

**Knowledge Exchange Experiences
from the Health & Society Scholars
Program at the University of Wisconsin
at Madison**

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Preface by John Lavis

John Lavis MD, PhD, holds the Canada Research Chair in Evidence-Informed Health Systems at McMaster University. His research focuses on how to support the use of research evidence in health policy making, both in high-income countries like Canada and in a broad range of countries internationally. He founded and continues to direct the [McMaster Health Forum](#), an agent of change that empowers health system policymakers and stakeholders to set agendas, take well-considered actions, and communicate the rationale for actions effectively. He founded and oversees the continuous updating of [Health Systems](#)

[Evidence](#), the world's most comprehensive free access point for high-quality evidence about how to strengthen or reform health systems.

The Health & Society Scholars (HSS) program at the University of Wisconsin at Madison has done the academic community a great service by capturing the knowledge-exchange experiences of their scholars. In fact, the interviews with the scholars should be a must read for the directors of PhD programs and the supervisors of post-doctoral fellows and junior faculty in the “health and society” field (and all applied health fields for that matter). The spectrum of topics addressed by the scholars means there’s “something for everyone,” ranging from the management of respiratory conditions to addressing childhood obesity or lead poisoning to tackling health disparities. And the spectrum of approaches used by the scholars, and their examples of how something little grew into something big or something big had to be whittled down to something manageable, mean that everyone can find a “way in.”

Three points struck me as being particularly salient when I read the interviews:

- knowledge exchange, despite the jargony label, isn’t rocket science— it’s a set of practical activities (e.g., engaging the eventual users of the research in key phases of the research process, or what some have called “integrated knowledge exchange”) and outputs (e.g., a one-page briefing note that summarizes the key findings and implications of research that’s been conducted, or what some have called “end-of-project” knowledge exchange) that support the use of research evidence (or, said another way, that increase the prospects for research being acted on);
- knowledge exchange can involve very different groups, ranging from citizens and communities (whether reached directly or reached indirectly through traditional media or the social media of prominent individuals), on the one hand, to public health professionals, business leaders, and public policymakers in school districts, state Medicaid agencies, or state health departments, on the other hand; and

- junior trainees or faculty should be supported to “try it” in a climate in which it’s OK to fail (and learn from that failure) and to set boundaries based on what’s beneficial to them at this early career stage (as the HSS program has so admirably done).

One point hit me as perhaps a case of American exceptionalism, in that I’ve not heard it raised so consistently as a concern in any of the other countries—either in other high-income countries or in low- and middle-income countries—where I study knowledge exchange. The concern is that knowledge exchange could be interpreted as “advocacy” and suffer the consequences of this interpretation in academic environments that pride themselves on objectivity or neutrality. Most countries are comfortable with the notion that there is an important role to be played by those who attempt, in a way that is both systematic and transparent, to support the use of research evidence. If you’re only promoting your own research (not the best available research evidence on the full spectrum of questions on a particular issue) or you’re being neither systematic (“Here’s a study I happened to find”) nor transparent (“I own the company whose app I’m promoting”), then I can see there’d be a problem. But in a climate where there is currently such a high degree of politicization of such a broad range of topics, as is the case in the United States right now, I can also see that there would be much greater concern about drawing a line between knowledge exchange and advocacy.

Interestingly, two key points were touched on only briefly (in the case of the first point) or not at all (for the second point) in the interviews:

- we can do harm when we promote the findings of our single studies, without putting them in the context of other studies addressing a similar question (e.g., in a systematic review) or in the context of research addressing the full range of questions—about a problem and its causes, options for addressing the problem, and key implementation considerations—needed to inform decision-making (i.e., in what is called an “evidence brief for policy” in many countries); and
- there is a large and growing evidence base underpinning the field of knowledge exchange, and we need to draw on it in developing our knowledge-exchange plans or risk being accused of not “walking the talk.”

But on both points I think the HSS program directors got it right in creating a “let’s try it” climate. I was very moved by the scholars’ descriptions of their initial trepidation in trying this at all and of both their growing confidence that they can engage in knowledge exchange and their emerging commitment to finding ways to do so as they progress in their careers. I salute the vision of the program directors and hope I one day have the chance to witness the impacts of the scholars they’ve nurtured.

Knowledge Exchange in UW-Madison's Health & Society Scholars Program



Stephanie Robert



Dave Kindig

The [Health & Society Scholars](#) program was a fellowship sponsored by the [Robert Wood Johnson Foundation](#) at six university sites around the country. The program's goal was to train leaders in the field of interdisciplinary population health research. Each year, postdoctoral or early faculty scholars came together from diverse disciplines such as sociology, public health, psychology, economics, and biology to investigate the multiple determinants of health and to explore strategies to improve health

at the population level. One of the sites that hosted the program was the [University of Wisconsin at Madison](#). The program's site directors were [Dave Kindig](#) (Emeritus Professor of Population Health Sciences, Emeritus Vice-Chancellor for Health Sciences), [John Mullahy](#) (Professor of Population Health Sciences and Research Associate at the National Bureau of Economic Research), and [Stephanie Robert](#) (Director of the School of Social Work). Here, Kindig and Robert discuss UW-Madison's knowledge exchange program, a unique feature of their site in which scholars teamed up with nonacademic partners to tackle important health problems in the community.

How did the knowledge exchange program start?

Robert: We and the Foundation wanted the scholars to gain experience with policy and practice, in addition to research. In particular, we wanted them to be able to develop questions of interest to the field. Dave was really the early driver.

Kindig: My whole career has been back and forth between public and private management and academic work, so I've been sensitive to how evidence and policy are related from the beginning. I'm fairly confident that one of the reasons why we were selected as a site by the Foundation was because our focus on knowledge exchange was strong and different from the other institutions that were invited to apply.

How did the program work?

Kindig: Originally we proposed that each scholar would have two mentors, one academic mentor and one practice mentor. But we quickly realized that this wouldn't work for everyone. Many scholars were willing to learn about knowledge exchange, but not make it a major focus of their precious 2 years.

Knowledge Exchange:
a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically sound application of knowledge to strengthen the health system.

So we tailored the knowledge exchange experience to each individual, taking cues from scholars about what works for them in the course of their 2-year experience.

Robert: We learned pretty quickly that it was unrealistic to expect all of the scholars to be equally engaged in knowledge exchange in a very deep way. We pulled back very early on from having everybody have a mentor in knowledge exchange, and instead we included content in our seminars on knowledge exchange. We looked at how you develop a relationship with folks, how policymakers use evidence, if at all, and how you develop relationships with them so they can take up your research more quickly.

The strongest approach is one in which organizations have questions of policy or managerial importance and often have data, but need academic partners to analyze and interpret the data.

Kindig: In our seminar, we have three or four sessions a year where we do readings or bring in outside experts like [John Lavis](#) [*an expert on the use of research evidence in health policymaking from McMaster University*]. We use [John Lavis's knowledge exchange model](#), featuring push, pull, and exchange components; the third and strongest approach is one in which organizations have questions of policy or managerial importance and often have data, but need academic partners to analyze and interpret the data.

We would often also bring in people from Wisconsin, policymakers in the public or private sector. We'd have the secretary of the State Health Department or the Hospital Association and ask, "What have been your interactions with researchers in the past? What's been helpful, what's not been helpful? How do we make that relationship a better one?"

In the last several years we've required everybody to do one small knowledge exchange project, as little as it might be, like writing an op-ed or something more substantial in the "exchange relationship" mode. At the beginning of the semester we ask the scholars what their goals are for the year and how their knowledge exchange project fits in.

Robert: I'm so glad we moved to requiring a knowledge exchange project. Being more explicit about it, really forcing people to commit to a particular thing rather than keeping it loose—I think it was good. Because we allow for a whole range of what the projects could be, I think it's been fine. Not only fine, but excellent. I wish we'd done that a little bit earlier. We have helped scholars come up with a knowledge exchange project that is fun for them but pushes them a little bit.

How did you help scholars develop projects?

Kindig: Sometimes it gets a little intimidating, particularly for new scholars who think, "Oh no, they expect me to go out and change the world or interact with legislators or CEOs." Occasionally that happens, but you can learn knowledge

exchange in many ways. Policy is not just public policy like government—we always emphasize that—but it’s private sector policy as well, nonprofits or hospitals or businesses. Knowledge exchange has a broad set of policy targets that anybody can work with depending on the nature of their work.

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Robert: There are only certain types of relationships and projects that scholars can do. Some projects would take too much relationship building for anybody to do during the postdoctoral time. We tried to be mindful of that as we set people up with different projects or heard their ideas and determined whether they were feasible or not.

Kindig: We helped them connect with partners. We would say, “We know the people in the Medicaid office or at United Way, no problem, but let us know if you’d rather do something else. We’ll find those people for you.”

[Karen Timberlake](#), the current director of our Population Health Institute, is a Harvard-trained lawyer and the former secretary of our State Health Department. She has become the knowledge exchange mentor for the program. She organizes one or two of the introductory academic knowledge exchange sessions for us and then meets with everybody individually. She is extremely well connected with government, nonprofit, and private sector leaders, so through her, the scholars are able to connect with the leaders of whatever sector or organization they want to work with.

Our hope was that scholars would go beyond what their previous training was to actually think about how to use the science they produced in new ways.

Robert: Our hope was that scholars would go beyond what their previous training was to actually think about how to use the science they produced in new ways. Some of them took on the task more deeply than others, some of them spending time at the state and doing other projects that were deep in the knowledge exchange dimension. And others were at least exposed to thinking about knowledge exchange.

Kindig: We want to focus not only on the scholars for whom it was a major part of their experience but also on those who just wanted to learn about it and dip their toes into it in an introductory way. In the stories that follow, you will see how it became a significant part of their work as well, though secondary to traditional scholarship.

James Broesch: Surveying Caregivers to Investigate the Role of Culture in Attitudes toward Childhood Obesity



Trained in Anthropology, [James Broesch](#) is Knowledge Exchange Leader for [Vancouver Coastal Health](#), one of five publicly funded healthcare regions in British Columbia. As a Health & Society scholar at UW-Madison, he worked on a knowledge exchange project investigating whether culture plays a role in racial and ethnic disparities in child obesity.

How was your knowledge exchange project structured?

The project was about the measurement of culture and basically trying to understand it—operationalizing culture in a different way than tends to be done in health research. Actually being explicit about what it is. What do we mean by culture? What are the cultural models we think matter in this domain?

It was a supplemental component to a project that [Alex Adams](#) (*Director of the Collaborative Center for Health Equity at UW-Madison*) was doing to promote physical activity in childcare settings, especially for low-income kids. We used a survey approach to ask their primary caregivers questions about their attitudes about diet, physical activity, and obesity stigma and to measure the degree to which it was similar between potential grouping variables or different.

What did you find?

There was much more agreement between whatever groups you pick than there were differences. Out of 80 questions, the only one that was really meaningful was this one about if kids are overweight they'll grow out of it, with nonwhite parents mostly agreeing with that statement and white parents mostly disagreeing with it. My sample was not as big as I would have liked, so I had limited power to look at more fine-grained group differences. But that was the gist of it.

If you had had longer to work on the project, what would you have liked to do?

The next step would have been to take that into a policy realm. A lot of times we're advocating these education campaigns, targeting these groups that people hypothesize have different attitudes, but probably we're wasting a lot of

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How did you get this project started?

When I heard I was selected for interviews at Wisconsin, I started researching all of the faculty. Working with Alex was really logical. She was a pediatrician. She really cared about what the research results were going to mean to either health policy or her practice.

You have to make clear, concise statements and be OK with uncertainty.

What were some of the things that you learned during the project?

We're used to communicating to primarily academic audiences. This is different. You have to be able to speak confidently and not hedge your statements with "Well, it's not statistically significant in this case..." You have to make clear, concise statements and be OK with uncertainty.

Also, when I started I was still thinking that in researching an applied topic, you're publishing primarily in journals: this model where if you publish great work, people will read it, and if they need to know about it, they'll find out about it, which isn't true.

How did you end up with a career in knowledge exchange?

I fell in love with the idea of doing applied work. I was at this moment where I had to decide what I was going to do: keep looking for placeholder positions in academia or try to take what I was doing in the academic context into a public sector position. This was a position that fit with the skills that I have and my interest in helping to inform practical decisions about healthcare policy and health policy in general.

The projects that I have worked on since I took this public sector position have been looking at structure for mental health and addiction programming for Aboriginal populations in urban settings. So, for example, what are some examples of program models that work? What is the evidence that the incorporation of culture into the programming actually has positive impacts for the patients?

Can you talk about a project that uses knowledge exchange in your new job?

A couple weeks ago, we brought in speakers to talk about [Housing First](#) as an approach to addressing homelessness at two events in different municipalities. Most of the people who are working in this area buy into this model because they think we have a moral obligation, but a lot of people who hold the purse strings for making those investments don't buy the moral obligation. It's important to recognize that some people aren't going to be convinced by moral arguments about

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how this is going to have a positive impact on people's lives, but they might be convinced by seeing "Here's how much money we'll save," especially for people who are "frequent flyers" in the healthcare system.

So we brought in the mayor from Medicine Hat, Alberta. He isn't an academic. He's someone who was conservative and opposed the Housing First model initially. It took his municipal councillors showing him the economic case for it before he was finally convinced that, yes, this is something they

should support. [They did it in their city](#) and now they have "ended homelessness." Within 10 days of [a homeless person] coming to them, they have them in a permanent house with wraparound services. It's so great. It has such a positive impact. So we had him speak on that and what brought him to that realization.

We also had someone that was involved in a large-scale study of this speak to the scientific evidence with a little bit more methodological rigor.

But the most important speaker was someone with lived experience of homelessness. At one of the events, the speaker was able to say "I was in foster care since I was really young and was exposed to all kinds of horrible things while I was in foster care, and then I went into the penal system and it was costing \$50,000 a year for me to be in the penal system. And I was in and out, in and out. And then I got in this Housing First program. I have a house. I am still struggling with my mental health issues, but for the first time I wouldn't even consider resorting back to crime because of how much I would lose." And he didn't feel that before. That story makes it real for people.

It ties back into knowledge exchange. The people we really need to convince on this, we're not going to be able to use the same evidence that we feel comfortable with and that we see the majority of the work being done in. That was something I got from the program: Don't just use quantitative data. You have to have a story, so people can bring it home and make it real. Having the economics argument, the people who aren't the typical speakers, and then also having some methodological rigor behind it. We got good media coverage, they were well-attended events. It was great.

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Did the knowledge exchange exposure you got at UW-Madison help you in your position?

The way that they structured our knowledge exchange seminars made me a lot more comfortable with working on topics that I hadn't researched previously, things

like transportation policy, getting up to speed in a particular area quickly, and being able to say “OK, well here’s what the literature is suggesting in X, Y, and Z area.” Knowledge exchange seminars also helped with being able to explain things to people that aren’t in your field in a way that they are going to understand and find interesting and meaningful, and actionable a lot of the time, too.

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The way that the site directors and the faculty talked about things was a new perspective. A lot of it was economic thinking. I had an opportunity to think differently and spend time looking at questions that I would have not gotten to look at otherwise. Just the idea of opportunity costs—that’s what a lot of it boils down to in making cases for specific policies.

I definitely learned some of the skills there. But I still thought people read more than they actually do. A lot of people who are actually making policy decisions don’t have time to read everything that’s going to come across their desk.

What is the most important thing you’ve learned about communicating with nonacademics?

Two page briefs.

I see how it actually happens at my current job. A lot of times we get reports that are 60, 70 pages long with a 10-page executive summary, and I can tell you the senior executives are not always reading the executive summary. They’re reading the first page or two. A lot of the time they don’t read the whole thing unless it’s really in their area. You have to get the key points down to something that first sets the stage for the policy context, and then the evidence base for it, and then clear recommendations at the end, two or three points. “This is what we’re advocating for, this is what supports it.” I’ve seen that be a lot more effective.

Also, we learned from the media training in HSS that it’s important to take opportunities where there’s media attention, or specific news stories, timely anniversaries of things. Those kinds of opportunities can help a lot in getting policymakers’ attention.

My last year in the program, we had a lunch session about communicating to policymakers, and one of the speaker’s big points was to establish relationships with people, so that it’s not just a cold email. So early on in the research process, probably before even submitting a grant, approaching what we call knowledge users, the people that you’re actually trying to influence, to make sure that

it’s important to take opportunities where there’s media attention, or specific news stories, timely anniversaries of things. Those kinds of opportunities can help a lot in getting policymakers’ attention.

you understand their perspectives, understand the evidence that they're going to value. You can have great qualitative work that supports your position fantastically and all these interviews and great stories of change, but some people are not going to buy it unless they see monetary arguments or strong quantitative methods, and the opposite is also true. So it's important to engage early on in the research process and not at the end of your study when you have the results.

What are some of the high points and low points of your knowledge exchange work?

The low points would be that sometimes decisions are already made. People already know what they are going to do. That's frustrating.

Sometimes it can be frustrating, too, when you think that the evidence is there to support something, but the will or the financial resources aren't going to happen. Also, in the areas we work with, the social determinants of health, it's a lot harder to measure impact. Sometimes that's going to discourage people from acting, even if there is strong evidence, because they won't necessarily be able to measure and demonstrate the impact that they're having. Will they be able to measure it easily? That's what a lot of knowledge users, especially in the municipal realm, care about—in the next election campaign being able to say, "We did this, and this is the positive impact we're having on people's lives." And with the social determinants of health, those things aren't going to happen in 2- or 5- or 10-year cycles.

The high points are knowing that the work I'm putting into something is going to potentially have a tangible impact. Maybe it won't, but if it potentially will, that's great.

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What kinds of scholars do you think should push themselves to engage in knowledge exchange activities?

Anybody who is trying to do something applied. If you want the research that you're doing to have an impact and be used by people, I think that's whom it's most suited to.

Even for a lot of basic research, there's a reason why you're doing it and there's probably an audience for it. If you're looking at a particular signaling pathway, there are not a lot of knowledge users that are going to make policy decisions based on that. But at the same time, making a case for the social environment impacting biology—there *is* an audience for that.

Do you have any parting advice for people engaging in knowledge exchange projects?

Recognize the importance of the economic side, the backside of it, the opportunity costs. When you say that you want to see investments in X, Y, or Z area, realize that that money has to come from somewhere else. Don't just expect people to find where it's going to come from because you have strong evidence. You're going to have to be able to say, "This is where it should come from."

Also, depending on who people are working with, tying recommendations back to broader initiatives that are going on, priority areas, mission and vision statements for organizations is very important. That is really important for academics that want to have impacts in those realms to understand. Sometimes the statements I put into policy briefs sound really corny. "This aligns with our vision, our organizational goals of people first, promoting wellness through research..." But these mission statements, people put a lot of value in that.

Don't assume people are going to read your work just because it's great and in a high-impact journal. You need to be proactive about it.

Don't assume people are going to read your work just because it's great and in a high-impact journal. You need to be proactive about it. You probably need to take your academic publication and summarize it in simple language that people can understand quickly and easily and eliminate some of the qualifying phrases you put around your results. What I've taken to doing is putting the qualifying statements in footnotes, but you have to have the clear statement. You need to push. Decisions are going to get made regardless, so even if you're uncertain whether

you have strong evidence to support a decision, some evidence is better than no evidence.

Merlin Chowkwanyun: Interviewing Basketball Star Pau Gasol about His Work to Promote Childhood Health



A historian by training, [Merlin Chowkwanyun](#) joined Columbia University's Mailman School of Public Health as an Assistant Professor of Sociomedical Sciences in the fall of 2015. For his knowledge exchange project at UW-Madison, he interviewed NBA player Pau Gasol about [The Gasol Foundation](#) and his work on behalf of children's health. You can find the interview [here](#).

How did you get the idea for this project?

I'm a huge Lakers fan. I grew up in LA, and Pau Gasol was on the Lakers for seven seasons and won two championships with us. But he also developed a very strong reputation for being really engaged. He's very involved in the children's hospital there, which has a very high public profile. And he always seemed to me to be a very thoughtful guy off the court.

I knew now he's in Chicago, and I read an interview where he was explaining his criteria for choosing Chicago. One of them was it has a great opera house. So I always thought he was an interesting dude and was curious about his life off the court.

Even when things are difficult, [Pau Gasol] tends to accentuate the better things, which is a trend in population health research I've liked.

He posted on Twitter, "I'm really proud to start this new foundation, The Gasol Foundation, with my brother, and it's going to be oriented around childhood health, and our first issue is going to be childhood obesity." So I thought, "Wow, that's interesting because that's what the Robert Wood Johnson Foundation has been dunking 2 billion dollars in for the past decade, and childhood health is a big thing now in population health." If I had to name the big five issues now, I think early childhood health would be one of them. And the [Foundation's] [Culture of Health](#) language seemed very compatible with his approach to things. He's a very positive, non-cynical kind of guy. Even when things are difficult, he tends to accentuate the better things, which is a trend in population health research I've liked.

I said OK, I kind of want to do something out of the box this year. Why not do something where we can communicate what he's doing beyond the professional sports audience and then bring the professional sports audience into these health orbits? Is there a way to do that? I said, "Well, Chicago's not that far from Madison, two-and-a-half hours. And I'm from LA, and even though he's no longer playing in LA, the foundation is still headquartered in LA, so he must come through LA every now and then. So, since I'm geographically situated in a nice place, why don't we see

if I can do a face-to-face interview with him?" So I just wrote this letter to the Gasol Foundation by clicking the contact button on their website. I didn't use any conduits, I don't know anybody in the NBA, I don't know any professional sports people. I just clicked "Contact us," and there was a form.

I didn't use any conduits, I don't know anybody in the NBA, I don't know any professional sports people. I just clicked "Contact us," and there was a form.

And he said he'd do it?

I heard back in like 2 days. His rep, who basically helps run the foundation and oversees it, says, "I think this is very interesting, and I want him to start practicing non-sports interviews, because this is what he wants to do after he retires." He wants to be a philanthropic, humanitarian person and is thinking about how to craft that. So she says, "He needs to get used to doing these types of interviews, so I think this would be good for him. Let me check with him."

She goes and checks with him, and a week later she comes back and says, "Yeah, he thinks this would be a really good idea, and the only thing we have to do now is figure out a time because he has to do tons of traveling because of road games." It was about 2 months before we could pin down a date, and then I got this phone call saying, "This is actually a great weekend. Can you come to the United Center on Saturday, and can you give us some bullet points in 24 hours so he can study?" So I was like "Oh man," but of course I say yes instantly over the phone while wondering if I should do this. I came up with my questions in 24 hours, 10 questions.

Do you think he ran his answers by the rep?

No. He was answering them real. They weren't scripted. You know when they're really polished... I had a radio show in college, and I could always tell if a politico was just reciting talking points. I think they just wanted the questions because he's not used to that kind of interview, so he had some time to think about what he might say.

How did the interview go?

I got 30 minutes.

I went down to the stadium and got a tour of the facility, and then they're like, "He's ready," and I sat down. The first minute was the most nerve racking. I felt like my heart was going to come out of my throat.

He's my favorite player of all time, but it was also just mentally an out-of-body experience. He's like 7'2", too, so that exacerbates it. I'm sitting across from this truly giant man, and plus he's him. I didn't ask for an autograph, and I didn't mention sports at all. I stuck purely to health questions. I kind of played it like, "This is just another task." I don't know how convincing the acting job was.

So then we did the interview and it went well. The first question he answered really nicely, so I calmed down. And he asked a few questions, so that was cool.

Who did you picture the audience for the interview being?

I wanted health people to know that a lot of professional athletes have an increasing interest in societal issues and that from a communications perspective we should leverage that.

Academics and sports fans.

I wanted to magnify the message among different orbits. I wanted health people to know that a lot of professional athletes have an increasing interest in societal issues and that from a communications perspective we should leverage that. They have such high profiles and have a big influence, particularly on adolescents and kids who look up to them. I worked with the Culture of Health communications team [at the Robert Wood Johnson Foundation], so they suggested some of the questions I asked.

The interview appeared on the Robert Wood Johnson Foundation blog and that's kind of how I sold it to the Gasol people. I said, "This is not going to appear on some sports site, it'll appear on RWJF's site. It'll help you connect to this influential organization, and it'll help RWJF." RWJF sent me these books and said, "Can you give these to him?" I was like, "Sure." And then he was flipping through them and was like, "Wow, I didn't know this thing existed, this is cool." They're going to get in touch with each other after the season is over. He's knee deep in playoffs now.

What was your perception of knowledge exchange before you began this project?

I thought it was great. I think it never hurts when you do things outside of academia and get skill at broadening the audience. Historians are especially bad at not remembering that more people are interested in history besides historians and getting caught up in some of our lingo and ways of framing things. It can be a detriment to broader communication. I've found that to communicate with people in HSS orbits, but also in public health, population health orbits, I have to couch my work in a way so it doesn't sound like I'm just this pedantic historian busting out history facts. I always thought knowledge exchange was a good opportunity to practice that skill, hone that skill. I try to write stuff or work on stuff that I hope has some broader dissemination beyond academic products, so I thought this was great for that.

This seems like a really successful knowledge exchange project. Did you try to measure the results somehow?

I was tweeting it, so I was happy to see a lot of sports people retweeting. I tweeted it out to a couple beat reporters for the Chicago Bulls, and they tweeted it out. RWJF did a lot of tweets, his foundation did a lot, he tweeted it out... that was surreal.

RWJF said it got a lot of Facebook likes and stuff. They put out a weekly newsletter called [RWJF Advances](#). They showcase three items on it that anyone affiliated with RWJF is doing, so they put that as one of the three items.

Did this project have a lasting effect on your work?

I was in a great mood for like a month afterwards. When I started HSS, I was a bad public speaker, lacked confidence, and it showed. I feel like I'm a lot better at it, because at HSS, as you know, you're always meeting these big-shot people who come through and you have to talk to them. And you have to give presentations at the annual meeting.

In some ways, I felt like this thing was kind of a culmination. It was just kind of surreal when I think about it. I had to give two conference talks and a regular lecture at Minnesota, and I wasn't nervous at all.

Some researchers are skeptical about knowledge exchange because they feel it can easily veer into advocacy. What do you think about that?

There have been some interesting discussions within our site about the role of advocacy or explicit political positions and work. There are some who feel very strongly that you don't allow any kind of biases and ideologies to seep through, make your work as pure and clean as possible, and you have this pure science. And then some advocates, who are not you, will take the findings and run with them.

I strongly think you can do quality work that's empirically legitimate while still having opinions on things and passion about things.

I'm very suspicious of that. I'm much more for putting your values on the table, saying what they are. It doesn't mean that you're a charlatan. I strongly think you can do quality work that's empirically legitimate while still having opinions on things and passion about things. I think knowledge exchange has been good because you often are dealing with people who have very explicit views on how the world works, and it has just been interesting to see how people think about this issue. I don't think those conversations would necessarily happen without the knowledge exchange background.

Do you see knowledge exchange being a big part of what you do in the future?

I write every now and then. I'll do an op-ed or an essay for a nonacademic, general audience publication. I've done five or six of those for newspapers and book reviews and that kind of thing. I always plan to continue doing that. My main motive for doing those is I would send an email to a friend, ranting about something, and then say, "Why not get something out of this?" So I always plan to continue doing that.

Who do you think can benefit from doing knowledge exchange programs like this one?

I was an activist in college. I'm not one now. Part of the reason I was attracted to academia was that I saw that, as fruitful as activism can sometimes be, there was just a lot of dumbing down and sloganeering. It elides a lot of the complexities of life.

When I was getting my first introduction to serious academic work and what it entailed as an undergraduate, I could see a real tension between the stuff I was spouting with a blow horn and the multilayered, "on the other hand" way of looking at things. So I was attracted to academia as a space to do that more thoughtful, meditative work.

I feel knowledge exchange is perhaps a way to get the credibility and legitimacy that's needed to make claims about how the world works—but once you've done that and have a scholarly edifice, to be able to disseminate those findings beyond our immediate scholarly orbits.

But what causes me some anguish is that you see what's going on in Baltimore and Ferguson, and you're working on this journal article, and you feel a real disjuncture. I feel knowledge exchange is perhaps a way to reconcile that, to get the credibility and legitimacy that's needed to make claims about how the world works—but once you've done that and have a scholarly edifice, to be able to disseminate those findings beyond our immediate scholarly orbits. So that is what I find attractive about knowledge exchange, and I think people who come from those kinds of backgrounds, it would really serve them well. How do I reconcile this tension between the world out there and writing esoteric articles all day? I think this

is a solution to that in some ways.

People who don't have that, who are knowledge-for-its-own-sake types, there's nothing wrong with that. Probably, at worst, they find [knowledge exchange] a waste of time, or more charitably they might see it as undermining their work.

Christy Erving: Engaging Local Communities to Address Racial Health Disparities



Christy Erving, a sociologist by training, does research on the social factors that produce and maintain disparities in health. In the Fall of 2016, she will join the University of North Carolina–Charlotte as an Assistant Professor in Sociology. Her knowledge exchange project at UW-Madison focused on how local communities are responding to recent findings about black/white disparities in health, education, and criminal justice in Madison, Wisconsin.

How did you feel about knowledge exchange projects when you entered the HSS program?

When I was applying for the Robert Wood Johnson Foundation fellowship, one thing I really liked was the emphasis on knowledge exchange, on making your research relevant for policy or for people beyond the ivory tower. Then, when I was selected for an interview at Wisconsin, I did some research on that particular site. I noticed that it was ingrained in the program, that it was something we were required to do. I really appreciated that because had it not been mandatory, I probably wouldn't have done it. I do think it's very useful to think about how your work can be talked about beyond your subfield. It forces you to learn how to use more general language, to use more layman's terms, when you talk about your research, whether you're interacting with the media or policymakers.

It's very useful to think about how your work can be talked about beyond your subfield.

Did you have any worries before embarking on a knowledge exchange project?

I think typically sociologists who are solely academics don't engage in the community as much, unless they do community-based participatory research, but that's rare. I wasn't worried about whether other people would view me as less of a scientist, but I was concerned that if the project became too big it might take away from the time I needed to focus on publishing or getting a new research project started. I spoke candidly with the directors of the program and said, "I want to do something meaningful, but I can't do something where I'm at the state legislature 20 hours a week." They said, "This is really about what you can gain from it and what you think would be useful for you at this point in your career. So we would probably advise against you doing anything that involves 20 hours a week of work just on the knowledge exchange." After I spoke with them and they made clear it was very flexible and about what I thought would be useful at this point in my career, I felt good about it.

How did you prepare for it?

We had some readings on knowledge exchange, and then Dave Kindig gave an hour-and-a-half seminar explaining what it is. It can be so many things, and it can look so many ways. That provided a sense of relief for me because I had imagined I needed to testify in some state legislature meeting that's super important. But it doesn't have to look that way. You can give a presentation at a local health community meeting. I thought, "Ok, I can actually do that."

Knowledge exchange can be so many things, and it can look so many ways. I had imagined I needed to testify in some state legislature meeting that's super important. But it doesn't have to look that way.

What kind of knowledge exchange project are you working on now?

My knowledge exchange project is very exploratory. It will be a continuation of what I started this year.

I was trained in the sociology of mental health and illness and quantitative methods, and I did some qualitative interviewing when I was a research assistant. But besides that, my training didn't include interacting with media or figuring out how health disparities play out on the ground or at the community level. So I decided to focus on the city of Madison and Dane County and try to understand how communities and government respond to or are trying to address racial disparities there.

I got motivated to do the project because there was a report that came out in late 2013 (I came to Madison in Fall 2014) called the [Race to Equity](#) report. It talked about black/white disparities across the board in Madison and Dane County. It focused on the criminal justice system, education, health, a number of indicators, and there was always a disparity between blacks and whites, perhaps as we would expect. But because Madison is advertised nationally as this great place to live and the quality of life is really great there, I was stunned. Also it was surprising because there is such a small black population in Madison. It's less than 8% of the population. That really struck me, so I wanted to further investigate why that was just being brought to the forefront and what communities were doing to respond.

It increased my confidence in speaking to people who weren't necessarily in my specific subfield, even speaking to people who aren't necessarily academics but who really care about health.

I started with that report, and I got in touch with [Karen Timberlake](#) [director of the [Population Health Institute at UW-Madison](#)], and she was able to connect me with the authors of the Race to Equity report.

What happened next?

After meeting with the authors of the report, it seemed like every time I met with someone they connected me with someone else. So I went on a series of interviews with different folks. It increased my confidence in

speaking to people who weren't necessarily in my specific subfield, even speaking to people who aren't necessarily academics but who really care about health. That was challenging, but fun as well.

Steph, John, and Dave [*the HSS site directors*] also connected me with some people who worked with the State Department of Health Services (DHS), which is in Madison. It's nice that Madison is the state capital—I can actually see what's happening with state legislation 5 minutes from my house. So I talked with some people in DHS, and they were really helpful in terms of telling me about specific programs. They were also really honest about it being hard to address disparities and feeling like you're actually making a change when sometimes the stats don't move.

Who did you meet during the exchange?

I spoke with a gentleman who was a doctor, a pediatrician by training. He was the Chief Medical Officer at the DHS, but he also has a Masters in Public Health, so he told me, "I understand that the social determinants of health are real, but I have to try to convince other people of that because in the medical community it's all about healthcare access and treatment." But he understands that social determinants of health matter. I think it's really nice that someone like him would have such an influence in the DHS at the state level. The social determinants of health may not have even been on the table had he not been in that leadership role.

I was quite intimidated at first to meet with him because he was a medical doctor, and I feel like there's this hierarchy, whether you say it or not. It's kind of subconscious: "I'm a PhD, but he's a medical doctor, so I don't know how he's going to feel about what I'm bringing to the table." He was warm and open and receptive to the things that I had to say.

I also talked to someone who was a community coordinator for the [County Health Rankings](#) program in Wisconsin. This person works with communities to help them utilize those rankings to get resources that will help address some of the health issues. And then I talked to a woman who runs a black women's wellness group and an [annual conference](#) in Madison. And I spoke with someone who works at the [Goodman Community Center](#) on the east side of Madison. She talked about how they're addressing health issues.

Was it hard to get meetings with all these people?

Everyone that I approached was pretty welcoming. I think because the directors of the program knew some of the people or I got a connection from a previous interview, once I mentioned that person and said, "This is what I'm doing, this is a little bit about me," I appeared to be legitimate. It was interesting how it was so much easier to access these people than I expected. I expected a lot of rejection, and maybe in a different context I would have experienced that. But there was none of

the pretense about if my intentions were pure. Everyone just took what I said at face value. And my intentions are pure! Surprisingly, I haven't had any issues accessing people, even people at the DHS.

What comes next?

This year I was talking to people all over the place. My plan next year is to really focus on one organization or entity and figure out how they think about health disparities, how they're addressing it, and how it may be similar or different than what I'm doing. Maybe I'll actually have something to contribute, even though I feel a little reluctant about that.

I was attracted to the black women's wellness organization because it focuses on a population that I'm a part of and that I also study. But I don't know if I'll actually work with that organization because it seems like they do something once a year, a big conference, and that's sort of the main focus. I will attend that conference this fall because it happens every September, but I don't know if I could do something outside of just going.

I need to figure out where my skills would best be put to use. One thing that I haven't done yet that I feel like I really want to do is be in the community or interact with the people whose health we're trying to improve. I still haven't gotten that close to what disparities look like on the ground. I still feel like I'm a few steps away from being with the population or doing something that would directly impact them.

What has been the most challenging part of the knowledge exchange so far?

Putting yourself out there. In general, I have a difficult time approaching people who I feel are unapproachable. And that is heightened when you are moving beyond the ivory tower. It's one thing to approach that distinguished researcher in your field at

one of your academic conferences. That's already scary enough! It's even scarier to say, "Oh, I'm going to go talk to this person who does health policy work outside of the university and this person who is organizing in the community." That's intimidating. At least it is for me. Even if I don't end up doing everything I want to do with the knowledge exchange, it has made me more confident about speaking to people outside of the ivory tower.

When you describe the results of a study, you may talk about a specific statistic and effect sizes, but really people want to know what the bottom line is. What did you do, and what did you find, and what are the implications for the community or for whatever population that you're studying?

What has been the best part of your experience so far?

Finding a way to talk about my work that isn't so jargony. When you describe the results of a study, you may talk about a specific statistic and effect sizes, but really people want to know what the bottom line is. What did you do,

and what did you find, and what are the implications for the community or for whatever population that you're studying? I think it's forced me to do that and do it better than I did before.

Do you think that knowledge exchange will continue to be a part of your work after you leave UW-Madison?

I'll be starting a tenure track position in sociology at UNC-Charlotte. When I start that position, maybe not the first year, I definitely want to get involved in the local discussion about health and disparities and racial inequality. I will be more apt to do that now that I have more confidence in my abilities to speak with people in the community and talk to people who are developing the laws and policies that affect people in that particular context. It's made me more confident that I can do this in Charlotte when I move there.

What kind of scholars do you think can benefit from engaging in knowledge exchange projects?

I think it could be beneficial for everyone. People may have different levels of engagement with it. There are some people who are interested in doing knowledge exchange where they're out in the community or out in the policy world, and then there are people who try to incorporate it occasionally or may go and give a presentation every now and then.

Another concern is that as junior faculty, or future junior faculty, we do have to be aware of how we're being evaluated in terms of tenure requirements. If there's more of an emphasis on research and teaching than service or knowledge exchange, then you may have to balance your time accordingly. I think it would be beneficial for everyone, but I wouldn't say everyone has to engage with it at the same level.

Rachel Kimbro: Partnering with the Media to Share Important Findings on Childhood Obesity



*[Rachel Kimbro](#) is an Associate Professor of Sociology at Rice University. As a Health & Society scholar, her knowledge exchange project involved disseminating her work on early childhood weight problems to the media. You can find the article she discusses, *Racial and ethnic differentials in overweight and obesity among 3-year-old children* (AJP, 2007, 97(2): 298-305), [here](#).*

Why did you decide to participate in a knowledge exchange project at UW-Madison?

Our site was really, really big on that. We talked about it quite a bit, although then I think we called it knowledge transfer. It wasn't so much couched as, "Hey, talk to the community about their needs." It was more about communicating scientific findings to the public. I guess I was influenced by and convinced by our site directors that it was something we should do. I think it's just something they really valued.

Did you have any fears about doing this?

I was worried because I wasn't sure that I had enough to say. I wasn't sure that I had a message I wanted to get out there. But the site directors, and honestly some of the media training stuff from the Robert Wood Johnson Foundation that we did, convinced me otherwise. I realized that some of the stuff from my articles actually did have broader meaning for society. That's why I'm doing it in the first place. Then I started thinking about how to distill my work into smaller, media-friendly components. I had no experience with it. It was not something we ever talked about in graduate school. I can't even remember it ever coming up.

I realized that some of the stuff from my articles actually did have broader meaning for society. That's why I'm doing it in the first place.

What was the work you talked to the media about?

I had a paper come out during my second year that was about three year olds' race and ethnic differences in weights. It was one of the first papers to show weight issues happening really early in a child's life, so it got quite a bit of media attention. It had been shown in school age kids, but then we were able to show it in these preschoolers. It was part of the childhood obesity craze going on at that time. I did a lot of different media interviews for that. The Daily Show actually ran a little segment on it. It was called Fat Babies. They didn't interview me, but they talked about my work. It was very exciting.

How did you get the media to pay attention? Did you reach out to them or did they find you?

They found me. I didn't reach out to anybody. But I think the Foundation helped me hone my 30-second spiel. And they may have coordinated the media stuff that I did.

Was this the first time that you were talking to the media about a big paper?

Yes. It was stressful, and they worked on such tight deadlines, which was weird to me in academia. I would have to respond all hours of the day, and that was definitely challenging. I had done a whole 2-day media training with RWJF already, so that was very helpful. I knew I wanted to have my main points and keep returning to them, but it was hard not to veer off, especially if the questioner was trying to get me to go in a different direction. So trying to decide what I was comfortable saying in terms of what we knew about the science—that was definitely challenging. Subsequent experiences have been easier because I had that experience.

What was the best part of this experience?

My grandmother was super excited that [I was in *The New York Times*](#). It was cool, it was the first time my family and friends sort of understood what I was doing.

What was the worst part?

Feeling overwhelmed when it kept getting picked up and people kept calling and wanting to talk to me. It felt a little bit like things were spinning out of control. When you talk to the media like that, you have no control. You can control what you say, but what they do with what you say—you might be misquoted, they could take it in a different direction, they could publish something attacking your work.

Do you think any tangible changes resulted from this work?

When Michelle Obama announced that this was going to be her big issue when her husband came into office, I remember thinking that my one little paper was probably one tiny part of that. That was exciting.

I think this was one piece among many that really pushed the attention of health scholars, and frankly the country, toward weight problems in children. When Michelle Obama announced that this was going to be her big issue when her husband came into office, I remember thinking that my one little paper was probably one tiny part of that. That was exciting.

If you could do the project over, what do you wish you had known to begin with?

I think I could have been better prepared to have my two or three talking points and stick to them. I'm such a

people pleaser that if a reporter was trying to steer me in a particular direction, it was very hard for me not to go there with them. It feels a little confrontational to have your talking points and stick to them, and that's hard for me. I wish I had been a little bit better at that.

What effect did your involvement in this project have on your career?

It taught me a lot. I came into my tenure track position with a better handle on what to do when I was contacted by a reporter, how to prepare for an interview. It oriented me toward a policy and advocacy route in ways that I think have been important to me.

Working with the site directors and RWJF people helped me figure out how to craft a message, and that's been really, really useful. Especially working in Texas, which is a really tough policy environment for environmental concerns, for child advocacy concerns. It's a tough red state here, and that crafting of the message and figuring out how to do it in a palatable way has been really useful to me here.

And this is sort of more personal, but when I got tenure, and I think this is actually kind of common, I felt like I didn't know what to do next. I'd been working for so long to get that, and I had it, and I was kind of like, "Woah, now what?" That's a scary feeling for someone that's driven and has goals. I was able to say, "I'm going to keep doing what I'm doing, but I'm going to add in some more advocacy work." That was really helpful for me because it kind of reminded me why I'm doing what I'm doing. I get more fulfillment out of that stuff than I do writing another incremental paper.

The scope of what I saw as my job as a scientist definitely changed. I started to see advocacy as something that I should do and something that I liked doing.

The scope of what I saw as my job as a scientist definitely changed. I started to see advocacy as something that I should do and something that I liked doing.

Are knowledge exchange projects a permanent part of your career now?

They're a big part of my career now. I am pretty involved in the children's health advocacy and policy community in Texas. I do a lot of talks, mostly for nonprofit audiences or their donors.

I work with the [food bank in Houston](#), often speaking to their board about food insecurity or helping them think through policy or data issues. I also work with a local nonprofit called [Children at Risk](#), which is a Texas child advocacy organization. They do lobbying, basically, on behalf of our children to the state legislature and our governor. They usually pick three policies they're going to target in each legislative session, so I often help them do some science in the background or sort of tell them what the science is showing on particular things.

At Rice, we have a [Kinder Institute for Urban Research](#), and my [Urban Health](#) program is part of that. One of the things we try to do twice a year is a legislative briefing on a particular topic. So we've done one on childhood obesity, we've done one on food insecurity. We partner with local organizations that are working in the same area, and we bring in staffers of local elected officials, as well as state elected officials. Sometimes the officials themselves will come, and we talk about the science around certain policies. Those have been pretty successful.

Also, I have had several grants where part of the expectation was some knowledge exchange activities. So now that funders are starting to build that in, I think it's becoming more expected.

It's also self-serving in some ways because the connections that I can build doing that kind of work can be useful to me as well in different kinds of scenarios—placing undergraduates in internships, or creating research opportunities for my PhD students, for example. I think some of my colleagues think that I waste my time doing this, but I don't think it is a waste of time, most of the time.

What was the most important thing you learned about communicating with nonacademics?

Often the people you are talking to don't care about the tiny details the way we do. They want to know the punch line. It can be hard for us to step back from nuance to distill what the one-sentence summary of the paper is, because nuance is what we do. It's impossible for academics to summarize their work in one sentence. So knowing that's what reporters want, that that's what the public wants, and then kind of figuring out how your work can speak to that is important. Also figuring out what the overall message of your work is. If you can figure that out, I think it is helpful for motivation as well, to keep you going.

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What type of scholars do you think should engage in knowledge exchange?

I think some people are going to be better at it than others. Some people are going to like it more than others. I have a close collaborator who I work with a lot, and he can't stand doing this stuff. It's just not his thing. So I think you have to have some kind of affinity for it if you're going to do it.

But in general, I think I would say it should be part of what scientists do. I think it's something that we should be thinking about. When I'm writing the discussion sections in my articles, I always think, "What are the policy implications? What are people going to take from this?" I try and anticipate what people might take out of

my papers and maybe change how I talk about the findings depending on what I think might happen.

Lindsey Leininger: Joining the State Medicaid Agency to Investigate the Effect of Reforms



[Lindsey Leininger](#), whose background is in health services and health policy research, is a senior researcher at [Mathematica Policy Research](#). Her knowledge exchange project at UW-Madison took her to the state Medicaid office, where she spent 20% of her time as a scholar.

Did you know about the knowledge exchange program before you started the Health & Society Scholars program?

Yes, it was a big part of why I ended up in HSS and why I ended up at Wisconsin, specifically. When I was interviewing with Dave Kindig [*one of the site directors*], I told him that I was likely interested in a nonacademic path and that I really wanted to split my time as a scholar between research and practice. I think his eyes perked up, he was really excited about it. He was like, “We can definitely make that happen here.” So I went in seeking that. It didn’t feel like a requirement or an add-on, it felt integral to what I wanted out of the program.

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So you viewed knowledge exchange as beneficial to your future career?

Yes. I viewed it as critical for my next step, because I was coming from a traditional academic program. Even though it was at a policy school, which you think ostensibly would promote nonacademic careers, that was not the case. I was trained by very traditional economists, and they really wanted people to do traditional academic careers, so I didn’t really know how I would transition.

How did your project come together?

I showed up at Wisconsin and the universes aligned. Dave helped get me a position at the Medicaid office. He knew the Medicaid director at the time and made that piece happen. But then there was also a project funded by the RWJ Foundation that had just kicked off. The scientific lead was an economist at UW-Madison who I had known a little bit from grad school, and it was an evaluation of a bunch of reforms to the Wisconsin Medicaid program that had happened. My research world and my practice world completely aligned. When I think about my postdoc, I can’t even really separate them because they just bled into each other the entire time. We had administrative data from the program, so we were doing a program evaluation, and we were also meeting with our state counterparts on the evaluation, who we were really close with for those 2 years. Every Tuesday I was working with the chief

medical officer of the Medicaid program. All of this really blended together, the lines were very blurred.

Really the integral person was [Donna Friedsam](#) (*Health Policy Programs Director at UW-Madison*), whom Dave knows quite well. I think she's really the key to the magic in Wisconsin. She knew there was a new RWJF person interested in policy, so she reached out and was like "We just got this grant, are you interested?" And [Tom DeLeire](#) (*Professor of Public Policy, Georgetown University*) was like "We got this grant, are you interested?" And I happened to be working on Medicaid in my dissertation—it was on kids and families on Medicaid, and this was a kids and families on Medicaid project. Donna's been the one person from that program who has been the most instrumental for my career. Seven years later, I'm still working on projects that have largely been brokered by her.

How did the knowledge exchange work?

They talk about knowledge exchange or knowledge transfer, and I really feel like the knowledge transfer was from them to me. My supervisor at the state, [Jonathan Jaffery](#) [*currently Chief Population Health Officer at UW-Madison Health*], was awesome. He let me tag along to meetings and just observe the natural order of the Medicaid agency. He was new to his role, so he had a lot to learn too. So I think it was helpful. There was a lot of stuff he wanted to know about. I'd be like, "What are you interested in?" He would tell me, and I'd write him a memo.

He was a nephrologist by training, so kids and families on Medicaid were not part of his background. It was totally new to him. He was interested in childhood obesity, knew nothing about it but was interested in it, so I wrote him a 5-pager on that. And once I got a little more embedded, and I got to know some of the people at the agency, there'd be some other more informal requests. I remember one of the staffers wanted to know about quality measurement, a specific flavor of quality measure, so I wrote a memo for her. It was ad hoc.

What did you want to get out of the knowledge exchange?

I think what I've really learned and what started taking shape in the program is that my guiding professional interest is using data to improve healthcare delivery.

healthcare delivery.

Exposure, but also experience. At that point I was coming out of a PhD program, 30 years old, and my only work experience was academic. I just didn't know how I was going to transition. I didn't know what nonacademic options were out there. I didn't know how to get nonacademic experience. This was a way to explore without committing. Because if it turned out I hated it, academia could still be an option—I still had some time to write and publish. I think what I've really learned and what started taking shape in the program is that my guiding professional interest is using data to improve

What was the hardest part of your experience?

Navigating the uncertainty was hard. I needed to make myself useful somehow because it was so amorphous. It wasn't like I showed up at the Medicaid agency and there was a project and people really needed help with it. I just kind of showed up, and I had a cubicle with what seemed like the world's first computer. It was so old, I ended up just bringing my laptop in. I had to find a way to make myself useful, which was the biggest challenge.

What was the best part?

Everything. I can't pick a best thing. I think the combination of going to the Medicaid office but also working on this evaluation—the RWJF HSS program is the most formative thing that has happened in my career. It launched my path. As a grad school student, I was working with publicly available survey data. This was my first exposure to administrative data, such as claims and eligibility data systems, sort of the bread-and-butter health analytics inputs, which are almost exclusively what I use now. So I got exposure to the kinds of data I'd be using, I got exposure to the kinds of topics I'd be working on. I honest to goodness believe this could not have happened at any site but Wisconsin.

The RWJF HSS program is the most formative thing that has happened in my career. It launched my path.

How did you measure the results of the exchange?

Well, I can measure my results in dollars. When I was an academic, I was in a hybrid soft and hard money position. I counted it at one point: About \$700,000 worth of grants came directly from my work with Wisconsin. Not all that money went to me, but in terms of what our team brought in. Actually it was more than that, but I counted just the stuff that I was working on. As part of this project, I got my first investigator-initiated grant and first principal investigator role on a large evaluation contract.

My final Wisconsin project ends this year. I am a little sad because this is the end of a very special chapter for me. It's good and it's right and it's time to move on and do federal work and work with other states, but I've been working on the Wisconsin stuff for the past 7 years, so it's hard.

Has knowledge exchange become an important part of your work?

Just before coming here, I was in DC working with states, providing technical assistance, helping them get their data systems up and running so that they can report quality measures for women and kids in Medicaid. So this is a total continuation. Here I am, all these years later, doing really similar things.

For what kind of scholars do you think knowledge exchange would be especially valuable?

I think people post-tenure could probably benefit from this a lot because they have more time and they have less pressure. They might be looking for new challenges. There can be a lot of research burnout in getting tenure. People are still productive, they're probably a little sick of what they've been doing, and they want new challenges, but it's not so risky for them, there aren't huge opportunity costs to their time.

There might be some people who just want to go into their office and close the door and do their work, and we should honor that. I don't think knowledge exchange should be forced, because I don't think it's going to be successful.

Sheryl Magzamen: Engaging School Districts in the Fight Against Lead Poisoning



Sheryl Magzamen is an Assistant Professor of Epidemiology at Colorado State University. In her knowledge exchange project at UW-Madison, she worked to raise local school districts' awareness of the effects of lead poisoning on educational outcomes.

Why did you decide to participate in this project?

Sometimes data are already there and they need to tell a better story. With this particular project, there wasn't a whole lot

Sometimes data are already there and they need to tell a better story.

of excitement about lead and cognitive outcomes anymore—we've known for so long about the detrimental effects of lead. However, the opportunity to try and engage new stakeholders was my excitement about the project. We enlisted the help of the Wisconsin Department of Public Instruction to reengage in this project, thinking that if we could make lead exposure more than a public health and environmental concern, if the agency realized kids are entering elementary school unprepared to learn because of what they're exposed to in the environment, then the school system could be an important stakeholder in trying to remediate the environment from heavy metals as well. When the project got funded, in 2008, there was a lot of talk about No Child Left Behind and school performance and evaluation of teachers. We thought, "Well, can you really put this all on the school and the teachers if the kids are coming to school with problems as well?" So that was the whole impetus for the project: broadening the group of concerned organizations regarding lead exposure.

Did you have any worries getting started with the project?

I am drawn to epidemiology because it's the science of public health. However, I feel that as the science has developed, we tend to focus a lot more on "shiny tools": fast computers to do complex computation or a lot of lab equipment to get more refined exposures. The actual connection to public health has been getting more and more tenuous. So I feel like there was definite negativity surrounding this type of activity. Of course, John and Steph and Dave [*the site directors*] are always amazingly supportive, but it was hard.

I was an intern at the State Health Department working with these lead data, and I really liked that, because the connection to policy and progress is so much easier to see if you're at a state agency than it is if you're in the academy. I liked having a foot in both worlds, and I was really excited about trying to figure out the system. Again, we've been arguing about lead since 1920 basically, and nothing has been done

If putting out more and more science isn't working well, what do we do?

about it. So what's our next step? If putting out more and more science isn't working well, what do we do?

How did you initiate the project?

I was talking to folks on campus, and [Marty Kanarek](#) [*Professor of Population Health Sciences at UW-Madison*] said, "You have to talk to people at the state about lead, there's this great database." I ended up talking to the chief medical officer for the public health program at the state, [Henry Anderson](#), about some asthma research I wanted to do. He didn't think the type of data I wanted would be available, but he encouraged me to pursue the lead research.

My background was in asthma epidemiology, but working in lead research is the same paradigm that's been driving my research in general. There are social factors linked to race, poverty, poor built environment, lack of access to health care, and the environment, including lead or air pollution or chemical stressors, leading to negative health outcomes. These relationships proliferate in mostly urban areas, urban non-white areas. The exposure's different and we're looking at cognitive outcomes instead of respiratory outcomes, but it's really the same problem.

One of Marty's doctoral students worked at the state department on the lead project, and Jeff [Havlena] and I got along fabulously, so it was really easy to find a great team to work with. And then this grant came through the university. Blue Cross Blue Shield privatized in Wisconsin, and the two medical schools got money as a result of that privatization to do population health research. So we applied for a grant and we got it, which was great.

How did the research go?

Like HIPPA, there's FERPA, which is the privatization of school records. Initially when we approached the State Department of Public Instruction to do the project, it was going to be a statewide project. We were trying to make the argument that in Wisconsin, a state with such old housing stock and since it's pretty cold there in the winter, lead paint is ubiquitous. We were trying to say, "This isn't just a black inner city problem. This is a statewide problem." We had all the data for the Department of Health Services and the education data from the State Department of Public Instruction, but we came up against FERPA. After the superintendent signed off on it, their lawyers got hold of it and said "You can't do this project the way it's written—or at all."

Did you end up getting the test scores eventually?

We did, but we had to really limit the scope of the project. What we ended up doing was focused on Milwaukee and Racine because we had agreements with those districts. Racine was great. We could advertise and ask parents for their consent to

release the test scores. In Milwaukee we got a database from the state health department and then had to ask parents to release their test scores by doing address database matching. That school district was a lot less receptive to active recruiting. We actually had to use the state lead database to try and find parents 10 years after their kid's blood lead was tested to do the project. We thought we'd get about 7,000 people, and we ended up getting 1,100.

How did the knowledge exchange go?

The knowledge went out, and I'm not sure if it actually hit anyone. The partnership with the state pretty much ended when we got the data. So I don't think we made any headway in terms of putting lead on the map as a place of concern for the Department of Public Instruction.

We did a good job in Racine. The Racine County Health Department is incredibly proactive and knew that lead exposure was a problem. They did press releases and talks about our work and were incredibly cooperative in terms of getting the word out. So it was really having community-based partners that helped us with knowledge exchange.

It was really having community-based partners that helped us with knowledge exchange.

The initial inroads that we tried to make were really with people who understood the problem well and were champions of the cause. The tougher thing has been trying to convince the school districts that this is important. There's our work and there has been a lot of other work, especially recently, trying to link exposure and outcome databases. I would hope that the school district would start paying attention and lending some voice to it, but it's largely stayed within the environmental health community. That's another frustration with this knowledge transfer project. We just have hit some pretty strong institutional barriers, and we haven't been able to change the conversation.

How did you measure the results?

We were hoping for just having roundtable conversations with school districts, just starting a conversation. What can we do about this, where can we help, what does this result in?

Our project graduate student, [Mike Amato](#), analyzed lead exposure and school suspensions and expulsions, and we found that lead exposure made a difference. We thought schools would really pay attention, particularly because Mike had found lead partially explained racial gaps in problem behaviors in school.

But it just didn't seem to impact anyone. I think academics, administrators, and educators read different literature, and we have different mandates. I have a large focus on school health research, both prior to and after my time in Wisconsin, and I've found it's really the willingness of a partner to engage in the conversation not

only for the sake of the research but also for how it is going to impact the students. That is so critical. We didn't have that. That was a huge lesson learned for me in doing this kind of work. It's really doing it at the community level, so the people that you're working with have a stake in the results.

Did you invite people from the schools to come to roundtables? Did they say no?

Basically the state said, "We will give you the data, but we're not going to be the conduit. You have to approach individual school districts to do this." We went to Milwaukee because it's the biggest school district in the state and it has the biggest lead problem. And Racine was approached because our on-ground partners in the health department were able to leverage their relationship with the schools.

In Milwaukee, we went and presented to their research committee because you have to apply to do your research project there. They just told us "No, it's not our concern." To actually do the project we had to work around the school district. We just didn't find a willing partner, and that could be because in a big urban school district that's under pressure for meeting testing scores and having poverty issues, it's just one more problem, and again it's a problem they can't do anything about. They could potentially, if they hire more Special Ed teachers or have different policies related to delinquency, but at what cost? We backed away from them because we weren't getting any traction with this project.

What were your best and worst experiences during this project?

My best experience was working with people who were really committed to this issue. People who are smart, dedicated, and have both the analytic skills and the political savvy and the people skills to actually get this off the ground.

My worst experience was the bureaucratic nightmares. Sometimes, it makes you not want to do this kind of research. Everyone is throwing up barriers your way, and you kind of think, "All I want to do is help! All I want to do is try to make things better." I think a lot of that comes from risk aversion. Just by nature, there are organizations that are more conservative than others.

With any type of work like this, you can't build a relationship in a year. It takes time and trust and a willingness to mutually find a solution.

If you could do it over again, what do you wish that you knew?

I wish I knew a lot more about how to effectively build relationships. That's not anything that I was trained to do. Epidemiologists look at 1s and 0s—we have to be reminded that they're actually people. I wish I had the background to anticipate barriers. With any type of work like this, you can't build a relationship in a year. It takes time and trust and a willingness to mutually find a solution.

What is the most important thing you learned about communicating with nonacademics?

To be cognizant of the big picture. For example, even though lead is important, lead is responsible for about a 7-point decrease in test scores. If we measure the effect of race and poverty, 30 points can be attributed to socioeconomic status and 25 points can be attributed to race. Sometimes I struggle in explaining to people why this is important when there are clearly so many other things going on in kids' lives that are really driving the results.

What I try to focus on is the idea that lead exposure is preventable and avoidable, whereas we don't really know what to do about poverty at this point. For lead exposure and air pollution, we actually have remediation techniques. They're incredibly costly to society, but this is something we can fix. I try to make that a primary message: prevention. We understand the mechanisms for this, it's really well established through a lot of literature, but the question is what do we do about it? I try to keep that perspective as part of the conversation—it's not about what is more important, but that we can actually prevent this from happening.

Has your thinking about knowledge exchange changed since you started this project?

Yes. Sometimes I think "Oh, it's this organic process," and it's not. It has to be very structured and deliberate. How do you have those conversations? How do you effectively communicate whom you need to have around the table? And for me, when do you let go? When do you say, "This is beyond my expertise, and I've done what I can, and to implement data or to implement this knowledge is really the responsibility of another organization or entity?" Just having to be OK with that can be hard. And it has a lot to do, again, with competing interests and what other people and other organizations have on their plate at the time.

When do you say, "This is beyond my expertise, and I've done what I can, and to implement data or to implement this knowledge is really the responsibility of another organization or entity?"

How do knowledge exchanges figure into your career now?

Here in Colorado, I'm working with the [Healthy Schools](#) grant, working with school districts to understand the indoor air quality and health and performance of school occupants. I'm also working on a project looking at [respiratory health in dairy workers](#), and the principal investigator has really been building up relationships with dairy producers and making the convincing argument that when you have a sick workforce, that's a cost to production. Making health part of that argument makes business sense to them. Likewise, making health part of the argument for schools makes sense for them in terms of attendance, the health of their teachers,

the effectiveness of their teaching methods, and their ultimate outcomes: test scores and grades.

What type of scholars should participate in knowledge exchange projects?

I'm a big picture person. I like to see how the whole thing fits together, and not everyone does. You have to like being in the field, and you have to have a long-range vision and be comfortable with long-term outcomes. If you want to understand the process and how the big picture fits together, then I think this is a good, really interesting path. For me, understanding the context in which your data occur is a critical part in potentially understanding how to prevent disease. If that's attractive to you, then I think that this is a good process to engage.

Carolyn (Carey) McAndrews: Promoting Community Input into a Major Transportation Public Works Project



[Carey McAndrews](#) is an Assistant Professor in the Department of Planning and Design at the University of Colorado Denver, and she specializes in transportation planning. In her knowledge exchange project at UW-Madison, she worked with the Verona Road Justice Coalition to provide community input into a major road-widening project in the neighborhood.

How did you feel about the knowledge exchange process going into the program?

My field is city planning and specifically transportation planning. Because it's an interdisciplinary and applied thing, it's not uncommon for people in planning and transportation who get funded by local, state, or federal governments to do relatively applied projects. It's completely normal to have relationships with people outside of academia. In fact, it's required. It's expected of people.

In planning, one way to do that is to work directly with community groups. My definition of policy relevant includes the formation of policy, including what happens at a very grassroots level.

I'm curious about how we can design these bigger, badder roads, like arterials or highways, so that they will actually be positive for health.

I worked with a neighborhood group to try to draw attention to their concerns about community and individual health impacts of this large highway-widening project in their neighborhood. And that's a very typical highway project. That happens everywhere. It happens to be what I'm interested in because I'm curious about how we can design these bigger, badder roads, like arterials or highways, so that they will actually be positive for health.

I mean, come on, you can't design something that's better? Of course you can design something better! That's the planner or engineer's core belief in the potential of technology and design.

How did you set up the project?

I said, "Dave, I want to know who in Wisconsin is taking a comprehensive approach to public health." He said, "Oh, go talk to my friend. She used to be the head of the state Department of Health Services." So I talked to her, and she put me in touch with another person who does social work, [Ron Chance](#), and he had this neighborhood-based program that linked individuals or housing developments with various services that could provide support. But that was too micro. I needed

something more policy-oriented. So Ron directed me to Kim Neuschel, who is a public health nurse at the Madison Dane County Public Health Department. And it happens we had garden blocks next door to each other in the community garden. That's Madison for you.

Kim said, "Wow, I've been working in these neighborhoods where we recently started to have conversations about violence prevention. Somebody was shot and killed, and the white neighbors are homeowners and they feel like their neighborhood is going down the drain. And the black neighbors, they feel like they're vulnerable and not really protected." As a public health nurse, she was really interested in those things, but the neighborhood happened to be next to a really big road. And she knew that the neighbors were also interested in that road.

So through her and her work in the neighborhood, I met up with my contacts who had formed the Verona Road Justice Coalition. The community saw the road widening as an environmental justice problem and part of a larger set of issues in the neighborhood that were not adequately addressed by existing policy and practices at the local level or at the state level. So that was the project.

What attracted you to this project?

I work in what some consider a very scrappy discipline. Other disciplines, they're like, "You all just don't do very serious research, sorry." But we do. We do. We really do! We believe if you go in and actually observe the processes of collective action, you're going to learn stuff that you need to know in order to make decisions, and about how we can deliberately create collective action. This is policy in action!

Also, one of the things I've been interested in is injury prevention, mainly transportation injury. Basically pedestrians getting hit and killed. It's one of these problems that isn't very high on the list of priorities among other public problems. This is a problem people in the world actually care about, but policy people don't really care about it. They don't really actively try to make places safer. They think they do, but they really don't.

So I thought, maybe communities do a much better job. So what if I go look at the development of combined health and safety ideas of neighborhoods? Maybe grassroots, collective action is a channel for getting injury prevention on these larger policy agendas.

That's what I was thinking. I also thought it might help me get a job.

If you go in and actually observe the processes of collective action, you're going to learn stuff that you need to know in order to make decisions, and about how we can deliberately create collective action.

How would it help you get a job?

Well, when I go on the job market in planning, it's very nice to say "And I have experience working with communities." When you teach classes in planning, you feel like your classes need to be organized around what's called experiential or service learning. It's very typical for a faculty member to partner up with some city government or community group to have their class do a project for them. To show that you know how to do that is important for teaching, but also for the style of research that many people in planning value.

What was it like when you first got in touch with the community group?

They were very welcoming. I had other experiences doing this where people were less welcoming and really couldn't care less about researchers. This group, on the other hand... The first time, we met at the local McDonald's in the neighborhood, which is where people often meet. McDonald's doubles as a community center, interestingly enough. And they introduced me to what they were doing.

Part of what made it easy to bond with them was that we bonded over work. We did a community health assessment specifically around the road. We did a photovoice, photomapping project. We had focus groups with youth in the neighborhood. A student worked with me, and she interviewed elected officials and people in the Department of Transportation and community members to bring all their perspectives together on how this works and what the issues are. So we really bonded around the work that needed to be done. And they were just happy to share.

I'm not sure that they had very high expectations of me or what they might get out of it. They were just sort of willing to cooperate, and honestly I'm not sure that I gave a whole lot back. Kind of the typical researcher in a community problem. When I reflect on it, I think, "Well that was one of those helicopter moments when a researcher comes in, works for a while, and moves on." Then again, you can argue that those organizations don't need to last forever. You do the job, and maybe you part ways or maybe you get back together.

What were the things people were most concerned about?

In this particular case, they cared about the direct exposure to hazards: exposure to fast-moving cars, where you could get killed or injured; exposure to air pollution. Because there is a fair amount of truck traffic on that road, they were concerned about environmental exposure.

They were also concerned about access barriers. This road and the project to widen it was not really helping them carry out life's daily activities—getting to work, getting to school, getting to shopping, especially if you have a population with any sort of difficulty with mobility.

And the third thing that people cared about was that it affected the pride of place that they had. The traffic generates blight. It creates places where people can engage in norm violations, and the people who lived in this neighborhood said, "This doesn't represent us at all."

There's also all this stuff about democracy and participation. Robert Caro, who writes all these books about LBJ, also wrote a book about Robert Moses, [The Power Broker](#). I think the first sentence may have been, "As a democracy, we haven't actually created the tools of democracy that we need to deal with large infrastructure projects." We have voting, we have representation, and that helps us deal with being taxed or X, Y, and Z decisions, but to deal with infrastructure in your backyard, we don't really have democratic processes that are perfect. We're still working them out. They're under construction.

In a lot of ways, this was an example of neighbors trying to influence the policy agenda, to use civic participation to create public outcomes that work better for them. That was one of the main things that they were actually concerned about. And overlay that with this particular neighborhood that systematically hasn't had access to the kinds of forums in which those decisions are made. They thought of it as a matter of justice in that way.

This was an example of neighbors trying to influence the policy agenda, to use civic participation to create public outcomes that work better for them.

Was the group more concerned with specific changes or having a voice in the process?

They wanted both. They had a long list of very specific things that would benefit them. They were extremely organized. They wanted the small ways to help their neighborhood be a better place to live, but they also saw their work as part of a bigger story about how regions develop. Why is it that people who live in the suburbs should have this privileged access to infrastructure, while those who live right next to the road bear the costs of access for others?

How did you measure the results?

What about policy impact? One of the things that we learned from this is that this particular situation is not very open for agenda change. So that's kind of depressing.

I wouldn't necessarily say the outcomes for neighbors in terms of working with the university were all that spectacular. The working relationship was positive, and an indicator of this is that I can continue to go back and talk to people, and I'm on email lists. When I'm back in Wisconsin, sometimes I check in with one participant, in particular, who is still active.

You probably don't want to find an agenda that's closed and try to open it. What you want to do is find an agenda that's open.

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Do you think there were any tangible changes as a result of the work you did?

I didn't have a follow-up study where I measured any of it. I could have gone back to the kids [who participated in the photovoice project] a year later and said, "Did you remember doing that? What do you think about it today, now that you've done it? Are you interested more now in photography? Do you feel like you would ever do that again if you had a situation where you wanted to use it?" I can now think of situations in which I would maybe look for that kind of impact, but I didn't actually measure it.

Did this project have lasting effects on your work?

I'm obsessed with this question of, OK, so if we can't change the agenda, why do we even bother? Maybe if we frame the question like that, we're setting ourselves up for failure. There's probably another way to frame the question that actually lets us highlight, or show, or observe what kind of change happens.

What we want to hear is that in the face of monolithic policies that don't seem to change, what do all of these smaller actions, maybe not even small, add up to?

What we want to hear is that in the face of monolithic policies that don't seem to change, what do all of these smaller actions, maybe not even small, add up to? It's not the kind of calculation where you can just aggregate them, like sum across all actions. You can't do that. There's some other logic, and I don't know what that logic is.

A lot of people that have had this problem before think "Yeah, no duh, you use the dominant framework and the dominant framework is there to essentially silence oppositional outcomes." But if we use a framework that actually flips it on its head and allows us to see other forms of power, then we may have a better theoretical foundation to work with. That's kind of what I'm looking at now.

Are you involved in any knowledge exchanges now?

In transportation, there's an organization that's part of the National Academy of Sciences called the [Transportation Research Board](#). It's a little bit like the Institute of Medicine.

The TRB hosts an annual meeting that has 12,000 people. It's a little like the [APHA](#) in that way. They're all from all parts of the field. Everything from pavement to drainage to bridges to operations... from traffic signal systems to policy.

This is an organization that combines people from academia and government and consulting... public sector, private sector, NPOs, basically the whole field. And here is this little subsystem within it, the [Health and Transportation Subcommittee](#). And that's the environment in which I've run into the "Oh, that's research talk, nobody can understand that. You can't say that. Here's how we talk about it here. Here is how you network and organize in order to change thinking. Here's what this group is doing."

It ties back to the Verona Road project. The Verona Road project is about arterial roads, highways, all of these other high-traffic roads. Working with [Ed Christopher](#) over the past 3 or 4 years now, maybe 5 years, we finally have an official task force with about 30 people on it that will specifically address integrating public health ideas into the planning and operation and management and construction of arterials. So the Verona Road project didn't necessarily produce any information that led to changes in policy there in Wisconsin, but doing that project and being involved with the TRB has given opportunities for engaging with that particular issue, and I don't even have to be in charge of it. We have a whole task force doing it. It's not me anymore, it's them.

Jeff Niederdeppe: Involving Policymakers in Discussions of Childhood Obesity



[Jeff Niederdeppe](#) is an Associate Professor in the Department of Communication at Cornell University. His knowledge exchange project, which focused on discussing child obesity with politicians in the New York area, began at UW-Madison and moved with him to Cornell.

How did you develop your knowledge exchange project?

This particular project grew out of a larger project that Dave Kindig [*a site director*] was working with the Robert Wood Johnson Foundation on, [the County Health Rankings](#). He was a very strong advocate for my work on engaging policymakers' perceptions of different ways of talking and thinking about population health issues, so he asked me to put together a sub-proposal that would be part of that larger grant proposal. The grant proposal was to turn it from a Wisconsin-level project to a national project. We argued that we needed to make sure state legislators or policymakers are part of this project. We said that we wanted to do some interviews in the first year and go out and meet these policymakers in their offices and learn how they think about these issues.

It felt like it was a good fit in this County Health Rankings project, which was all about using rankings and metrics to put these points on the agenda and identifying areas where action could happen. If you're going to say, "We need to do something to improve these rankings. Our county doesn't do well on this, this, and this," you also need to know how to talk about those things in ways that are in tune with what decision makers have to deal with in their jobs.

People often say, "Let's pay a communications firm to do this work." That certainly can be helpful, as many communications firms have relevant expertise, but this kind of process doesn't lead to anything that is generalizable or transferable, since those data become proprietary. So that information doesn't get shared with the general community. It was important not only to do this kind of work but also to be systematic about it and say, "Let's document what we learn, let's do it in a scientific sort of way, and then let's publish these results so other people can use these conversations as a starting

Let's document what we learn, let's do it in a scientific sort of way, and then let's publish these results so other people can use these conversations as a starting point.

point.”

How did you feel going into this project?

In the last several years, I’ve gotten interested in health policy and public opinion and the role of media and messages in shaping how we think about policies and what kind of policies are implemented at various levels. By definition, that involves a translational research component; by definition, it includes engaging with the public and engaging with decision makers. So I definitely see it as part of this kind of work.

Any worries?

I felt pretty nervous when I started. You know, I’d go right into their offices, sitting in there, and I think they all kind of wondered, “What’s his angle?” I wanted to be careful not to convey a partisan stance on these issues because I was dealing with people across both sides of the political aisle. I think some of my work could be interpreted as being political, in the sense that I’m talking about policies that are relevant to health and income inequities. In some circles, that places you in in a spot on the political spectrum. So I thought about those things.

Did all the policymakers agree to participate? Was it hard to get time with people?

It was harder the higher up they were. City-level and county-level folks were easier to get in touch with than the mayors of larger cities. People who had bigger jurisdictions were harder to get ahold of, but I think being from Cornell, which is a land-grant university in New York, helped. One of the reasons that a lot of state senators and state legislators spoke with me was because they had connections to Cornell. They saw that I was from Cornell, and they wanted to be a part of it and help out. Some of the people spoke to me because they wanted to learn about the issue and they saw me as being a person with expertise.

Persistence paid off. We would send [policymakers] emails and then follow up with phone calls, and we’d talk with assistants. We were patient over a period of 3 or 4 months, and we wound up talking to a lot of people.

I was quite pleased with the response. I couldn’t tell you exactly what our response rate was. It wasn’t 100%, it wasn’t 50%, but it wasn’t 5% either. Persistence paid off. We would send them emails and then follow up with phone calls, and we’d talk with assistants. We were patient over a period of 3 or 4 months, and we wound up talking to a lot of people.

How did the exchange work?

I should say for context that the project was about health and health policy, but we decided to make it fairly concrete, so we focused on childhood obesity. We talked

about their perceptions: Where does this issue rank among all of the other things they have to think about? How important do they think it is relative to other things? We asked how much they thought they knew about the issue and how much they thought about it. We got into what they thought could be done at their level of jurisdiction, and we gauged their responses to a few kinds of statistical graphs showing how things have changed over time when it comes to childhood obesity. Those were kind of conversation starters. What do you think is going on here? What do you think has led to this increase? Here's a comparison of people in rural vs urban areas, why do you think it's higher in rural communities? We used these images as a window into how they were thinking about disparities, structural causes, social factors, etc.

They were allowed to ask questions, and I tended to follow this semistructured script. At the end we left it open for "What else do you want to know? What other questions do you have?" That led to some broader conversations about the issue. Some people did some follow up. They sent me things. They cut things out of the newspaper and said, "Here's what we've been working on. Here are a couple policies related to childhood obesity that I've been a champion for."

How did you measure the results of your knowledge exchange?

In real practical terms, we wrote up the results of our interviews and [published a paper in an open access journal](#), so there was knowledge exchange in the sense that we reported what we learned from our interactions. Sometimes when you're doing open-ended-interview type work, there's a tendency to impose judgment or comparison to some kind of standard, and we tried not to do that. We tried to just report, "Here's how these elected officials are thinking about this issue." We didn't wind up focusing on political differences so much, because we didn't see a whole lot of them in how Democrats and Republicans talked to us about these issues. We tried to be transparent and certainly respectful of the people we worked with.

Did you get the results that you hoped for?

We learned about how the health policy-makers in New York were thinking about this issue, at least the ones we were able to speak with, and that has certainly informed my thinking and my work on the topic. On the flipside, I think the people we spoke with learned about childhood obesity through our conversations.

Do I think it led to concrete or specific, documentable changes? I wouldn't say that necessarily. I couldn't say these conversations led to policy X. I would say that multiple people commented that they learned quite a few things and had not thought about this or that before, so that's a good thing. Nobody wants children to be sick and unhealthy—I think that's a universal value that people across roles and jurisdictions appreciate. If I were to say what kind of outcomes happened, I would say people thinking differently about the issues, at least for a period of time. I think it was useful, and I think I could now follow up with these people to start to build

relationships if that was part of where I wanted to go with the work moving forward.

Did your involvement in this project have an effect on your career?

It definitely made me think about the relevance of some of the work that I'm doing. The kind of things that were of interest to policymakers and the kind of questions they asked were pretty telling. You sit around with a bunch of population health folks and you sort of all have a baseline way of thinking about things that is not the way the rest of the world necessarily thinks about these things, in terms of priorities, in terms of understanding that there are inequalities period, in terms of social factors that contribute to them—that there are things that can be done that impact health and health equity that are beyond health care and individual-level action. Having these kinds of conversations helped me see where people stand. These are all well-educated people who are serving the public and who want to do the right thing and who don't think about these issues as often as I do. It's useful to see where people are starting from. That helped me think about what needs to be done and what might be something that's feasible vs what's 20 years down the line.

It's useful to see where people are starting from. That helped me think about what needs to be done and what might be something that's feasible vs what's 20 years down the line.

Do you envision knowledge exchange projects being part of your future career?

Once I work toward being a full professor, I sort of feel like my goals—internal, promotion-wise—will be accomplished, and then I think I'll be able to look outward even more. I see this interest as something I have started and that I want to develop and expand over time. I'm not at that position in my career where I want to tip the balance to where I'm doing more knowledge exchange than building foundational knowledge, because I think I still have to refine and develop my expertise and experience.

Has your thinking about knowledge exchanges changed over time?

When we first started talking about this at UW-Madison, it was about knowledge transfers, and I think it was a good change to use the term exchange vs transfer. I always thought this idea of knowledge transfer was simplistic and didn't really resonate. It's not like, "Here's the knowledge, take it."

Definitely being at Wisconsin, seeing the models, how they've gone about doing things that are policy relevant and outward facing, writing reports and disseminating them, working with the media to get them in circulation, working with legislators to say, "Alright, what are we going to do about the fact that Waukesha County is ranked 32nd on some outcome..." I hadn't really thought about

Especially for the type of work that I do, which is public health communication, of course [knowledge exchange] should be part of what I do. I came to see it as essential and central through my participation in the HSS program.

that as part of my role before I came to Wisconsin and participated in the program. But once you see that, you think, “Of course!” Especially for the type of work that I do, which is public health communication, of course that should be part of what I do. So I came to see it as essential and central through my participation in the HSS program.

Do you have any knowledge exchange activities underway right now?

I did my sabbatical in Australia, and I was working with [Cancer Council Victoria](#), an NGO. They have a prevention arm out doing on-the-ground health promotion work, but they also have an advocacy arm working on advocating for public health policy, going out and doing media work,

meeting with leaders—they have some liaisons and folks to meet with, representatives and that sort of thing. I am part of a project that we just developed before I left where we’re looking at different ways to talk about health policy issues related to alcohol and sugary beverages. We’ve been working with some of the advocates in developing our research study to ask, “What are the questions that would be helpful to answer to help you do a better job of advocacy for health-promoting policies?” So we’ve been working with some of those advocates and some of the prevention folks at this stage of developing the research project.

We will get the data and write it up for peer-reviewed stuff, obviously, but it will also feed back into their advocacy efforts. Not quite policy change in that they’re not decision makers per se, but they’re people who are trying to shape those decisions. I’ve enjoyed that project a lot. I’ve learned a lot from it, and I think it’s a nice model. You don’t see a lot of organizations here in the United States that bridge the research/advocacy gap successfully. You have public health advocacy and practice on one end—I guess health departments sometimes do both research and advocacy or promotion work—but in universities you don’t typically see that.

What type of scholars do you think would benefit from knowledge exchange?

There’s exposure and then there’s doing it. Thinking about knowledge exchange as a valuable thing to be done is good, and I think instructional models of people who are doing it would be a useful thing for people to be exposed to. But I don’t think everyone should be out there trumpeting their latest scientific finding as policy relevant.

I study this stuff. A lot of the time what happens is anything that’s new and controversial shows up on the news, and people hear about it. “Oh no, this new additive in food is causing cancer.” What you really need are people who are very good at translating, people who have deep and broad knowledge of lots of different things to be able to synthesize lots of accumulated evidence over time. I don’t think

everyone is good at that. I don't think that many people are good at that. So this idea that we should train everyone, especially if you do work that is very specific to a particular thing and you're sort of on the cutting edge of things... Science takes time, it needs to be replicated, it needs to run its course before it's actionable.

Translational exchange work is often based on relationships and interpersonal things, too, and I think you have to have been around awhile to have a broad view and a long view. So I scoff a little bit when I see people saying we need everyone out there sharing their research. I don't think you do. You don't need every person out there talking about every study. You need people that are good at pulling it together, saying, "Here's really the essence of what matters and what we should do about it."

Jayanti Owens: Partnering with a Local School District to Address Health and Educational Disparities



Jayanti Owens is a sociologist and demographer by training who joined the sociology and public policy/international development groups at Brown University in fall 2015. Her knowledge exchange project focused on working with the Madison Metropolitan School District to address racial and socioeconomic disparities in education and health outcomes.

Do you remember your first reaction to the idea of doing a knowledge exchange project?

I was introduced to it during our interviews.

I think my first reaction was, “That’s a cool idea. I’m not sure how I’m going to implement it, and I sure don’t have any idea what my knowledge exchange project is going to be.”

Did you have any worries going into the knowledge exchange project?

I was very worried about it taking a lot of time. I had very concrete goals about the number of things I wanted to get under review. I had my dissertation stuff that I was really looking to get through the review process, and new projects using secondary data that were already collected that I could get to work analyzing. I knew this was going to be a great experience, but I was worried about it taking away from the deliverable goals that I had for myself going into the program.

It’s also kind of a gamble, because it’s not like I had any guarantees that this project was going to lead to publication or frankly that it would even take off enough for it to become a real research project. It might have been something that was going to lead to intangible learning and knowledge exchange, but not to the concrete projects or papers that are incentivized and rewarded in an academic career, at least in regards to getting tenure.

How did you choose your project?

Dane County falls quite near the bottom in terms of its racial and socioeconomic disparities for a variety of health and education outcomes. So it seemed like, as someone who studies education, as I do, and who cares a lot of about stratification along socioeconomic and

It seemed like, as someone who studies education, as I do, and who cares a lot of about stratification along socioeconomic and racial, ethnic, and gender lines, it would be a loss to be in Madison and not at least be in conversation with people at the school district.

racial, ethnic, and gender lines, it would be a loss to be in Madison and not at least be in conversation with people at the school district. They're on the ground grappling with a lot of issues around achievement gaps and disparities in health outcomes down the road. Also, they were in the process of revising their school interdisciplinary code and really wanted to try and get researchers more involved in using their data as a way to get mutual benefit. It would benefit us as researchers in terms of giving us great data, and it would benefit the school district in terms of having some potentially pretty real impacts in terms of the analysis that they're able to do, using their data to understand some of the disparities that they were really concerned with from a policy level. It just seemed like a perfect marriage of timing and policy and research.

When you approached the school district about this project, how did it go?

People were really enthusiastic from the beginning. I think that in large part that was because I had an interlocutor who was very senior in the government before she came to the University of Wisconsin system. She facilitated the initial contact, so I was able to get a meeting right away with four key people within the school district to explain my research interests and my larger desire to lessen academic achievement disparities. I could just immediately start brainstorming with them: What are they interested in, what are they looking for, what data do they have, what kind of studies would they want to see, and where can we find a data overlap in that?

Then what happened?

Essentially what happened was that I spent several months, really much of the first year of my postdoc, in conversation with a few of the key people in the school district. In the first few meetings that we had, it was really easy to get excited about the general themes that we were both interested in, but once we moved beyond that conversation and started talking about the specifics, like what data we would use, how we would use the data, what research questions we would need to answer, how we would answer them, how long it would take to collect the data, what are the regulations that we would need to go through in order to carry out this project... Once all of those conversations started happening, it wasn't obvious that this project was one that I would want to invest a good chunk of my Robert Wood Johnson Foundation time doing. Ultimately, with the help of mentors at UW-Madison, including the site directors and other mentors in my specific area of research, I decided that it made sense for me not to pursue this as a research project.

Do you feel like you took anything away from the project?

One of the biggest things I learned from that experience was the importance of consulting a lot of people to explain to them, "This is the project, this is the traction that I've gotten on the school district front, this is what I think is going to be doable in the time frame available, and this is what I see all of the risks being in terms of

I realized the data weren't intact for me to do the project that I really wanted to do, and given the limited amount of time that I had... and the other competing interests that I had... and the amount of upfront investment that would be necessary to even see if this project could have legs and take off, ultimately we decided that it didn't make sense to pursue this as a research project.

potential dropoff points where the project might derail." In the process of having these conversations with mentors, I realized the data weren't intact for me to do the project that I really wanted to do, and given the limited amount of time that I had in the postdoc and the other competing interests that I had in terms of goals that I had for my time there and the amount of upfront investment that would be necessary to even see if this project could have legs and take off, ultimately we decided that it didn't make sense to pursue this as a research project.

The way that I tried to exit the project was to leave the school district in contact with a number of other people who were going to be there more long term, people who would have the ability to actually do something that would benefit the school district and also lead to fruitful research projects and

publications within a longer time horizon than what I had available. I think it ultimately ended up being beneficial for both parties, but not for the reasons that I had initially hoped.

It was still a really good lesson for me. When I do get to a place that I will be more long term, if these sorts of projects and questions are still timely and relevant and up my alley in regard to where I am in my own research, I will have a better idea of how to get started. I learned that finding an interlocutor who is well connected and who believes in you and who is willing to use their name to help you get the initial contacts that you need and to back you up is hugely important. And I learned to try to speed up the conversations that are about the excitement and the general brainstorming, to get as quickly as possible to the conversations that are about the nitty-gritty, how will this actually work on the ground. To save yourself the research time but also to save time for the school district, or whatever the group is that you're working with in the community, because their time is also really scarce and valuable.

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So you feel the project was successful in some ways?

It was a success to me for the reasons I just described. It was also beneficial for me because if I do, down the road, decide that doing a project makes sense, I have the initial contacts in place to know who to go back to to pursue the project further, so that's really good.

The reasons I think it was beneficial for the school district is that they were in early stages of having conversations on this issue of bringing researchers on board to look at racial disproportionality in school discipline. This wasn't an area they had engaged with researchers on that frequently prior to me getting involved with them. They'd had many, many researchers working with them and for them in the past, but not on this very specific issue related to the school disciplinary code. Our interactions left them with a better understanding of what some of the things are that researchers really need to make this worth their time and how they might structure their future relationships with researchers who are interested in some of these areas of research in order to, off the bat, structure a deal that would be both beneficial for the researcher and the school district.

What was the most important thing you learned about communicating with nonacademics?

Learning the terms that they use, trying to use those terms as much as possible. For a lot of the concepts that we were talking about, I had my research-oriented terms and quickly realized they had their practitioner-oriented terms. In most cases, they were either the exact same thing or close enough to the exact same thing that we could have one brief interaction where I would explain "When I say this, what I really mean is what you call this other thing, plus this small difference." Or it was an exact translation, and I just needed to assimilate their terms into my dictionary very quickly so as to not lose people's interest just because I'm using some jargon research term.

What were your best and worst experiences?

The best experience I had was a day when I went into the office of the senior administrator in charge of school discipline policies for what I thought was going to be a 30-minute meeting. What happened was I spent 5 hours in the office with him taking out all of these different records and going through all of these on-the-ground, very revealing, important, relevant sources. We ended up spending the entire afternoon just talking through the nitty-gritty, and that was the turning point for the project. That was the meeting that I left thinking that this would just be the coolest project ever if we could get it to work, but I wasn't convinced we could get it to work.

Despite the fact that it ultimately led to a decision that was not the one that I was hoping for, that meeting was hugely inspiring in terms of his generosity with his time, his resources, his willingness to engage with me and think through a lot of the stuff as it was coming up together, free-form, and just the trust that he placed in me. In that meeting, a lot of walls came down between him, the senior administrator, and me, the young researcher. We were both just people who cared about this issue, and we were putting

We were both just people who cared about this issue, and we were putting our heads together and using all of the knowledge and resources that we had available to us in order to think through this.

our heads together and using all of the knowledge and resources that we had available to us in order to think through this. That was one of those things that really changed my outlook on working with schools and finding key people who you just click with and who believe in you and who you trust to help move a project forward if that is ultimately where the project goes.

Worst memory, just the sadness of having to let the project go.

Do you think your initial worries about this being a time drain were founded?

John and Steph and Dave [*the site directors*] were very clear with me that they weren't using rigid parameters for what counted as a knowledge exchange project. They were like, "You take this as far as you need to take this and can take this for it to be beneficial to you. That could mean anything from meeting with the school district two or three times to having this turn into a full-blown research project that you pursue wholeheartedly for the next 2 years."

By giving us that flexibility, they put a lot of trust in us, and usefully so. It would have been a shame if I'd had a lot more meetings than I needed just to check some box. I think in a lot of ways it would have constricted the learning exchange that took place, because I would have been more focused on checking a box than on thinking globally about what made the most sense for me and for them and the project. So I don't think it took up more time than it should have, except for that it probably took me longer to decide to cut the cord on the project than it would have had I not liked the people and the project as much as I did.

Do you see this kind of project being part of your future career?

It's really hard for me to say right now. I think it will depend a lot on what I learn about the context of Providence, Rhode Island, which is where I'm going to be moving, and what their school district is like: what the dynamics of the personnel running their schools are, how they view researcher interaction with the school district, what kind of barriers are there. I'll just need to learn a lot of that stuff over the course of the next few years, and it will also depend on how my own publications unfold. If I have some success getting my current research published, that would open up the door for me to be able to focus on new projects. If it takes me a lot longer to get the stuff that I already have going published, I might start getting into time crunches in regard to the tenure clock and not be able to involve myself in a new endeavor prior to tenure. So it might be something that I end up coming back to after tenure, down the road.

What type of scholars do you think should engage in knowledge exchange?

My initial take is that it's got to be for people who are really creative and truly passionate and committed to their topic. If you don't have enough of a sense of your area of expertise, I think it could be really paralyzing and overwhelming.

David Van Sickle: Creating a Company to Promote Respiratory Health at the Individual and Population Level



David Van Sickle, a medical anthropologist by training, is the co-founder and CEO of [Propeller Health](#), the leading mobile platform for respiratory health management. As a Health & Society scholar at UW-Madison, his knowledge exchange project involved piloting some of the elements he would later use to launch his company.

Can you describe your knowledge exchange project?

I'm a respiratory scientist by training, and while I was in the program I became interested in how technology could be used to better research and understand asthma in the community. My knowledge exchange project involved the development of a digital approach to improving the individual care and treatment of respiratory disease, while also collecting information that is useful for more applied and appropriate public health practices. It's been a different type of adventure than what happens on the traditional academic path. After the postdoc, I started a digital health company called Propeller Health, which has grown up in Madison and employs about 50 people now.

How did you feel about getting involved in this project?

It felt like something I had to do, though it was often a little bit disorienting and scary, kind of unknown. Ambiguous may be a better word for it. But it was also exciting, and it has been really rewarding. I've learned a lot. I've met incredible people, and I continue to devote my life to it. I love a lot of things about it.

It felt like something I had to do, though it was often a little bit disorienting and scary, kind of unknown... But it was also exciting, and it has been really rewarding.

Who were and are your exchange partners?

There is significant patient, family, and caregiver participation in what we do. In addition, we routinely work with and learn from clinicians, not just physicians but also with care managers and practice nurses and physician extenders—people who are trying to improve population health day-to-day. Quite a lot of work we do involves collaborating with the health plans and systems, trying to help them define and build credible and compelling digital health approaches to respiratory health in their populations.

Did you build these relationships while you were still a scholar?

When the project first began, we started working with patients and physicians on campus to help define the approach and the scientific basis for the product and service, and we involved them in formative research and small proof of concept studies that collected important feedback for future iterations. These relationships have continued to grow over the years, after the organization was set up off campus as a commercial entity.

How did you initiate your relationships with the patients and physicians?

When I was a scholar, we did some trials on campus of early prototypes of the technology: sensors that attach to inhaled medications. Essentially these were small-scale qualitative, ethnographic, and epidemiological studies designed to assess the receptivity of patients and caregivers to these types of digital tools. A number of physicians became interested in the approach and contributed their perspective to the program as it grew and took hold.

The most challenging part was just overcoming imaginary obstacles. As an academic, you are shown a pretty clear path to follow in terms of your career progression. My route is not one that is often articulated, so it was easy for me to try to talk myself out of it or to listen to other people try to talk me out of it.

How difficult was it to get the project started?

With support from the program faculty it was not difficult to get it started, but it was difficult to grow it beyond an adolescent level and turn it into a sustainable project. I found enthusiasm for the objectives and approach, and there was great support and encouragement from the site leadership. The Robert Wood Johnson Foundation program mentors at Wisconsin were remarkably supportive given what an unusual and unconventional idea it was at the time.

The most challenging part was just overcoming imaginary obstacles. As an academic, you are shown a pretty clear path to follow in terms of your career progression. My route is not one that is often articulated, so it was easy for me to try to talk myself out of it or to listen to other people try to talk me out of it. That was one of the more difficult obstacles: understanding that this was not a decision about risk but was much more about manageable ambiguity in my career path.

What did you learn from the exchange?

We continue to learn from interactions with patients and clinicians about what they are interested in and what they think they want and what they might be likely to use; what aspects of day-to-day patient self-management and clinical practices and population health efforts could lend themselves to digitization; how we can use technology to enable us to close the gap between what we should have been able to

achieve in respiratory care and treatment, and what we've so far accomplished; how we can support better patient-physician communication about the burden and management of disease. We learned from our efforts with patients and physicians that there was both interest in these solutions and a major economic proposition.

Did you get the results you hoped for?

What I got was creative and intellectual support from the program, from RWJF, all along. It has been a steady enthusiasm and encouragement and an interest in helping me be successful in building a company that has population health as part of its mission, and a team who sees that goal as a core part of its values. It has been a powerful few years of self-discovery and support, and I'm really grateful for that experience and guidance.

Do you see what you're doing now as a big knowledge exchange?

I do. For better or worse, we have been early in the development of digital health. Which means we have to make the market. That means if you are a health plan or healthcare system, you do not necessarily have a budget for apps and devices yet. So Propeller has to go out and convince physicians that digital tools can actually improve patient self-management and improve care and treatment. As a result, we are often evangelizing, educating, and studying and publishing what is working in our programs and what is not. Knowledge transfer is another way of describing the market development work you do when you're a young company. And we do it internally as well, of course.

One thing we've learned in building the market, all the way from individuals to organizations, is that there's a lot more to it than just transferring knowledge... This gap between knowledge and outcomes remains formidable, and I think we underestimated it when we started the business.

If you could do it again, what do you wish you knew to begin with?

This is embarrassing to say as an anthropologist, but I expected the knowledge we created about digital approaches to respiratory health to more rapidly and conclusively change patient and clinician behavior. Instead, one thing we've learned in building the market is that there is so much more to it than just transferring knowledge. We can teach a person with asthma an endless amount about the disease and how to treat it and so on, but all of that can often amount to zero change in the burden or management in daily life. This gap between knowledge and outcomes remains formidable, and I think we underestimated it when we started the business. We probably still underestimate it.

What was the most important thing you learned about communicating with nonacademics?

Communication outside of academia is often more straightforward. Despite the demands of the market, I find most communication characterized by a plain-spoken, common-sense, want-to-work-together, want-to-figure-out-the-right-things approach that sometimes gets lost in jargon and complexity in academia. It feels refreshing. But, again, I was in anthropology, and the shelf of postmodern ethnography that I had to slog through in my career probably measurably shortened my life.

What type of scholars do you think would benefit from the knowledge exchange program?

I think many scholars would benefit from more explicitly considering how the development and conduct of their research can be stretched and strengthened by knowledge exchange. Whether the activity remains an academic investigation or is designed to be applied and tied to the broader community, the kinds of perspective and lift available from others can sharpen and augment the process and results.

What have been your best and worst experiences?

My best experiences continue to come from the daily opportunity I have to work with smart and motivated people who have developed a personal commitment to the mission we share around respiratory health. There is nothing like the feeling that comes from working alongside the team and sharing the ups and downs of building a company together.

But it is frequently hard. It can be pretty lonely, and disorienting, and it can be a bit tough on your family and the people you care about.

What effect did this knowledge exchange process have on your career?

It's totally changed my career. I'm no longer an academic scientist. I'm out in the market, running a company.

Stephanie Robert: Reflections on UW-Madison’s Knowledge Exchange Program



[Stephanie Robert](#) is Director of the School of Social Work at UW-Madison and was a site director for the Robert Wood Johnson Foundation Health & Society Scholar program at UW-Madison for the life of the program. Here she reflects on knowledge exchange projects through the years.

What kind of reception did this knowledge exchange program get from outside the UW-Madison program?

The RWJ Foundation likes more applied projects, projects that are more relevant, so they were really psyched that our site integrated a knowledge exchange component into our training. UW-Madison is usually very supportive of scientists developing competence in knowledge exchange. The [Wisconsin Idea](#) states that the walls of the university are the walls of the state, which implies using science for good. But some of my colleagues in population health outside of UW-Madison, who I very much respect, are a little stodgy on this issue. A little like “We’re scientists. It’s all about the science. We’re not advocates.” I don’t think it waters down the science, for people to understand how to do knowledge exchange—to figure out how to get the science understood and used. I was a little disappointed that some of my other national colleagues are a little behind the times on recognizing the importance of training scientists to do or at least understand knowledge exchange.

I’ve started believing that Thomas Kuhn was right—that sometimes the old folks have to die out and the new folks have to replace them in order to have new paradigms. It’s hard to change people’s ideas. So I think it will be the next generation of scholars who are a little more open, and over time these ideas will grab hold more, but slowly.

I’ve started believing that Thomas Kuhn was right—that sometimes the old folks have to die out and the new folks have to replace them in order to have new paradigms.

What are the pros and cons of doing these projects during the postdoc period?

In the graduate school years, you have to commit time to becoming a good scientist. I think it would be good to expose graduate students to faculty who are engaged in knowledge exchange relationships, but to really encourage them to forge new knowledge exchange relationships might not be the right thing to focus on. If you take a scaffolding model of training, it makes sense to expose graduate students to these basic ideas that get them to think about how their science gets used, showing them that they can engage with policymakers and practitioners around these issues. I think it can only make the science better and lead the way for them to do this work later.

The postdoc phase is a good time for scholars to experiment with knowledge exchange themselves, independently, because there is flexibility. The downside is it is time consuming. It is one more thing to do. Anything we ask people to do is one more thing, and time is finite. So finding that balance can be difficult sometimes.

For example, Jayanti Owens started engaging in a knowledge exchange relationship with the Madison Metropolitan school system. That started off well, and it looked like there might be an interesting research project, but it sounded like it was getting big quickly and like it was going to be *really* time consuming, and she had a lot of other things on her plate. So in the end, we left it up to her to decide but recommended maybe it was not the time to follow through on that particular project. I think she's glad she didn't follow through, but at the same time, it helped her understand how you forge these relationships. When she ends up at Brown University, if she wants to do this sort of thing in the future, she already knows what some of the hurdles are, what some of the processes are, and how that works. And I think she'll be a lot more comfortable initiating knowledge exchange relationships in the future because she had kind of a dry run.

If a scholar seems to have grown by whatever it is they're trying, that they've been exposed to some new ideas, that they seem to be talking about their topic or whatever they're doing for their knowledge exchange project in new ways... if it seems like they've learned something new, I consider that a success.

How did you measure success? What was a successful project?

If a scholar seems to have grown by whatever it is they're trying, that they've been exposed to some new ideas, that they seem to be talking about their topic or whatever they're doing for their knowledge exchange project in new ways... if it seems like they've learned something new, I consider that a success. I consider it a particular success if they feel good about having pushed themselves outside their comfort zone and say that this is going to make it easier for them to do it again in the future. It makes me hopeful that they will, and that they won't perpetuate the stereotype that scientists shouldn't engage in knowledge exchange.

Because even just that—mentoring new folks and not saying to them “We don't do that. Don't spend any time thinking about that”—just being more open to what our mentees can do to help the field more quickly be open to knowledge exchange relationships is important.

Did the way the program evolved match what you expected at the beginning?

I ended up being surprised by how excited scholars were to even just learn some of the basics. I was a little surprised at how little people knew in general about translating knowledge into policy and practice. It didn't take much to get them to the next level in thinking about these things.

I guess I was not surprised, but happy, that some of the scholars went deep with it, like Lindsey Leininger and Sheryl Magzamen. Some of those folks really took it more deeply, and their work now reflects that.

I'm actually most proud of our scholars who had no interest and were terrified of the idea, but who nevertheless put themselves out there to meet some folks outside of academia. For example, our current scholar Christy Erving is a straight sociologist, and has never had any exposure to knowledge exchange. Most sociology faculty never do any of this and don't teach their mentees how to do this, so she was really quite nervous about it. But she's been having a good time. She just had a meeting this past week with somebody at the state government and is feeling really good about it. I think one of the things she realized is that just as she's fearful of them, and is scared to go talk, they're actually fearful of academics. They're like, "Oh, who are these people? What are they going to be like?" Just realizing that relationships can be built is an important lesson.

That excites me the most and makes me a believer that this is something we should be doing more in our training of scientists. It's not about training everybody to be advocates. It's not about watering down the science. But if you can train scholars to understand how the science is used, if you can expose them to the users of science, they may ask different questions. It's not like we think everyone should ask an applied question—of course basic science is important as well—but there are some people who could do both. They could ask basic science questions in their research and they could also have some research that was inspired by finding out what policymakers want to know, or what practitioners want to know, and then using their talents to answer those questions. I am more and more convinced that we need to go down that line. If scientists can't communicate better about science, who is going to?

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