area of translational research refers to improving the adoption of better practices. In addition, the use and

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study of research in health care practices, as well as in the development of policies has been defined in different ways including terms, like translational research, knowledge translation, dissemination of knowledge, or transfer of knowledge, which can vary in their significance.⁽³⁻⁵⁾ Thus, translational research constitutes in itself applied research for health care focused on studying how to translate available knowledge to make it useful in reducing the burden of disease. It is worth mentioning that it has the purpose of increasing the probability that the evidence derived from research is used in policy and practice.

However, independent of its concept, little evidence exists to quantify to what point research is used in decision-making processes in public health, but the need is clear to continue until it is considered a priority for health policies in each country. In this respect, some have already described a “path to translate health research into improved health care” and have identified two principal voids in this path: translation of basic and clinical research into ideas and products, and introduction of those ideas and products into the clinical practice.⁽⁵⁾ Factors have been identified that limit the use of research evidence in public health policy, among which is the perception of lack of research evidence among decision makers and the negative perceptions of the research evidence available. This includes abundance of evidence “free of policies”, an inadequate approach of the random control trials, too much scientific uncertainty, poor local applicability, lack of focus on the social determinants of health, and lack of complexity to address health systems of multiple components. Also highlighted is the gap among decision makers and researchers, the culture within which decision makers act, lack of support for policy makers to acquire the skills required or to use research evidence. Likewise, factors have been reported, such as organizational, political and strategic, financial and resource limitations; personal experience; common sense; expert opinion, dissemination problems, and access to research evidence.⁽⁶⁾ In contrast, these obstacles can be

confronted by improving communication between researchers and users, as well as trust between researchers and policy formulators. In addition, we must increase the capacity of researchers to produce and effectively disseminate evidence to decision makers and bring about changes in their culture to add value to the use of research evidence in decision-making.

Currently, it is urgent to progress in strategies and models that facilitate translating research into effective policies to face problems that persist in health systems and their different benefits. Implementation success must consider this phase in the design of research, considering end users and the assessment of the implementation of findings, taking into account those responsible for policy formulation and the professionals involved to permit these to take place in the specific contexts.

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