



Creating space for bridging research and policy:

An impact evaluation of the Centre for Health in All
Policies Research Translation

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December 2025

Executive summary

The Centre for Health in All Policies Research Translation (CHiAPRT) was established in 2020 to strengthen research-to-policy translation, with a focus on improving health, wellbeing, and equity through multisectoral action. This impact evaluation reviews CHiAPRT's first five years, assessing its contributions and informing priorities for the next strategic plan.

A mixed-methods evaluation, guided by a logic model and theory of change, mapped CHiAPRT's activities to intended outcomes using data from interviews, reflections, document analysis, and activity metrics. It assessed CHiAPRT's influence across five strategic action areas:

1. Generating and synthesising knowledge on research–policy translation
2. Translating evidence on social determinants and equity into policy and practice
3. Building capacity for research–policy collaboration and action on the determinants of health and health equity
4. Establishing and maintaining partnerships
5. Promoting emerging social and health issues on the policy and research agenda

Key findings:

- CHiAPRT is recognised as a unique catalyst for research-policy translation, locally and globally, with strong contributions in capacity building (e.g., Masterclass), co-produced WHO resources, and strategic research agendas and collaborative research.
- Strengths include trusted partnerships, convening and boundary-spanning capacity, thought leadership, and innovative resources and tools.
- Challenges include funding fragility, reliance on key person leadership, limited national visibility, and capacity constraints.
- Stakeholders emphasised CHiAPRT's role in holding space for collaboration, influencing policy discourse, and championing HiAP in practice, not only ambition.

Recommendations:

- **Embed CHiAPRT as national research translation infrastructure:** Identify champions, advocate for broader recognition and reach.
- **Expand reach and influence:** Scale flagship programs nationally and explore online adaptation where value is demonstrated.
- **Generate demand for evidence:** Continue agenda-setting and horizon scanning.
- **Maintain agility while consolidating focus:** Prioritise high-impact initiatives under each strategic pillar.
- **Continue succession planning:** Appoint a Deputy Director or strategic leads for both streams of work; build leadership pipeline.
- **Secure sustainable funding:** Pursue core funding and diversify income streams.
- **Enhance communications and branding:** Improve digital presence and evaluate reach.
- **Monitoring and continuous improvement:** Align monitoring with the theory of change; use dashboards and case studies for impact assessment and continuous improvement.
- **Partnerships:** Strengthen alliances with other KT/research translation intermediaries.

A detailed logic model and suggested indicators for future evaluation are provided in the appendices to support ongoing monitoring and strategic planning.

Contents

Executive summary	2
1. Introduction	5
2. Methods	6
2.1. Evaluation design	6
2.2. Data sources	6
2.3. Analysis	6
3. Findings	7
3.1. Logic model – Theory of change	7
3.2. Value and impact of CHiAPRT	7
3.2.1. Theme 1: A unique catalyst for research-policy translation in SDoH and HiAP implementation	7
3.2.2. Theme 2: Influencing research-policy translation strategy and building organisational capacity	8
3.2.3. Theme 3: Building individual capacity for research-policy translation and collaboration	9
3.2.4. Theme 4: International influence, bridging related fields and advancing global practice	10
3.2.5. Theme 5: Legitimised and sustained visibility for HiAP and upstream health equity work	11
3.2.6. Theme 6: ‘Holding space’ for cross-sectoral collaboration, innovation and collective impact	11
3.2.7. Theme 7: Value creation and risk of losing CHiAPRT	12
3.3. Examples of impact	13
3.3.1. Most significant change/impacts.....	13
3.3.2. Levels of impact	14
3.4. Strengths of CHiAPRT	15
3.4.1. Trusted partnerships, networks, visibility, and legitimacy.....	15
3.4.2. Unique role and function.....	16
3.4.3. Expertise and thought leadership:	16
3.4.4. Boundary-spanning and convening capacity:	16
3.4.5. Innovation	16
3.4.6. Capacity building.....	17
3.4.7. Collaborative approach	17
3.4.8. Team.....	17
3.4.9. Advisory committee composition and continuity.....	17
3.5. Challenges and risks	18

3.6. Priorities for next 5-year Strategic Plan	19
3.6.1. Succession Planning and leadership development:	19
3.6.2. Strategic focus	19
3.6.3. Funding and sustainability	19
3.6.4. Communication and influence	19
3.6.5. Knowledge Translation role and leadership	19
3.6.6. Impact assessment and continuous improvement	20
3.6.7. National engagement and system-level advocacy	20
3.7. Key initiatives contributions, and future development	20
3.7.1. Generate and synthesise knowledge on research-policy translation	20
3.7.2. Translate knowledge and evidence on determinants of health, wellbeing, and equity into policy and practice implementation	21
3.7.3. Build capability for research-policy collaboration and action on the determinants of health and health equity within the research and policy-making communities	21
3.7.4. Establish and maintain partnerships	23
3.7.5. Promote emerging social and health issues on policy and research agendas.....	24
4. Indicators for future evaluation	25
5. Conclusions and recommendations	26
5.1. Impact, strengths and challenges:	26
5.2. Strategic priorities for the next 5-Year plan	26
5.3. Succession planning and future funding	26
5.4. Governance and partnerships	26
Appendices	27
References	32

1. Introduction

Purpose:

The Centre for Health in All Policies Research Translation (CHiAPRT) was established to bridge the gap between research generation and its application to policy and practice. Working across disciplinary and sectoral boundaries, CHiAPRT fosters collaboration between researchers and policy actors, strengthens relationships, builds capacity, and contributes to improved public policy and community outcomes through generating new knowledge and translating it into local, national, and global contexts.

With CHiAPRT's inaugural five-year strategic plan concluding at the end of 2025, this evaluation provides an opportunity to reflect on progress and inform future directions. This impact evaluation aims to assess the potential influence and demonstrable impact of CHiAPRT's research translation activities on policy, practice, and research systems; and generate practical insights to guide the next strategic plan, ensuring continued relevance and value.

This impact evaluation adopts a non-experimental approach, using a logic model and theory of change to trace pathways from CHiAPRT's activities and outputs to longer-term impacts. Rather than measuring pre-defined indicators – which were not established in detail at the outset – the evaluation considers the Centre's five strategic action areas and examines how the related activities have contributed to value and impact across research and policy/practice communities and stakeholder groups.

Context:

CHiAPRT occupies a unique position as an independent centre dedicated to research-policy translation in the context of social determinants of health (SDoH) and Health in All Policies (HiAP). In a landscape where siloed approaches and short-term priorities often dominate, CHiAPRT provides a structural mechanism for connecting research, policy, and practice to address upstream determinants of health and equity. CHiAPRT's strategic objectives are:

- 1. Generate and synthesise knowledge on research–policy translation** (generating evidence, frameworks, and tools that inform best practice in bridging research and policy)
- 2. Translate knowledge and evidence on determinants of health, wellbeing and equity into policy and practice**
- 3. Build capacity for research–policy collaboration, and action on determinants of health and health equity within research and policy-making communities**
- 4. Establish and maintain partnerships**
- 5. Promote emerging social and health issues onto the policy and research agenda** (through horizon scanning, priority-setting)

These objectives are strategically significant because they align with global and national imperatives for evidence-informed decision-making and intersectoral action. By strengthening knowledge, building capacity, and fostering partnerships, CHiAPRT contributes to systemic change – embedding translational practices into research and policy communities through capability building, research co-production, and policy development. Its role in promoting emerging issues ensures health equity remains visible on policy agendas, while its convening capacity creates conditions for collaboration across boundaries that few other organisations in Australia currently provide.

2. Methods

2.1. Evaluation design

The evaluation used a mixed-methods approach, informed by research impact (Reed et al., 2021) and knowledge translation frameworks (Lavis et al., 2006) (Graham et al., 2006; Nguyen et al., 2020; Straus et al., 2009). A logic model and theory of change guided analysis, mapping CHiAPRT's activities to intended outcomes and impacts. The design incorporated participatory principles to ensure stakeholder input shaped evaluation focus.

2.2. Data sources

- **Qualitative:**
 - **Stakeholder interviews** – Key informants were identified by the Centre Director, based on their knowledge of CHiAPRT's work and approached independently by the evaluator.
 - **Advisory group and team reflections** – Captured during an evaluation planning workshop and logic model development.
 - **Meeting minutes** – Advisory committee records from the past three years.
- **Quantitative:**
 - **Activity frequency and reach** – Extracted from CHiAPRT's activity tracking datasheet/dashboard
 - **Stakeholder attendance metrics** – Participation data from workshops, forums, and events from CHiAPRT's activity tracking datasheet/dashboard
 - **Co-authorship and collaboration indicators** – Publications and joint outputs as recorded in CHiAPRT's datasheet/dashboard.
 - **Policy tracing** – Suggested for future evaluations using SAGE Policy Profiles for key contributors authoring peer-reviewed publications (not completed within this evaluation).
 - **Altmetrics and media engagement** – Suggested for future evaluations (not completed within this evaluation).

2.3. Analysis

Quantitative data were reviewed to assess delivery against the five strategic objectives and provide insights on reach, uptake, capacity, and influence. Qualitative data were analysed thematically using a combined inductive–deductive approach. The interview guide informed deductive categories such as impact and value, strengths, challenges, risks, and future priorities. Interview data were analysed first, followed by other qualitative sources (e.g., documents, workshop feedback, and team reflections) using a constant comparative method to identify patterns and triangulate insights across sources.

3. Findings

3.1. Logic model – Theory of change

The **logic model component** mapped CHiAPRT’s vision, aims, and strategic objectives into a structured framework of inputs, enablers, activities/outputs, and potential outcomes. This provides a visual representation of how current and potential inputs and focus areas might lead to outcomes.

The **theory of change component** surfaced assumptions, gaps, priorities, and desired outcomes/impacts. It aligned CHiAPRT’s current strategic objectives and activities with knowledge translation frameworks that define approaches for stakeholder engagement, reciprocal exchange, mutual learning, and co-production of knowledge (Straus et al., 2009) – including KT strategies push, pull, and exchange (Lavis et al 2006). This helped articulate the causal links between activities and intended impacts and informed the development of outcomes with assessable indicators—creating a foundation for future evaluation and continuous improvement.

Critical enablers include governance, partnerships, funding, and organisational capacity. The detailed logic model is provided in an accompanying spreadsheet, showing pathways from inputs through activities to outcomes and impacts.

3.2. Value and impact of CHiAPRT

3.2.1. Theme 1: A unique catalyst for research-policy translation in SDoH and HiAP implementation

Stakeholder feedback from interviews and workshop notes, alongside a review of CHiAPRT’s activity data, consistently highlights the Centre’s unique and valuable role in bridging research and policy – particularly in advancing knowledge for implementation of Health in All Policies (HiAP) and addressing the social determinants of health (SDoH). CHiAPRT is recognised as a convenor and catalyst for research-policy translation, with its visibility and influence most evident at the local level (e.g. South Australia) and internationally (e.g. World Health Organization and member-country stakeholders). While its national profile is less prominent, CHiAPRT’s contribution to the HEAL network is acknowledged as unique, relevant and valuable for its efforts to embed a translation focus within a broader intersectoral research program, through advice on knowledge translation and policy engagement.

Stakeholders also described CHiAPRT as playing a catalytic role in fostering collaboration and promoting joined-up, multi-sectoral approaches to health equity. Although few could point to direct, measurable impacts at this stage, they identified clear value creation across CHiAPRT’s core areas – such as capacity building through its Masterclass or fostering academic-practitioner collaboration in strategic research initiatives. Stakeholders also noted that CHiAPRT’s contributions are often embedded within broader initiatives, making attribution complex but nonetheless important to recognise.

The Centre was seen as undertaking the kinds of activities that are widely regarded as foundational to systemic change, working relationally and spanning boundaries across siloed communities. There was a shared understanding that the nature of CHiAPRT’s work requires time to demonstrate impact, and that such impact is often difficult to detect in the short term.

“The Social determinants of health ... the reality of what that means you do differently in a policy sense, or in a practice sense on the ground – we need to be building evidence from case studies and from different countries to be showing what – how – things are changing, and how you actually do it. What does it mean to work intersectorally? It's not straightforward, and so the things like building the four pillars model, the applying it to non-communicable diseases, and so on. I think that is very useful and very important.

[...] They've got a lot of products; they've got a lot of partnerships. They've done a lot of education, the short courses and so on, both within Australia and overseas – they're the building blocks of getting change. I think they are doing the right things for sure.”

There was a perception that CHiAPRT is championing HiAP in practice, not just ambition - emphasising practical implementation and capacity building rather than advocacy alone. This focus on “doing” rather than just “promoting” HiAP was seen as a critical contribution to the field. This was exemplified through CHiAPRT’s co-development of resources such as the Four Pillars Model and online training courses, which provide actionable guidance for implementing HiAP.

3.2.2. Theme 2: Influencing research-policy translation strategy and building organisational capacity

Stakeholders reflected on initiatives they had worked on with CHiAPRT that built on existing efforts in research/knowledge commissioning and policy engagement. These collaborations were seen as contributing to internal capacity, confidence, and broader capability across sectors. CHiAPRT’s role in boundary spanning, relationship brokering, and early-stage collaboration was repeatedly highlighted as a strength.

[...]“Our ED is wanting to do something similar to what we've done, but in the [portfolio name] space – because they don't necessarily engage with researchers much in that space. [...] We've managed to showcase some good examples, and, hooking people up with others, so that kind of brokering and that boundary spanning – as what Carmel would call. [...] I think we've probably learned a lot as well, around the importance of those relationships at the beginning, and how we could do that as well, as a as a government organisation”.

CHiAPRT’s capacity building efforts were seen as particularly valuable for both researchers and policy practitioners. These efforts were credited with shifting mindsets and embedding a stronger focus on implementation and real-world impact.

“I think every partnership that we have ... we were (are now) all very strong on: ‘how is this going to not just be a document on a shelf?’. I think personally I wouldn't have – 18 months ago – my mind probably wouldn't have gone there. But now it's kind of like it's the first position that you think of, it's all the time, how is this going to eventuate in real change...” (Speaker 1)

“The knowledge translation piece, yeah [...]. Well, that goes back to the Centre's role in that capacity building. So, it's not only the people that we work with, it's her building our capacity as well... We've been more able and confident to be able to kind of push that.” (Speaker 2)

CHiAPRT’s role in the HEAL network, particularly in supporting early-career researchers with knowledge translation and policy engagement capability, was highly valued for its positive

influence upon mindsets among individual researchers and across the network. Together with its perceived uniqueness, this indicates potential for scale-up and scale-out, to influence research-policy translation in other organisations, jurisdictions and disciplines. This could be through collaborations or alliances with other state-based intermediary organisations/institutes.

Collectively, these reflections reinforce CHiAPRT's role in shaping strategy, building capability, and embedding a translation mindset across sectors.

3.2.3. Theme 3: Building individual capacity for research-policy translation and collaboration

CHiAPRT's Masterclass was repeatedly cited by stakeholders as a high-impact, unique offering that has played a central role in building capacity across the research-policy-practice interface. The masterclass has been well-attended and nationally recognised, especially in its early years, with sustained demand over time, and increasing diversity of participants. The Masterclass was also considered a unique regular offering in Australia, having preceded the emergence of Health Translation SA's 'research translation essentials' course, and focusing on policy and community sector practice, rather than clinical or health system environments. It is also more focused on stakeholder engagement and collaboration, compared to the dissemination-focused "Specialist Knowledge Translation Training (SKTT)" offered by Research Impact Academy, a for-profit consultancy organisation in Victoria. This scope also positions the Masterclass as legitimising force for the social determinants of health and HiAP agenda, helping to embed these concepts in professional practice.

As well as building individual capacity, the Masterclass was considered a gateway to deeper engagement, often leading participants to join the Centre's Research Translation Community of Practice, and acting as a catalyst for change, inspiring individuals and organisations to adopt more translational approaches to research and policy. The Masterclass was also credited with shifting mindsets among researchers and policy actors, encouraging early collaboration,

"I'd say that the Masterclass, moving into the community practice, probably is the standout thing ... But it was also very consolidated, like it was a package. So, they could deliver it year after year. People knew it, people got to know it. It led to something."

"The role for mentoring and so on... I think that really comes across very strongly in terms of what centre has done and you know, needs to do. I know that the centre is really training new researchers, and translating the policy... One of, I sent a post doc there actually, she thought that was really one of the things that she felt so important. So now she's no longer here, she's at [University name], but her main project there is really about translating the knowledge, the research into, you know, making changes into [practice/policy]. [...] So, she was really inspired by the workshop she attended by the Centre."

Beyond the Masterclass, CHiAPRT has produced a range of outputs that may be contributing to capacity building while their impact is not yet fully demonstrable. These include the Research-to-Impact Knowledge Translation Guidebook developed for the Office for Ageing Well (OfAW) grant recipients (and adapted for use with other research collaborations) which provides practical tools for KT planning and stakeholder engagement. CHiAPRT has also co-delivered tailored mentoring as part of the Ageing Well impact research grants scheme, supporting research teams to embed KT strategies early in project design. In addition, CHiAPRT's role

within the HEAL Network has extended its influence nationally, with reported mindset shifts among network members following workshops, committee meetings and advisory sessions facilitated by CHiAPRT. It was also reported that without CHiAPRT, initiatives like HEAL would lack accountability for engagement and impact.

Collectively, these initiatives indicate a growing portfolio of capacity-building activities that complement the Masterclass and have potential to strengthen translational practice across sectors.

3.2.4. Theme 4: International influence, bridging related fields and advancing global practice

CHiAPRT's work was seen as contributing meaningfully to bridging global health policy frameworks with local health promotion practice, particularly through its collaborations with WHO and local governments. These efforts have helped advance action on structural and systemic determinants of health, and fostered integration across traditionally separate fields.

Stakeholders highlighted CHiAPRT's role in connecting social determinants with health promotion strategies, and in fostering a shared understanding of SDoH through a policy implementation lens.

“Within the field of health promotion, it's brought the area ...and you know, social determinants of health comes more from the epidemiological field as opposed to the health promotion field – so I think it's brought also those two fields a little bit closer together. [...] She takes a social determinants approach and understands social determinants very well, and she's got the policy approach from her health promotion public policy.”

“I think there has been a movement more towards kind of building those collaborations kind of early on. It's a challenge to get people to think beyond just their research question and their research passion, but I feel that things are slowly shifting. People thinking a bit more broadly about what they're doing and what impact they want to make, potentially. And thinking about the determinants.”

CHiAPRT's independence from government was seen as essential to its credibility and effectiveness in facilitating cross-boundary collaboration. Stakeholders described the Centre's convening role as a form of boundary spanning, enabling knowledge brokering and fostering engagement across institutional and disciplinary divides.

CHiAPRT's international influence was acknowledged as valuable, particularly through collaborations with multiple units of the World Health Organization (WHO)—including those focused on Social Determinants and Non-Communicable Diseases (NCDs). These partnerships have extended CHiAPRT's reach into multiple countries and resulted in a range of meaningful resources, knowledge exchange, and capacity-building opportunities. Examples cited include the Four Pillars Model, the SDoH online course, and the NCD/mental health compendium, among others. These outputs demonstrate how CHiAPRT has supported and enabled international influence in advocating for, and scaffolding action on, the social determinants of health to advance health equity.

CHiAPRT's unique expertise enabled the co-production of authoritative guidance on fostering collaborative relationships between different parts of government for healthy public policies across the “four pillars of HiAP” (Governance and accountability, Leadership at all levels, Ways

of working, and Resources, financing and capabilities). This practical guidance is essential for implementation by public sector professionals and others working to embed HiAP approaches.

“I think on an international stage, the work that they do around social determinants of health and how it, how it translates into practice – through those kind of documents ... and those partnerships with WHO and different regions around the world – I think that is very significant.”

CHiAPRT’s role in convening and contributing to global best practice was also seen as reinforcing its legitimacy and visibility, particularly in areas of upstream health equity work that are often underrepresented.

3.2.5. Theme 5: Legitimised and sustained visibility for HiAP and upstream health equity work

The Centre Director’s longstanding reputation and international connections have been instrumental in building legitimacy for CHiAPRT’s broader work. Stakeholders noted that the Centre’s platform has amplified visibility for Health in All Policies (HiAP) and related expertise, both locally and globally. This visibility was seen as catalytic – helping to attract interest from other groups and sectors and sustaining attention on upstream determinants of health.

“I think that there's more visibility of Carmel and expertise in Health in All Policies than there was, say, before when she was working in government. So, I think having the platform for knowledge translation, it sort of gives a focus – certainly amongst the kind of policy-academic world that we work with. [...] we've been approached by other groups that want to do similar research, so I think it's maintaining the visibility of this area in the field.”

“That history really positioned her very well for the certainly those big projects. But even to some level, to the success of the local projects, because she had that in her kit.”

This sustained visibility has contributed to a ‘virtuous cycle’ of legitimacy, engagement, and influence, particularly in areas where HiAP implementation remains challenging and underdeveloped.

CHiAPRT’s role was perceived to extend beyond promoting HiAP as an ambition, by actively championing HiAP in practice. This is evidenced by its contributions to visible activities such as the WHO Academy course on Health in All Policies, co-authorship of global publications and country case studies, and partnerships with multiple levels of government. At the state level, collaborations with Preventive Health SA and the Office for Ageing Well have begun to support HiAP-aligned activities, while research collaborations and partnerships with local councils are advancing upstream work around healthy urban environments.

3.2.6. Theme 6: ‘Holding space’ for cross-sectoral collaboration, innovation and collective impact

CHiAPRT was described as creating or ‘holding’ a unique and necessary space for collaboration and translation – a role often missing in the broader research-policy landscape. Stakeholders highlighted its convening capacity and ability to act as a neutral broker, independent of government, creating safe and productive environments for dialogue across sectors that typically operate in silos. Its strength lies in the ability to ‘pull’ people together across disciplines and sectors, while also initiating and “pushing” occasions for cross-sectoral

exchange—actions stakeholders viewed as essential in a system dominated by short-term priorities.

At the global level, CHiAPRT’s partnership-facilitation work exemplifies its catalytic influence on collaborations. As one stakeholder noted;

“Having an outside institution that recognises the linkages, sort of legitimises what people internally might want to do – both in the WHO organisation and in the UN Environment program.”

Another reflected on CHiAPRT’s broader impact:

“The fact that they’ve survived and, you know, at some level thriving like, I think is an achievement and an impact in itself in an environment where it’s so hard to get people to look long-term, when it’s so hard to get this translation focus. Like, we all like to retreat to our silos - we’ll do pure research, we do service delivery or policy or whatever – and she’s transcending all those boundaries, and she’s managed to keep it going. And can hold the space – that I think is the biggest achievement of all. Getting, making us talk about these things and then yes, kicking some goals in some of those areas. “

This convening role has been reinforced through sector-shaping initiatives such as the Strategic Research Agenda for Ageing Well and associated Impact Grants, high-profile collaborative forums and events, the emerging Research Translation Community of Practice, and CHiAPRT’s KT leadership within research networks.

Through these efforts, CHiAPRT has enabled innovation at the intersections of health, wellbeing, environment, and equity, creating conditions for collective impact by connecting actors who might not otherwise collaborate.

3.2.7. Theme 7: Value creation and risk of losing CHiAPRT

Stakeholders expressed strong concern about what would be lost if CHiAPRT were no longer operating, highlighting its irreplaceable role in Australia’s research-policy ecosystem. Beyond specific outputs, they emphasised the systemic gap this would create in knowledge brokering and cross-sector collaboration.

“We don’t have enough research translation centres. That would be a big loss. It’s about having... Any organisation should have some people, or people with skills to be able to engage with other disciplines, the community, what’s that called?”

(Interviewer: Like knowledge brokers?)

“Yes, knowledge brokers, that’s it! So that work again is really, I don’t think many universities are doing that... that sort of thinking and approach is one of the strengths of the centre.”

If CHiAPRT ceased to exist, stakeholders noted that the following would likely be lost:

Importantly, stakeholders expressed concern about what would be lost if CHiAPRT were no longer operating. Some reflected on particular unique contributions or outputs such as capacity building offerings, while others emphasised the broader need for a research translation centre of this kind in the system.

- Accountability for engagement and impact within initiatives that currently engage with CHiAPRT (such as HEAL and other research networks)

- Strategic Research priority setting capability, e.g. SRA for Ageing Well and associated Impact Grants
- Foundational resources such as the Four Pillars Model and WHO Social Determinants of Health online training course
- Practical expertise for operational translation of SDoH and HiAP principles, which would reduce momentum for upstream health equity work
- Strategic partnerships and policy agenda-setting activities, which may be a loss for Australia’s role in global health equity policy discourse
- A unique knowledge brokering institution in South Australia, leaving a critical gap in the system for connecting research, policy, and practice.

Stakeholders consistently framed CHiAPRT as more than a program provider – it has potential to be a structural enabler for collaboration and innovation. Its absence would not only diminish capacity-building opportunities but also erode emerging infrastructure that is needed to sustain evidence-informed action on health equity.

3.3. Examples of impact

3.3.1. Most significant change/impacts

CHiAPRT’s activity data documents a wide range of diverse outputs aligned with their strategic action areas. While not all outputs are directly attributable to impact, the portfolio of actions delivered is likely to have yielded changes, given their regular frequency across targeted stakeholder groups and audiences. Some stakeholders were able to suggest which of CHiAPRT’s activities constitute demonstrable impact, or most significant changes. These included:

Impacts and changes – including those perceived as most significant*

Local/state

- Strategic Research Agenda for Ageing Well*, and the related Impact Grants scheme* – both initiatives directly attributed to CHiAPRT. KT focus influencing agency’s grant programs in other units of the portfolio and has influenced another SRA (facilitated user-pull, created new demand for evidence).
- **Convening capacity, pulling people together – independent of government** → CHiAPRT’s unique role as a neutral broker. Local stakeholders saw CHiAPRT as a visible catalyst for research-policy translation and HiAP advocacy. Addresses the gap of lack of collaboration between research and policy/practice → creating and holding space, intermediary role is valued. No other institutions /infrastructure/architecture of this kind in Australia, except perhaps Sax institute.
- Evidence-building and policy briefs for councils (Unley, Salisbury).

National

- Research-Policy Masterclass* (and its related capacity building component, Research Translation Community of Practice, primarily state-based)

- Mindset shifts* and changing capability among networks of HEAL researchers. HEAL network partnerships and KT focus. Without CHiAPRT, initiatives like HEAL would lack accountability for stakeholder engagement and impact.
- CHiAPRT invited into Indigenous HiAP research project (STAUNCH Stronger Together as Unified Nations for Community-Led Health (STAUNCH)) due to their credibility and trust.

International

- Bringing together SDoH and policy fields; closer integration within health promotion.
- International influence* - development and dissemination of resources and delivery of capacity building for HiAP implementation (such as WHO collaborations, Four Pillars Model, SDoH training, NCD/mental health compendium); catalytic role in WHO and UN Environment. WHO training offerings and tailored dissemination products. Increased legitimacy and visibility for HiAP and Carmel since leaving government—platform for RT creates a virtuous cycle.
- **Producing policy-relevant evidence, communications and resources** → useful for influencing decisions and agenda-setting. E.g. In Conversation series, editorials, and outputs demonstrating partnerships.
- **Championing HiAP in practice, not just ambition** → has practical implementation merit, not just advocacy or thought leadership

3.3.2. Levels of impact

The examples of impact reported above have alignment to several recognised ‘levels’ of demonstrable research impact (Adam et al., 2018; Banzi et al., 2011; Greenhalgh et al., 2016; Kuruvilla et al., 2006; Milat et al., 2015). CHiAPRT’s impacts span multiple levels of the research impact hierarchy, reflecting its systemic and relational approach. The table below illustrates these levels and examples of CHiAPRT’s contributions.

Advancing knowledge, understanding, method, theory (e.g. journal articles, reports, policy briefs)	WHO resources and practical frameworks; Thought leadership on HiAP implementation and research translation in HPJA; Policy briefs, emerging outputs of impact research grant-funded projects
Capacity building* of researchers, research students, policy actors	Individual capability building for research-policy translation, collaboration and co-production; strengthening organisational research commissioning/culture; building capacity in National networks
Public opinion, engagement, understanding e.g. public awareness, debate	Convening forums, In Conversation series, visibility of HiAP, discourse on emerging topics such as digital transformation and wellbeing economy
Policy, practice, product impact - informing change, development, implementation	Strategic research commissioning (state govt); researcher KT/engagement practices

<p>Service and systems-wide impacts/change, transformation; improved access, processes, organisational change</p>	<p>Longer-term benefits are possible as a result of improved policy coherence, sustained focus on health equity and intersectoral action</p>
<p>Contribution to society and the economy - of benefit to individuals, organisations and nations e.g. health, wellbeing</p>	<p>Demonstrable examples may emerge in future evaluations/experimental impact assessments, return on investment analysis</p>

* **Note:** CHiAPRT’s impacts span both **capability** (skills, knowledge, and competencies of individuals and organisations) and **capacity** (ability to apply those skills at scale through adequate resources and structures). For example, the Masterclass builds individual capability by training researchers and policy actors in collaboration and co-production. When these skills are applied within home institutions, they contribute to sector-wide capacity, enabling broader system-level influence on research collaboration, co-production, and translation.

3.4. Strengths of CHiAPRT

A number of strengths are identified from CHiAPRT’s stakeholders and documentation, these are described below thematically.

3.4.1. Trusted partnerships, networks, visibility, and legitimacy

Stakeholders highlighted the breadth of CHiAPRT’s partnerships and the pivotal role of the Director’s networks in creating partnerships, visibility, and legitimacy for the Centre’s activities. As one stakeholder noted:

“I think that there’s more visibility of Carmel and expertise in Health in All Policies than there was, say, before, when she was working in government [...]. So, I’d say in that space, if we were approached by other universities wanting to do a research topic, they’ve generally already contacted Carmel, because of the visibility. I think it has quite high visibility for its focus of work, and by so doing, it also increases the legitimacy of the focus. It’s sort of a virtuous cycle.”

Another reflected on the unique access and influence enabled by CHiAPRT’s leadership: *“Some of the things she’s done, I could not have done cause I can’t pick up the phone to the person in WHO. So it’s as simple as that.”*

CHiAPRT maintains a broad scope of informal collaborations and close-working partnerships, spanning local governments, NGOs (including WHO and UN Environment), alliances, academic institutions, and consultants. These relationships extend the Centre’s technical expertise and create opportunities for joint projects that amplify its impact. Partnerships have been instrumental in securing commissioned work, co-developing resources such as the Four Pillars Model and WHO training courses, and shaping strategic initiatives like the Ageing Well Research Agenda and Impact Grants.

Visibility and legitimacy have been reinforced through CHiAPRT’s diverse outputs – policy briefs,

guidebooks, podcasts, webinars, workshops, and peer-reviewed articles – which demonstrate intellectual leadership and provide practical tools for implementation.

3.4.2. Unique role and function

The Centre fills a critical gap in Australia’s research–policy translation infrastructure. Its independence from government, combined with policy expertise and academic credibility, enables it to act as a neutral broker while embedding Health in All Policies (HiAP) and social determinants of health into practice. It collaborates effectively with policy and across sectors and government portfolios, which is a clear point of difference from its host institution, Health Translation SA. This dedicated knowledge translation (KT) function – rare in Australia – positions CHiAPRT as both an operational strength and a strategic asset for advancing research and policy agendas.

Stakeholders expressed strong support for CHiAPRT’s continuation, citing its unique convening role and functions as distinctive strengths. As one stakeholder put it, CHiAPRT was considered to have developed “*from nothing to something and doing an amazing job.*”

3.4.3. Expertise and thought leadership:

CHiAPRT combines deep knowledge of HiAP implementation, social determinants of health, intersectoral collaboration, and research engagement with practical policy memory and experience – essential for bridging health promotion and public policy. Diplomacy and strategic vision were highlighted as highly valued attributes, enabling CHiAPRT to navigate diverse stakeholder environments despite its small core team.

Recent work to recommence a workplan for the WHO Collaborating Centre for HiAP implementation in partnership with Preventive Health SA illustrates CHiAPRT’s capacity to deliver globally relevant and needed HiAP expertise where internal resources are limited. This reinforces its position as a trusted source of thought leadership.

3.4.4. Boundary-spanning and convening capacity:

Stakeholders consistently identified CHiAPRT’s ability to act as a boundary spanner and convenor as an emerging but important strength. The Centre is highly skilled at knowledge brokering, creating connections between research and policy actors who often operate in siloed environments. This capability enables CHiAPRT to facilitate dialogue, build trust, and foster collaboration across sectoral boundaries – conditions that are essential for addressing complex health and equity challenges.

CHiAPRT’s convening role goes beyond hosting events; it involves creating and holding space for meaningful exchange, where diverse perspectives can be shared and integrated into actionable strategies. By leveraging its relative neutrality and credibility, CHiAPRT provides a safe environment for innovation and collective problem-solving.

3.4.5. Innovation

CHiAPRT has demonstrated innovation through the development of influential resources and knowledge products that advance HiAP implementation and research-policy translation. The Centre has also initiated partnership projects and led KT components within broader research programs and research commissioning, ensuring translational principles are embedded from the outset. These efforts position CHiAPRT as a practical enabler of innovation in these fields.

3.4.6. Capacity building

A cornerstone of CHiAPRT's work, capacity building initiatives such as the Masterclass have been widely valued by attendees for strengthening skills and confidence in research-policy collaboration. While no evaluation data are available yet, CHiAPRT has also contributed to global capacity through WHO short courses on HiAP and social determinants of health. Locally, CHiAPRT provide tailored mentoring, early-career researcher development, and tertiary student education and placements. These initiatives collectively build capability across sectors and reinforce CHiAPRT's role as a trusted educator and facilitator.

3.4.7. Collaborative approach

Stakeholders consistently described CHiAPRT's collaboration style as open, flexible, trustworthy, and solutions focused. The team is valued for its transparency, diplomacy, generosity in sharing expertise, and commitment to follow-through – qualities that build trust and sustain partnerships. Recognised as active listeners and skilled facilitators, CHiAPRT creates safe spaces for dialogue and innovation, enabling diverse actors to collaborate effectively and achieve shared goals.

3.4.8. Team

CHiAPRT's outputs and impact are underpinned by a skilled and committed core team, complemented by a robust network of partners. The team's diversity of expertise – spanning public health policy, research, and knowledge translation – enables CHiAPRT to operate effectively across boundaries. While the core team provides stability and strategic direction, CHiAPRT also leverages postgraduate students and professional placements to contribute to projects and outputs. Although these roles are less permanent, they expand capacity, enabling the Centre to deliver a breadth of activities and maintain momentum across its portfolio.

3.4.9. Advisory committee composition and continuity

The Advisory Committee has played a critical role in guiding CHiAPRT's strategic direction and ensuring alignment with research-policy priorities from diverse perspectives. According to records kept between 2023-25, at least 25 individuals have served on the committee since establishment, representing government agencies, universities, NGOs, research networks, and sectors including health, social services, environment, local government, public policy, and the community sector.

Stakeholders valued the committee's diversity and noted that continuity among several members has supported strategic stability and institutional memory. Membership has evolved over time to reflect emerging priorities and organisational changes, with new members joining regularly and deputies introduced to maintain representation during absences.

The committee has met approximately three times per year, sustaining engagement and governance oversight. In mid-2025, the inaugural Chair stepped down due to a change in employment role, and a long-standing member – an academic research leader and long-time collaborator – assumed the position. This smooth transition highlights the importance of relationships and succession planning to maintain governance continuity and strategic oversight into the future.

3.5. Challenges and risks

Stakeholders acknowledged CHiAPRT’s significant achievements but also identified several challenges and risks that could be addressed to ensure future sustainability and impact.

- **Funding fragility and limited system integration:**

The Centre’s reliance on short-term project or commissioned funding, and the absence of stable core investment was acknowledged. While this creates uncertainty and limits long-term planning, stakeholders noted that it can also be a strength. Operating as a “soft-funded” centre enables CHiAPRT to remain agile, respond quickly to emerging opportunities, and attract project-based funding through its strong networks and partnerships. CHiAPRT delivers a complementary approach to Health Translation SA (HTSA) with a clear point of difference but is more resource-dependent given it does not have the same level of Category 1 (research) funding. As a dedicated KT/intermediary institution research and government investment opportunities are limited, which is both a challenge and opportunity for CHiAPRT’s long-term viability and integration into the broader policy and research ecosystems.

It is noted that the Centre’s publication and grant track record have increased rapidly in recent years, which may provide opportunities for future funding – however this carries workload implications which would need to be balanced against the Centre’s translational mission.

- **Team structure and key person risk/ Key person dependency, capacity constraints:**

Stakeholders highlighted the heavy reliance on the Director’s networks, policy entrepreneurship, and visibility as a key risk. While this leadership has been instrumental to CHiAPRT’s success, it would create vulnerability in the absence succession planning and capability building. The team was described as highly effective but small relative to the Centre’s portfolio, raising concerns about capacity constraints and resilience.

- **Scope:**

CHiAPRT’s activities span local, state, national, and international levels, which is both a challenge and a strength in terms of delivering a multi-strategy approach and achieving impact. Some stakeholders viewed this as a risk of ‘scope creep’, that might dilute impact if priorities are not clearly defined. However, the focus and prioritisation activities taking place in preparation for the next strategic plan is likely to mitigate this risk.

- **Governance gaps:**

While the Advisory Committee provides valuable guidance and diverse perspectives, it lacks formal decision-making authority and strategic accountability. Strengthening governance structures may be necessary to support sustainability and ensure robust oversight, however this would need to be accompanied by appropriate resourcing for CHiAPRT to adopt this model.

- **Evaluating systemic change**

CHiAPRT operates in a nuanced domain where societal impacts – such as intersectoral policy change, population health and wellbeing – require long timelines and complex metrics to detect change. Stakeholders noted the importance of adopting appropriate impact measures to demonstrate value and secure ongoing investment.

- **Branding and digital presence**

Some stakeholders perceived that CHiAPRT’s national visibility could be strengthened through clearer branding and a more accessible digital presence and questioned if the Centre’s name and acronym may limit recognition and engagement beyond existing networks.

3.6. Priorities for next 5-year Strategic Plan

3.6.1. Succession Planning and leadership development:

Stakeholders consistently highlighted the Centre’s reliance on the Director’s networks and policy entrepreneurship as both a strength and a vulnerability. To ensure continuity, CHiAPRT should prioritise succession planning and leadership development. This includes appointing a Deputy Director or strategic leads for key action areas and building a pipeline of future leaders through HDR/ECR development and mentoring. Co-location or secondments with government and policy actors could further strengthen leadership capability and sector integration.

3.6.2. Strategic focus

Stakeholders urged CHiAPRT to maintain its core priorities while avoiding overextension. This may mean consolidating high-impact initiatives under each strategic pillar and clarifying flagship activities – such as the Research–Policy Partnerships Masterclass and Community of Practice – as structured, repeatable models for capacity building. Scaling these up, and out (e.g. nationally, other jurisdictions) was seen as a key opportunity, and it may offer an income generation stream. At the same time, some stakeholders acknowledged the long-term nature of strategic action, and CHiAPRT should maintain agility to adapt to sector shifts while “holding the course” on its foundational focus: social determinants of health and research translation.

3.6.3. Funding and sustainability

Securing a stable funding base is an obvious necessity. Stakeholders recommended pursuing core funding through mechanisms such as ARC Centres of Excellence, advocating for central university investment, or policy-agency co-contribution models where there is willingness to pay. Diversifying income streams – such as fee-for-service training and national programs (which the Centre does already, to an extent) – was also suggested to reduce reliance on host institutions. Building alliances with national leaders (e.g., Sax Institute, TAPPC) could strengthen advocacy for research translation as a cross-university and national priority for knowledge supply.

3.6.4. Communication and influence

CHiAPRT should continue its strategic communication efforts with accompanying evaluation of their reach, uptake and influence. This may include high-impact communications such as policy forums, forums and tailored audience engagement, while enhancing visibility of the Centre’s outputs and impact narratives. Strengthening branding and digital presence is likely to be critical for broader national recognition. Strategic communications can work alongside maintaining a role in horizon scanning and policy agenda-setting, which was seen as vital for shaping discourse on emerging health and equity issues.

3.6.5. Knowledge Translation role and leadership

Stakeholders encouraged CHiAPRT to focus on translation and capacity building over primary research, if Category 1 grants remain challenging. This may include advocating for KT/research

translation as a university-wide strategic priority and exploring opportunities to embed KT roles beyond CHiAPRT. Continuing work in development of global resources for practice and decision-making could further reinforce CHiAPRT’s leadership in the HiAP implementation space.

3.6.6. Impact assessment and continuous improvement

Implementing robust impact metrics aligned with CHiAPRT’s theory of change will be valuable for demonstrating value. Stakeholders suggested identifying case studies of impact and embedding iterative improvement processes, such as dashboard reviews and Plan-Do-Study-Act cycles, to ensure accountability and learning. (at the time of writing, CHiAPRT had already developed a dashboard to inform ongoing monitoring).

3.6.7. National engagement and system-level advocacy

Expanding CHiAPRT’s presence beyond South Australia was seen as a priority, leveraging state-based networks and international partnerships to scale influence. CHiAPRT may consider forming coalitions with universities and national translation leaders to advocate for embedded KT infrastructure across government, funding organisations and academia.

3.7. Key initiatives contributions, and future development

CHiAPRT’s work under its current strategic plan spans five core objectives. The following synthesis highlights key initiatives identified through data synthesis, their contributions, and opportunities for future development.

3.7.1. Generate and synthesise knowledge on research-policy translation

CHiAPRT has contributed to the evidence base for research–policy engagement and translation through scholarly outputs, commissioned reviews, and practical tools. Its approach combines synthesis and summaries of evidence with boundary-spanning strategies to connect research with policy and practice.

Key contributions and outputs:

- **Publications and editorial leadership:**
CHiAPRT has published an increasing number of peer-reviewed papers annually across diverse journals (*Medical Journal of Australia*, *International Journal of Health Policy and Management*, *Public Health Research & Practice*), advancing discourse on HiAP, KT, and determinants of health. A chief editorial role in the *Health Promotion Journal of Australia* enabled introduction of a new manuscript category on research–policy translation, shaping national scholarship.
- **Evidence reviews and applied research:**
Delivered scoping reviews on urban governance for health and wellbeing and the economic value of greenspace, informing local government policy and producing an interactive tool for councils to model tree canopy scenarios.
- **Knowledge Translation resources:**
Developed the co-authored ‘Research to Impact’ KT Guidebook (~500 views in six months), which is being adapted for broader use, supporting KT planning across multiple government-led grant streams.

- **Strategic research agendas:**

Led co-development of the Office for Ageing Well Strategic Research Agenda and Aboriginal Ageing Well Research Agenda, embedding policy priorities and First Nations perspectives into research commissioning.

Contribution: These outputs provide actionable evidence for policy, influence research commissioning systems, and strengthen KT culture across sectors.

Future opportunity: Scale-out dissemination of KT tools, expand co-production models, and continue to leverage editorial influence to embed translation norms in research culture.

3.7.2. Translate knowledge and evidence on determinants of health, wellbeing, and equity into policy and practice implementation

CHiAPRT has played a pivotal role in continuing momentum in operationalising HiAP globally and locally, ensuring evidence moves beyond ambition into implementation.

Key contributions and outputs:

- **WHO HiAP Four Pillars model:**

Co-developed and adapted for NCDs and Indigenous health contexts, providing a practical framework for governance, leadership, ways of working, and resourcing.

- **WHO Academy course:**

Developed content for the Social Determinants of Health Equity online course, attracting over 4,000 global registrations.

- **Global compendium:**

Synthesised 17 country case studies for WHO's report on multisectoral action for NCDs and mental health, informing international policy and practice.

- **Urban governance initiative:**

Delivered scoping review and technical support for WHO's Urban Governance for Health and Wellbeing Initiative, working with seven cities to strengthen multisectoral governance.

Contribution: These initiatives translate SDoH/HiAP evidence into practical tools and frameworks, enabling implementation and scaling of equity-focused approaches worldwide.

Future opportunity: Continue global leadership in HiAP implementation, embed evaluation of resource/guidance uptake and outcomes, and explore digital platforms for scale-up/scale-out.

3.7.3. Build capability for research-policy collaboration and action on the determinants of health and health equity within the research and policy-making communities

CHiAPRT has delivered a suite of capacity-building initiatives that have the potential to equip researchers and policy actors with practical skills, shared language, and authorising environments for collaboration. These initiatives aim to strengthen knowledge co-production and translation, and while long-term sector-wide impact is still emerging, stakeholders view them as transformative for fostering organisational change and influencing research commissioning systems.

Key contributions and outputs:

- **Research–Policy Partnerships masterclass**

Established in 2021 to address a clear gap in Australia, the Masterclass has trained over 150 participants nationally and is widely regarded as CHiAPRT’s flagship program. Delivered annually, it combines interactive discussions, expert panels, and practical exercises to build skills in stakeholder engagement, KT planning, and policy communication.

Evaluations show emerging outcomes: over 85% of respondents agreed sessions were relevant and beneficial, and most reported increased confidence in applying concepts such as understanding research drivers, building networks, and communicating research accessibly. Positive feedback highlighted knowledgeable presenters and boundary-spanning concepts, while suggestions for improvement included adding case studies and team activities.

The Masterclass has catalysed the formation of the Research Translation Community of Practice (RT-CoP) and is now being adapted into an online course to expand reach nationally and internationally.

- **Learning Labs and KT Guidebook**

Delivered alongside the Ageing Well Strategic Research Agenda and Impact Grants scheme, Learning Labs provided tailored KT support to funded research teams.

Evaluation reported high perceived relevance (average 4.2/5) and usefulness of content, with participants valuing practical tools, networking, and KT strategies. Feedback informed a shift toward individualised KT mentoring for future cohorts.

The **Knowledge Translation Guidebook**, developed as a practical resource, has been adopted in subsequent funding rounds and adapted for broader use, influencing KT planning across multiple government-led grant streams.

- **Research Translation Community of Practice (RT-CoP)**

Established as a follow-on from the Masterclass, the CoP facilitates early collaboration between researchers and policy/practice actors, supports relationship-building, and promotes cross-sectoral engagement. Quarterly sessions provide a platform for shared learning and advocacy, though participation has been variable, suggesting a need to revisit time commitment and accessibility.

- **Training and workforce development**

Locally, CHiAPRT re-established a partnership with Preventive Health SA to deliver the WHO-CC global workplan, supporting the agency’s internal capacity, while also providing workshops to build capability for HiAP implementation and equity-focused policy action.

CHiAPRT has also co-delivered WHO-supported workshops internationally, including Kenya, on frameworks for multisectoral collaboration, governance, and leadership, building global capacity for integrated policy action.

Contribution:

These initiatives provide structured, repeatable models for capacity building, strengthen KT culture, and create enabling conditions for collaboration across sectors. They have influenced organisational practice and research commissioning systems, with ripple effects emerging across programs such as in DHS SA, and in Aboriginal ageing research.

Future opportunity:

Scale and adapt the Masterclass and CoP nationally in partnership with guest faculty and other

interested stakeholders, embed KT mentoring in grant programs, explore light-touch alumni engagement models for the CoP, and integrate robust evaluation to track long-term impact on knowledge, skills and collaboration (examples of training evaluation may include (Padek et al., 2018) (Tait & Williamson, 2019).

3.7.4. Establish and maintain partnerships

Partnerships underpin all CHiAPRT activities, enabling knowledge generation, translation, capacity building, and policy influence. These collaborations extend CHiAPRT's reach and amplify impact across local, national, and global contexts.

Examples of partnerships:

- **World Health Organization (WHO):**
A flagship partnership identified by stakeholders as reciprocal and high impact. CHiAPRT has collaborated extensively with WHO to develop global frameworks, training resources, and strategies that advance HiAP implementation and multisectoral action. This partnership reinforces South Australia's international leadership in equity-focused policy and positions CHiAPRT as a trusted contributor to global health governance.
- **Preventive Health SA and Office for Ageing Well:**
Collaborations include re-establishing the WHO Collaborating Centre workplan, building workforce KT capacity, and co-developing strategic research agendas and Impact Grants programs. These partnerships have influenced research commissioning systems and embedded KT planning across multiple government-led grant streams.
- **HEAL Network:**
CHiAPRT plays a valued research translation role in this national climate-health research network, supporting KT capacity-building for early- and mid-career researchers and fostering policy-relevant research.
- **Local Government:**
Collaborative research projects with councils (e.g., Salisbury, Unley) have generated economic evidence on the value of urban greenspace and produced interactive decision-support tools for tree canopy planning, informing local policy and investment decisions.
- **Academic and professional networks:**
Partnerships with UniSA, University of Adelaide, Centre for Social Impact Flinders, RMIT, AHPA, PHAA, and international agencies (UNEP, Tampere University) have enabled joint publications, policy forums, and global knowledge exchange.

Contribution:

These partnerships have delivered tangible outputs, extended CHiAPRT's reach and influence, and created enabling conditions for systemic change, fostering new collaborations and influencing agendas locally, nationally, and internationally.

Future opportunity:

Explore alliances with national KT intermediary organisations (e.g., Sax Institute, TAPPC, Translation centres) to advocate for research translation infrastructure and deliver joint capacity-building initiatives for collective impact.

3.7.5. Promote emerging social and health issues on policy and research agendas

CHiAPRT plays an increasingly critical role as an intermediary organisation in shaping policy and research agendas through strategic engagement, dissemination, and knowledge brokering. Its approach combines **knowledge push** – actively disseminating research evidence, policy briefs, and insights – with mechanisms that enable **user-pull**, such as capacity building and horizon scanning. This dual strategy fosters demand for evidence-informed solutions among policy actors and practitioners and positions CHiAPRT as a trusted source of thought leadership on social determinants of health, Health in All Policies (HiAP), and cross-sectoral collaboration.

Key initiatives and outputs:

- **In Conversation series:**

A flagship initiative convening thought leaders, policymakers, and researchers to explore emerging issues such as the wellbeing economy, commercial determinants of health, and the Geneva Charter. These forums provide space for cross-sector dialogue and collective problem-solving, grounded in evidence and policy options. Outputs include policy briefs and short articles published in the *Health Promotion Journal of Australia*, which translate discussions into actionable recommendations. Live events are recorded and shared online to expand reach, though engagement metrics remain mixed (42–394 views), suggesting opportunities for broader dissemination.

- **Challenging economic assumptions podcast:**

Produced in partnership with the University of Glasgow, this series interrogates dominant economic paradigms shaping health and equity. By engaging global thinkers and activists, the podcast explores alternative economic models and pathways for change, aiming to stimulate dialogue on how economic systems influence health equity and social determinants. While listens range from 20–200 per episode, additional reach via platforms like Spotify is likely.

- **Strategic communication and knowledge brokering:**

CHiAPRT leverages multiple channels – interactive forums, commissioned reports, policy briefs, infographics, and social media – to translate evidence into accessible formats. When tailored and targeted, these can help to legitimise multisectoral approaches and catalyse collaboration between actors across sectors and boundaries.

Contribution:

These initiatives maintain visibility of HiAP and equity issues in policy discourse, enable innovation at system “edges,” and create practical tools and forums that support evidence-informed decision-making. They also demonstrate CHiAPRT’s ability to challenge entrenched paradigms and introduce new ideas into policy discourse.

Future opportunity:

Scale digital engagement through improved branding and tailored, targeted promotion/dissemination, embed evaluation of reach and influence, and sustain CHiAPRT’s role in horizon scanning and agenda-setting. Continue to pursue partnerships with media and advocacy organisations where feasible, to amplify impact nationally and internationally.

4. Indicators for future evaluation

The logic model identifies short- and long-term outcomes across CHiAPRT's five strategic action areas, with indicators for collaboration quality, capacity-building reach, policy influence, and systemic integration. Suggested measures include participation metrics, partnership diversity, uptake of CHiAPRT resources, evidence use in policy documents, and progress toward structural enablers.

The full logic model is provided in an accompanying spreadsheet for ease of use. This format allows CHiAPRT staff to integrate the data into existing templates or adapt it for planning, monitoring, future evaluation, reporting, or other communications. The spreadsheet is designed as a living document to support ongoing adaptation and continuous improvement.

The logic model identifies potential short- and longer-term outcomes across CHiAPRT's five strategic action areas, with indicators for collaboration quality, capacity-building reach, policy influence, and systemic integration. Suggested measures include participation metrics, knowledge co-production, partnership diversity, uptake of CHiAPRT evidence and resources into decision-making, evidence use in policy documents, and progress toward structural enablers.

Several indicators can be measured now, such as:

- Activity outputs (e.g., training attendance, partnerships formed)
- Engagement metrics (e.g., CoP participation, resource downloads)
- Capacity building (e.g., self-reported confidence, KT plans in funded projects)

Other indicators will be more visible in future years, such as:

- Evidence of policy influence/adoption
- Integration of HiAP principles in decision-making
- Sustained multisectoral collaboration
- Structural changes in research commissioning
- Population-level health equity impacts

CHiAPRT has begun developing a dashboard and activity-tracking spreadsheet. Aligning these tools with the logic model will enable comprehensive monitoring of indicators. Combined with qualitative methods such as stakeholder interviews, this approach can support evaluation and feedback loops for continuous learning and improvement.

5. Conclusions and recommendations

5.1. Impact, strengths and challenges:

- **Impact:** CHiAPRT has become a unique catalyst for research–policy translation in Health in All Policies (HiAP) and social determinants of health (SDoH), influencing practice locally, nationally, and globally. Key contributions include capacity-building programs (e.g., Masterclass), co-produced global resources with WHO, and shaping strategic research agendas and collaborative grants
- **Strengths:** Trusted partnerships, convening and boundary-spanning capacity, thought leadership, and innovative KT tools. Strong reputation and legitimacy amplify visibility for upstream health equity
- **Challenges:** Funding fragility, reliance on key person leadership, limited national visibility, and capacity constraints given the breadth of work.

5.2. Strategic priorities for the next 5-Year plan

- **Embed CHiAPRT as national research translation infrastructure:** Identify champions, advocate for recognition as a structural enabler for research–policy collaboration (see Appendix 1 for international comparisons).
- **Expand reach and influence:** Scale flagship programs (e.g. Masterclass), explore online adaptations where evaluation suggests value and impact.
- **Generate demand for evidence** (“pull”): Continue agenda-setting and horizon scanning to foster policy interest in evidence-informed solutions.
- **Maintain agility while consolidating focus:** Prioritise high-impact initiatives under each strategic pillar – apply a strategic choices framework.
- **Intellectual property management:** Implement an IP framework for capacity-building programs and resources to ensure recognition, permissions, and ethical content use, enabling adaptation and scale-up.
- **Communications and branding:** Strengthen digital presence for broader recognition; evaluate reach and influence of communication strategies.
- **Impact assessment:** Apply measures aligned with the theory of change; use dashboards and case studies to demonstrate value and drive continuous improvement

5.3. Succession planning and future funding

- **Succession planning:** Seek funding for a Deputy Director or strategic leads for HiAP/SDoH and research translation; build leadership pipeline through mentoring, secondments, and HDR development.
- **Funding:** Pursue core funding via ARC Centres of Excellence, university investment, or policy-agency co-contribution models; diversify income streams through fee-for-service training and partnerships

5.4. Governance and partnerships

- **Governance:** Maintain advisory structures with clear accountability; consider formal governance models if resourcing enables this.
- **Partnerships:** Strengthen alliances with national KT/research translation intermediaries (e.g., Sax Institute, TAPPC), to advocate for KT infrastructure and deliver joint initiatives where feasible.

Appendices

Appendix 1. CHiAPRT Logic model – Theory of Change




The logic model developed as part of this evaluation is provided as a separate electronic file (MS Excel spreadsheet). Its elements could be summarised into a schematic to update the current CHiAPRT snapshot diagram, articulating key inputs/enablers, core activities (potential and actual examples) across CHiAPRT’s five strategic action areas, and intended short-, and longer-term outcomes leading to the desired impacts.

Appendix 2: **Outcome indicators**

This section describes possible outcomes and impacts linked to CHiAPRT’s potential and actual activities (as detailed in the logic model) and provides suggested indicators for how these could be assessed or measured over time.

Table 1. CHiAPRT outcome indicators

Short and longer-term outcomes	Indicators (how the outcomes/impacts could be assessed)
◇ Short-term outcomes	
▣ Strengthened collaboration* between researchers and policymakers, and diversity of partnerships	
CHiAPRT convenes cross-sectoral forums and networks to bridge research-policy domains	# and type of convening activities and events
CHiAPRT facilitates diverse partnerships across disciplines and sectors	# and diversity of co-developed projects and partnerships
CHiAPRT supports the co-development of policy-relevant research	Collaborative projects, outputs, shared funding applications
CHiAPRT enables effective collaboration between researchers and policymakers	% of research projects with embedded policy co-investigators or advisors Stakeholder feedback on collaboration quality from survey/interviews # Engaged partners across disciplines/sectors
CHiAPRT demonstrates leadership in public health innovation	#Leadership roles, #Invitations for CHiAPRT to lead; recognitions/acknowledgements in SDoH/ HiAP/relevant forums;
✂ Increased multisectoral action on social determinants using HiAP	
CHiAPRT supports the integration of HiAP principles into policy and practice	# of policies/strategies explicitly referencing HiAP or joined-up action
CHiAPRT raises new public policy issues through research-policy engagement	Policy agenda scan identifying new issues
CHiAPRT champions HiAP in practice through real-world applications	# and diversity of case studies demonstrating HiAP across sectors
CHiAPRT expands the use of One Health and HiAP models	# and diversity of references to these models in practice or documentation
🏠 Increased knowledge and skills for cross-sectoral work	
CHiAPRT builds RT/KT/Engagement capacity among researchers and policymakers	# of people attending capacity-building sessions; % attendees reporting pre-post feedback on confidence, knowledge
CHiAPRT is a sought-after source of translational expertise (demand)	# requests for advice/facilitation/year; # of policy actors reporting increased awareness/understanding of CHiAPRT
CHiAPRT maintains a skilled, stable, and committed internal team	Core staff tenure, # core team members, staff expertise
CHiAPRT creates and sustains spaces (e.g. forums, networks, communities of practice) for ongoing cross-sectoral dialogue, reflection, and learning.	# and diversity of participants engaged in CHiAPRT-facilitated shared learning platforms (e.g. CoP);

	Examples of cross-sectoral learning, collaboration, or practice change
 Advanced/expanded evidence base on research–policy engagement	
CHiAPRT produces policy-relevant, practice-informed evidence on RT/KT/engagement effectiveness	# and type of publications, reports, or documented outcomes
CHiAPRT informs new grants and programs through its translational models	# grant applications citing CHiAPRT/utilising CHiAPRT resources
CHiAPRT monitors the relevance and usability of evidence in policy	Structured feedback or surveys from policy audiences
CHiAPRT develops and tests frameworks for research-policy translation	Existence of frameworks and their implementation, evaluation of research-policy translation initiatives
◇ Long-term outcomes	
 Healthier public policy informed by SDoH and HiAP	
CHiAPRT contributes to policy change through evidence use/application	Policies citing relevant evidence from CHiAPRT
CHiAPRT supports cross-sector policymaking using HiAP frameworks	# Integrated/joined-up policies
CHiAPRT informs or co-develops government policy/strategy	# Advisory roles, participatory processes involving CHiAPRT
 Improved community health and wellbeing, health equity	
CHiAPRT’s influence is recognised by communities and stakeholders	Feedback on perceived impact (qualitative testimonials)
CHiAPRT supports multisectoral action on broader determinants of health	Documented examples of population-level improvements
CHiAPRT’s work contributes to demonstrable improvements in population health/wellbeing	Evaluation reports linking policy to wellbeing; trend data on health outcomes
◇ Additional impact areas	
 Operational sustainability	
CHiAPRT secures long-term, diversified funding	Continuity/duration of funding, # funding streams
CHiAPRT maintains a stable and growing workforce	Staff retention, turnover rates
CHiAPRT is embedded in partners’ long-term strategies	# MOUs or strategic documents referencing CHiAPRT role
 Global Recognition and Leadership	
CHiAPRT contributes to international discourse and best practice	# Global forums, #International collaborations, citations
CHiAPRT’s models are adopted or adapted internationally	# Countries or regions adopting CHiAPRT-promoted models
 Systems Innovation	
CHiAPRT establishes mechanisms for integrating research and policy	# and functionality of integration mechanisms
CHiAPRT contributes to institutional and structural change	# Changed institutional policies, stakeholder reports
CHiAPRT initiates structural shifts to support population health goals	Documented systems-level innovations

Appendix 3: Comparison of CHiAPRT and international knowledge translation centres

Comparing the functions of knowledge translation/intermediary organisations like CHiAPRT

International and national examples reveal that knowledge translation centres vary in their roles and influence. Some, such as UPEN in the UK, play a significant enabling role by connecting policymakers with academic expertise, acting as a coordination hub for engagement rather than setting policy agendas directly. Others, like Policy Lab and What Works Centres, facilitate timely and relevant evidence use, improve connectivity across sectors, and shape engagement norms within policy ecosystems. These organisations are often seen as national infrastructure for academic-policy engagement, complementing other intermediaries and embedding evidence-informed approaches into government processes. Centres such as the Sax Institute in Australia and the Institute for Government in the UK combine brokering, convening, and capacity-building with formal recognition and stable funding, ensuring sustained impact beyond evidence synthesis. Collectively, these models demonstrate that effective KT infrastructure requires independence, core funding, and a mandate that extends beyond research dissemination to include training, brokerage, and policy agenda-setting. Unlike these UK models, CHiAPRT is uniquely focused on upstream health equity and Health in All Policies (HiAP), offering a national KT hub for social determinants of health. With core funding, CHiAPRT could formalise its role as national KT infrastructure, complementing WHO Collaborating Centre functions by emphasizing active brokering, capacity-building, and domestic policy convening.

While international models such as the What Works Network, UPEN, and Policy Lab demonstrate the value of core funding and formal recognition for sustained knowledge translation, CHiAPRT occupies a distinct niche. Unlike Canada's National Collaborating Centres, which primarily focus on knowledge synthesis and practitioner capacity-building, CHiAPRT is designed to operate as a national KT hub for Health in All Policies (HiAP) and social determinants of health (SDoH). Its emphasis on upstream health equity, combined with functions such as policy convening, brokerage, and tailored dissemination, positions CHiAPRT beyond traditional evidence synthesis roles. With core funding and complementary income streams, CHiAPRT could formalise its role as critical KT infrastructure, differentiating itself from WHO Collaborating Centres by actively shaping engagement norms and embedding equity-focused evidence into policy processes.

In contrast, public sector innovation labs and evaluation centres – such as the UK Policy Lab or Australia's Centre for Evaluation also play an important role in improving policy processes. They introduce design-led approaches, participatory methods, and rigorous evaluation frameworks that make policy more adaptive and evidence-informed. These units strengthen how policy is developed, but they do not replace the need for knowledge translation hubs that operate across the evidence-policy ecosystem. KT hubs like CHiAPRT provide a distinct function: brokering relationships, convening multi-sector actors, and embedding upstream equity evidence into policy agendas. While innovation and evaluation units focus on how policy is designed and assessed, KT hubs ensure that the right evidence reaches the right decision-makers at the right time, shaping agendas and building capacity for sustained evidence use.

Table 2. Comparison of knowledge translation/research translation intermediary organisations

Centre	Funding Model	Independence	Core functions	Policy role
What Works Network (UK)	Core UK government funding (endowments, multi-year grants) for thematic centres (education, crime, health, early intervention)	Independent, but formally part of policy ecosystem	Evidence synthesis, training & guidance, convening role	Embeds evidence use in public services
Alliance for Useful Evidence (UK)¹	Initial support from Nesta, Economic and social research council, and lottery fund	Neutral broker; not embedded in government	Training (masterclasses), knowledge brokering, advocacy	Promotes evidence-informed social policy
UPEN (UK)	£5.9M multi-year funding from Research England, ESRC, UKRI	Independent network of universities	Coordination, knowledge brokering, capacity-building	Strengthens academic-policy engagement nationally
CAPE (UK)	Multi-year ESRC-funded programme	Hosted by universities but systemic role	Training, brokerage, institutional capacity-building	Supports policy engagement across regions
Institute for Government (UK)	Core philanthropic funding (Gatsby Charitable Foundation)	Independent think tank	Policy analysis, convening, training	Advisory role to improve government effectiveness
KT Platforms (Africa, Asia, Latin America)	WHO & national ministries of health	Semi-independent; hosted by universities/NGOs	Capacity building, policy dialogues, evidence brokering	Supports integration of evidence into health systems
Evidence-to-Impact Collaborative (USA)	Institutional support (Penn State) + multi-year federal grants (NSF, NIH)	Academic autonomy; close ties to agencies	Training (policy engagement), rapid-cycle brokering, data infrastructure	Shapes evidence-informed programs; convenes policymakers
National Collaborating Centres (Canada)	Core funding from Public Health Agency of Canada	Hosted by universities or NGOs	Knowledge synthesis, capacity-building	Inform practice; limited direct policy agenda-setting
Sax Institute (Australia)	Core funding from NSW Health & agencies	Independent not-for-profit; formal agreements	Evidence synthesis, policy partnerships, prevention research	Evidence specialist embedded in health planning processes
CHiAPRT (Australia)	Currently project-based; potential for core funding + fee-for-service	Independent research translation centre; strong policy links	Masterclasses, tailored dissemination, convening, community of practice	Positioned to lead HiAP & SDoH agenda nationally

¹ Legacy project – now absorbed into other initiatives such as What Works network

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