



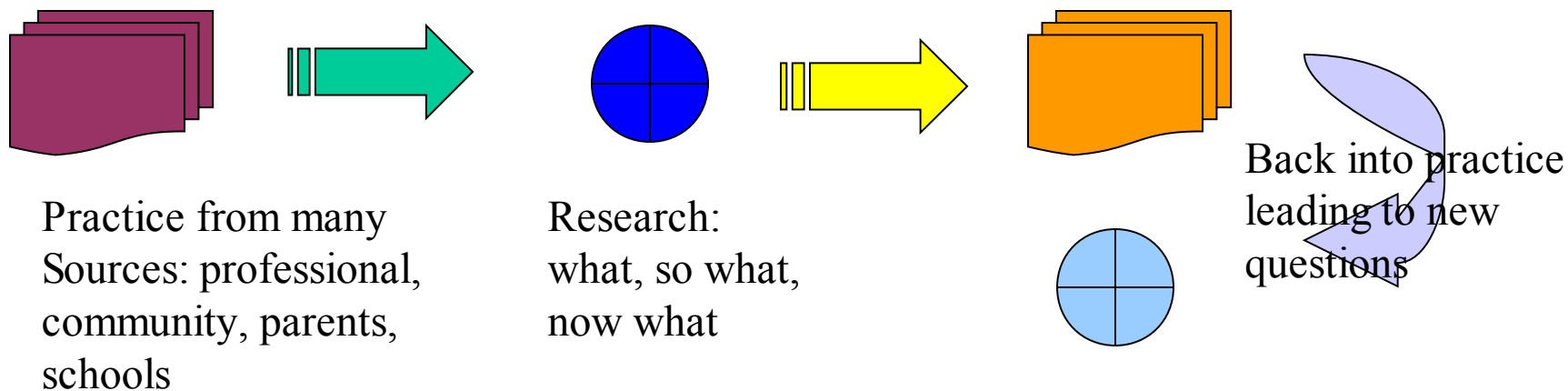
## Finding Common Ground – Bridging the Gap Between the Health Centres and the Community – “Best and Most Promising Practices”

- **EMERGENCE:** “solutions” include ways to better cope with issues – they still exist but quality of life is better – coexistence along with potential cure
- **COMPLEXITY:** almost every example in the report is an example of a complex rather than a complicated process – continually adapting to ongoing changes – difficult to manage
- Many of the necessary **RESOURCES** already exist and appear to be renewed as they are re-organized and re-conceptualized
- It is clear that the concepts of “**COMMUNITY OF PRACTICE**” and “**COMMUNITY OF ACTION**” is embedded in processes – this should be further studied and supported



## Finding Common Ground – Bridging the Gap Between the Health Centres and the Community – “Best and Most Promising Practices”

**REFRAME** the “Research to Practice” linear model into an ongoing iterative loop



- Don't think of RESEARCHERS and USERS but of research, implementation, utilization, evaluation, (etc.) **processes** with multiple roles played by actors.

- Lead and supporting **roles change** as one goes through the loop.



## Finding Common Ground – Bridging the Gap Between the Health Centres and the Community – “Best and Most Promising Practices”

- Assume that people are both **PRAGMATIC** and **IDEALISTIC**
- The focus on ideal (best) practice is something to always move towards however change does not happen without **INCENTIVES** and **INFRASTRUCTURE**
- The **RATIONAL** produces **REWARDS** – The **UTOPIAN** is engaged in a never-ending process towards a **PERFECT** context
- The **DREAMER** and the **BUILDER** must work together. Each must be satisfied that their needs are being met otherwise the structure crumbles or is ill-formed.
- Peter Drucker: the last time I was changed I was wearing diapers – An actor chooses change – how to facilitate this choice by ensuring that constraints are not impeding returns on investments of time, energy, spirit, and money.



## Finding Common Ground – Bridging the Gap Between the Health Centres and the Community – “Best and Most Promising Practices”

### Opportunities to engage in **SOCIAL NETWORK ANALYSES**

- **Innovators** are often NOT the “official” leaders
- **Implementers** are NOT always the innovators
- Valuable **relationships** exist in the **CRACKS** between defined spaces and roles
- What are the **opportunities** within dyads, triads, sub-groups, and networks to support access to, adaptation of, and the implementation of research, and the continual improvement of practice.
- How can **INSTITUTIONAL** structure support **GUERRILLA** behaviour – what are the acceptable limits of this unofficial behaviour



## Bottom Line:

- Involve a broader range of partners – always ask **who else** needs to be included.
- Provide **dedicated facilitators** and brokers to support partner links and exchange.
- Build **infrastructure** and **incentives** to encourage and facilitate the entry of diverse individuals and organizations.
- Remove **barriers** to full involvement and replace them with mutually beneficial goals.
- Recognize that knowledge generated in research is not sufficiently transferred to practices or to decisions directing the offer of services.
- Recognize that it is virtually impossible for professionals to keep up to date on all of the most current research – **partnerships** help to determine **priorities**.
- Passive dissemination of information is generally ineffective. Communities of practice are a potentially powerful tool.



# Knowledge Exchange and Mobilization

