

## **(S1) REPOPA - REsearch into POLicy to enhance Physical Activity – Results of the policy analysis**

### **Chairpersons:**

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### **Overall abstract**

**Purpose of the symposium:** To distribute results from and challenges encountered in a seven-country study that integrated research knowledge and policy making related to enhancing physical activity.

Scientific research is an extremely valuable tool for informing both decision-making and policy making processes geared towards health enhancing physical activity (HEPA). It helps identify emerging problems, offers tools to tackle those problems, and forecast the likely effect of various policy choices.

This possibility to inform policy makers to prepare evidence-informed policies gives space for interaction between scientists, researchers and policy makers. Interaction also provides possibilities to join forces in valuing and justifying selected policies for improved health and increased HEPA. In spite of research evidence showing a need to increase physical activity or subsequent good intentions and plans to enhance physical activity through national, regional and local policies and strategies, a gap still exists in knowing how to integrate the existing research evidence, policy making processes, and implementation contexts.

This symposium introduces results and challenges encountered in the seven-country, five-year project entitled REsearch into POLicy to enhance Physical Activity (REPOPA). The symposium starts with a short introduction to the REPOPA project as the context for the results and the challenges to be discussed (Aro AR). Then the methodology and the results of the first project phase, the policy analysis, are described (Hämäläinen R-M). This is followed by the results from the Italian policy analysis, especially from the perspective of multi-level policies (Valente A) and by the results of Dutch policy analysis (Spitters, HPEM) and by Danish results of the policy analysis (Fredsgaard, MW). Finally, presentations will be discussed together with the audience.

**Abstract 1:**

**Title:** Needs, role and use of evidence in health enhancing physical activity policy making in Finland

**Presenting author:** Hämäläinen R-M

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**Purpose:** Sedentary lifestyle is a well-recognized health promotion challenge. Integration of scientific knowledge, know-how, policy making, and practice is needed to for evidence-informed decisions, policy evaluation, and accountable cross-sectoral policies. The aim is to describe how research evidence and other type of information was used in health enhancing physical activity (HEPA) policies within national, regional and local levels in Finland

**Methods:** Conventional content analysis consisted of five policies. Policy analysis phase, guided by common guidelines and research questions between the partner countries, was followed by interviews with the main stakeholders for policy making. During the policy document analysis, the complementary and clarification needs of the policy-making process were identified for interviews.

**Findings:** Use of conventional content analysis with interviews with the stakeholders appeared to be a relevant method for identifying the needs, role and use of research evidence and other type of evidence for policy making. The policy analysis confirmed that research evidence was useful for HEPA agenda setting, policy formulation and policy making processes, but was in many subject areas not explicitly written into policy documents. The analysis on HEPA policies at national, regional and local levels provided possibility to show: how research evidence was used on different levels of the HEPA policy- and decision-making; role of research evidence and other type of evidence in policy making; and the use of cross-sector approaches and structures for HEPA policies.

**Discussion:** Content analysis including stakeholder interviews of HEPA-policies is a valuable method for forthcoming policy formulation processes. Lessons can be learnt about how to use research for informed decisions and policy making in relation to HEPA policies on national, regional and local levels.

Researchers and policy makers need increased interaction to communicate and understand each other better and to make policy processes more evidence-informed and effective than presently is the case.

**Statements:**

- Use of research evidence should be encouraged in policy making between different administrative levels.
- Effective policy implementation requires regular follow up, evaluation and accountability, which are not clearly expressed in policies.

**Abstract 2**

**Title:** Use of Scientific Evidence in a Multi-level Decision Making Process about Health Policy in Italy

**Presenting author:** Adriana Valente, Tommaso Castellani

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**Purpose:** The aim is to identify the role played by research results, evidence, tacit and explicit knowledge in decision making within HEPA policies, with particular reference to a multi-level policy.

**Methods:** The use of research evidence and the interactions with other kinds of knowledge was investigated within REPOPA WP1 methodology, by means of document analysis and interviews with stakeholders. Four policies were selected for further investigation. In order to acquire rich data, different levels of policy were chosen, from municipal to local, regional and national, including one policy developed in a multi-level process (*metapolicy*).

**Findings:** The document analysis first led to the construction of citation networks. One of the policies analyzed has been developed through a long policy trajectory. The policy trajectory allowed to: - find out that different uses of the same research evidence may be done at different levels of the policy; - follow the “knowledge conversion process”, that combines together tacit and explicit knowledge; - identify the activity and influence of people and entities that played a pivotal role in enhancing policies and in providing input/output research and knowledge.

**Discussion:** Our analysis showed interesting peculiarities of multi-level policy with reference to use of research, evidence and knowledge and to the role of pivotal people. Anyway these points need to be further investigated.

**Statements:**

- Besides traditional distinction in the use of research, in multi-level policy a multi-level classification of the use of research would be more appropriated
- Besides the traditional model of setting a stimulus for a decision making process in a scale between positive (opportunity) to negative (crisis), in a multi-level policy the classification of stimulus has to be done with a multi-level approach
- Multi-level analysis is central for identifying the “knowledge conversion process” and the crucial role of “pivot” individuals

**Abstract 3**

**Title:** Results from policy analysis on the role of research evidence in Dutch national and local Health Enhancing Physical Activity (HEPA) policy

**Presenting author:** Spitters, HPEM

**Authors:** Van de Goor, LAM (1), Spitters, HPEM (1), Dorgelo, A (2), Jansen, J (2)

**Affiliations:** 1) Tranzo, Tilburg University, 2) CBO

**Purpose:** What role does research evidence play in HEPA policy development and implementation? What are preliminary results from the Dutch HEPA policy analysis and interviews with stakeholders at national and local level? How could the role of research evidence in HEPA policy in EU countries be described in a comparable way? Two examples of Dutch HEPA policy- the comprehensive Dutch ‘Health nearby’ national policy and ‘JOGG’, a national policy and implemented at local level, are objective of a qualitative policy analysis

**Methods:** The REPOPA guideline (see abstract 1) was used for mapping the role and use of research evidence from the perspectives of content, process and implementation of policy-making. Rich data were gathered by document analysis and interviews with stakeholders.

**Findings:** Preliminary results show that Dutch national HEPA policy appears to be strong in using research evidence, though the main explicit use of it is epidemiological information. The national policy document strongly focuses on physical activity as a panacea for all health problems; the evidence, however, is not explicitly described. This is also the case for the strong focus on specific target groups such as youth. For sustainable HEPA policy implementation in both national and local policy, many stakeholders are indicated and networks and public-private partnerships are emphasized; however, all

with implicit use of evidence. In the interviews stakeholders mention several reasons for choices they make in the use of research evidence and other evidence in the policy development process.

**Discussion:** Document analysis showed that the use of research evidence is mainly implicit. Interviews with stakeholders shed more light on the role of research evidence especially in the policy making process and needs of policy makers and consideration made in the use of evidence. Proof of the pudding will be the role of evidence in the local 'JOGG' policy. Interventions that stimulate interaction between research and policy can improve integration of research evidence and other evidence into policy development.

### **Statements**

- To increase the use of research evidence in health policy a first step is to get stakeholders from practice, research and policy together and get them on the same page regarding the role of research and policy.
- Interventions that stimulate interaction between stakeholders in research and policy, with a focus on collaboration, are the solution to improve integration of different sources of evidence into policy development

### **Abstract 4**

**Title:** Use of research evidence in local policy making on physical activity - the REPOPA project

**Presenting author:** Fredsgaard MW

**Authors:** Mette Winge Fredsgaard, Catherine Juel Lau, Thomas Skovgaard, Charlotte Glümer, Hämäläinen Riitta-Maija, Arja R Aro

**Affiliation:** University of Southern Denmark, Unit for Health Promotion Research

**Purpose:** The University of Southern Denmark and the Research Centre for Prevention and Health in the Capital Region of Denmark are involved in the first work package of the REPOPA project dealing with mapping and further analyses of use of research evidence in selected health enhancing physical activity (HEPA) policies in 7 countries. This presentation draws on the Danish results of the policy analyses. Focus is on the use and the type of research used in three local level HEPA policies in Denmark.

**Methods:** Three municipal level policies were selected for further investigation. Document analysis, followed by interviews with key stakeholders involved in the policy making process, were carried out.

The data were analyzed with the focus on the characteristics of the research knowledge used for policy making and factors influencing the use of research and other kinds of information.

**Findings:** Systematic reviews were conducted for one policy in relation to HEPA, otherwise search for published studies and reviews was done unsystematically. Reviews were used if available in (mostly national) reports and guidelines, which are considered reliable evidence. Scarcity of applicable HEPA research for a local context was reported. Policy makers focus on both using and generating knowledge. However, research evidence is only used in HEPA policy making if applicable to the local setting. Many factors influence the use of research into policy making such as involvement of stakeholders, availability of relevant evidence for HEPA, resources as well as organizational structure, culture and capacity.

**Discussion:** Our insight into the actual impact of research in HEPA policy making is still sketchy. However, projects such as REPOPA will help to further our understanding of how research and other kind of information is perceived and used in local level policy making.

**Statements:**

- Local governments lack one good web platform where all national and international studies on HEPA are available and reviewed for local level policy making and action planning.
- There is little focus on collaborations across government sectors such as environment, transport, education, land use planning etc. and research disciplines such as social science, biomedical and epidemiology, anthropology and sociology, psychology, technical science, etc. in developing, sharing and translating research evidence for HEPA and public health policy making.