HEALTH EVIDENCE NETWORK SYNTHESIS REPORT 76

In what ways do cultural contexts influence the knowledge translation process for health decision-making and what are the implications for policy and practice?

Eivind Engebretsen | Priya Umachandran | John Ødemark | Trisha Greenhalgh



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Abstract

This report explores how knowledge translation (KT) and cultural contexts are conceptualized and utilized, with a focus on health policy-making theory and practice. KT takes place within cultural contexts that can powerfully frame what policy problems are and what type of research is accepted by policy-makers. This is illustrated with studies from the COVID-19 pandemic regarding the use of face masks across cultures and of the influence of cultural contexts on KT and evidence-informed decision-making arising from the Black Lives Matter movement. Many Indigenous cultures conceptualize physical health in a holistic manner that encompasses both social and ecological aspects, which are often not considered in the biomedical understanding of health. Effective KT within local cultural contexts requires going beyond general categories (such as Indigenous culture) and assumptions about particular types of culture. Some KT models and frameworks include local context as a factor in translation, identifying community-, culture- and language-focused strategies to improve cultural competency for health-care interventions. Policy considerations are suggested that support the adoption of complex understandings of cultures in knowledge production, communication, translation and use.

ISSN: 2789-9217 ISBN: 978-92-890-5835-3 (PDF)

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Suggested citation. Engebretsen E, Umachandran P, Ødemark J, Greenhalgh T. In what ways do cultural contexts influence the knowledge translation process for health decision-making and what are the implications for policy and practice? Copenhagen: WHO Regional Office for Europe; 2022 (Health Evidence Network (HEN) synthesis report 76). Licence: CC BY-NC-SA 3.0 IGO.

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ABBREVIATIONS

BLM Black Lives Matter (movement)

COVID-19 coronavirus disease

EVIPNet Evidence-informed Policy Network

HEN Health Evidence Network

KT knowledge translation

RCT randomized controlled trial

SARS severe acute respiratory syndrome

SARS-CoV-2 severe acute respiratory syndrome coronavirus 2

(causing COVID-19)

ACKNOWLEDGEMENTS

The authors wish to thank Gina Fraas Henrichsen (Researcher, Centre for Sustainable Healthcare Education, University of Oslo, Norway) and Marte Ødegaard (Academic Librarian, Library, University of Oslo, Norway) for their help with the literature searches.

Authors

Eivind Engebretsen

Professor, Centre for Sustainable Healthcare Education, Faculty of Medicine, University of Oslo, Oslo, Norway

Priya Umachandran

Affiliated Researcher, Department for Global Health & Social Medicine, King's College London, London, United Kingdom

John Ødemark

Professor, Institute for Culture Studies and Oriental Languages, University of Oslo, Oslo, Norway

Trisha Greenhalgh

Professor, Primary Care Health Sciences, University of Oxford, Oxford, United Kingdom

Peer reviewers

Iameta Nicole Barlow

Assistant Professor of Writing in the University Writing Program and Women's Leadership Program, George Washington University; Affiliate Faculty Member, Women's Gender & Sexuality Studies Program, Department of Health Policy and Management, Milken Institute of Public Health; Affiliate Faculty Member, Global Women's Institute, Africana Studies Program and Jacobs Institute of Women's Health; George Washington University, Washington, DC, United States of America

Maureen Dobbins

Professor and Scientific Director, School of Nursing, National Collaborating Centre for Method and Tools, McMaster University, Hamilton, Ontario, Canada

Fadi El-Jardali

Founder & Director, Knowledge to Policy (K2P) Center, Director, WHO Collaborating Centre for Evidence-Informed Policy and Practice and Co-Director, Center for Systematic Reviews in Health Policy and Systems Research, American University of Beirut, Beirut, Lebanon

Sarah Funnell

Founding Director, Centre for Indigenous Health Research and Education, and Assistant Professor Faculty of Medicine, University of Ottawa, Ottawa, Ontario, Canada

Michael Loughlin

Professor of Applied Philosophy, Co-Director European Institute for Person-centred Health and Social Care, and Course Director, MSc in Person-centred Health and Social Care, School of Biomedical Sciences, University of West London, London, United Kingdom

Raglan Maddox (Bagumani (Modewa) Clan)

Fellow, National Centre for Aboriginal and Torres Strait Islander Wellbeing Research, National Centre for Epidemiology and Public Health, Australian National University, Canberra, Australian Capital Territory, Australia

Editorial team, WHO Regional Office for Europe

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