Knowledge Action Framework

This framework graphically portrays the process by which evidence obtained through research (left side of diagram, in blue), is then translated into interventions through translation (middle of diagram, in red), and finally adopted in a widespread and sustainable manner through institutionalization (right side of diagram, in green). This diagram also shows how evidence gained through practice is fed back to stimulate additional research and the modification of interventions.
Research Phase

There are three main components of the Research Phase of the Knowledge to Action Framework, shown in blue in the diagram.

- **Discovery Studies**: Discovery Studies include formative research, piloting, and basic research into the cause of a public health problem and contributing factors. The findings from the Discovery Studies become the basis for an intervention to be tested and replicated through Efficacy Studies.

- **Efficacy Studies**: Efficacy Studies examine 1) whether the intervention has the capacity to produce the desired effect consistently, 2) what proportion of the target group exhibit the desired change, and 3) the extent and duration of the change. The findings from the Efficacy Studies become the basis for Effectiveness and Implementation Studies.

- **Effectiveness and Implementation Studies**: In Effectiveness and Implementation Studies, researchers seek to replicate the findings from the Efficacy Studies in larger populations, across multiple sites, and in multiple iterations or repetitions.

Translation Phase

There are four main components of the Translation Phase of the Knowledge to Action Framework, shown in red in the diagram.

- **Knowledge into Products**: An effective translation should include information about what to do, and how to do it. It also should include information about the tools needed to implement the intervention, measure its effectiveness (outcomes) and monitor fidelity of implementation (process).

- **Dissemination**: An intervention can be disseminated formally or informally. Dissemination may require a formal process of training and certification, or the intervention may be available as a “program in a box” (e.g. all information and tools are downloaded from the Internet).

- **Decision to Adopt**: An organization or agency will decide if the intervention is appropriate for the problem faced by the target population and whether or not to adopt it. Adoption may reflect the recommendations of federal agencies, such as the CDC.
• **Practice**: Practice refers to the ongoing implementation of the intervention. As different organizations or agencies implement the intervention, adaptations will occur, some deliberately and some accidentally. These variations may lead back to the Research Phase through “practice-based evidence” and “practice-based discovery.” Additional research may result in a modification of the original intervention, the development of multiple versions of the intervention for different audiences or contexts, or a new intervention entirely. Also, changes may be made regarding how to implement the intervention to accommodate the new practice-based findings.

**Institutionalization Phase and Evaluation**

There is one main component of the Institutionalization Phase of the Knowledge to Action Framework, shown in green in the diagram. Evaluation, shown in yellow, is critical to the entire process.

• **Institutionalization**: Successful translation processes lead to the institutionalization, or sustained maintenance, of the program.

• **Evaluation**: Through a systematic process across all phases in the continuum, process and outcome evaluation studies allow researchers and practitioners to obtain information on implementation practices, intervention activities, impacts, and effectiveness to improve interventions and describe accomplishments.