About the nexus between Practice, Policy and Science and studies into research utilization

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Assessing the sustainability of science-policy-practice collaboration in public health

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Introduction

Declining the existing ‘gap’ between science-policy-practice is an important target for the improvement of local public health practices in The Netherlands. In order to achieve this, collaboration between science, practice and policy needs to be explored. This presentation addresses the development and first application of the so called Monitor Academic Collaborative Centres (ACCs), being a methodological tool for assessing the sustainability of science-policy-practice collaboration in the context of the ACCs for public health in the Netherlands.

Methods

The theoretical basis for this instrument consists of two existing models which were integrated. One model addresses the different phases of an innovation process. The other model refers to three subsystems which can be distinguished in an ACC.

The Monitor ACCs comprises (a) an index for assessing the degree of sustainability of the collaboration within the ACCs (based on indicators such as financial resources, stages, quality control, etc.), and (b) a set of potential relevant factors impeding or promoting sustainable science-policy-practice interactions.

In 2011 this web-based monitor was first applied to all Dutch ACCs. Data were gathered among a sample of professionals involved in these ACCs.

Findings

The results of the first application of the Monitor ACCs indicate the quality of the monitor. The index of sustainable collaboration appear to account for substantial variety among the ACCs and most determinants that were assessed appear to be significantly related to the index of sustainable collaboration. Multivariate testing of the model revealed that 5 out of 16 antecedents accounted for most variance in the index (explained variance 42%).

Discussion

In order to anticipate future implementation of the monitor, further research regarding the reliability and validity of the Monitor ACCs is necessary.

Statements for discussion

The information gathered by the Monitor gives direction to the improvement of the collaboration within the ACCs.

Collaboration between science-policy-practice can only be achieved by creating the right incentives.
International cooperation in the field of public health monitoring and reporting

Autor: Marieke Verschuuren

Introduction:
Many public health monitoring activities in the field of public health monitoring and reporting take place in Europe and beyond, at international, national as well as regional/local level. Until recently, there was no platform in Europe for bringing together international expertise in the field of public health monitoring and reporting. As a result there was inefficient exchange of experiences, new research results and good practice examples.

Methods
EUPHA, the European Public Health Association, is an umbrella organisation for public health associations in Europe. EUPHA is an international, multidisciplinary, scientific organisation, bringing together around 14000 public health professionals for exchange and collaboration. EUPHA encourages the creation of sections for specific public health themes, which are international and open to all public health experts. The goal is to bring together researchers, policy makers and practitioners working in the same field for knowledge sharing and capacity building. In 2009 the initiative to form a EUPHA section on Public Health Monitoring and Reporting (PHMR) was started, and in 2011 this initiative was officially endorsed.

Findings
In November 2012 the EUPHA section PHMR has 435 members from about 70 countries worldwide. The section amongst other things has organized workshops at consecutive European Public Health Conferences, provided input for consultations by the European Commission and WHO, wrote a factsheet and an article, and exchanged information by means of a website, a twitter account and e-mail.

Discussion
Setting up a EUPHA section in the field of public health monitoring and reporting is a good start to improve international exchange of experiences and good practices, but there is still considerable room for improvement. In practice it appears difficult to motivate the members of the section to actively share information. Moreover, members currently mainly represent the research community; public health practitioners and policy makers are underrepresented.

Statements
1) International exchange of experiences and good practice examples in public health monitoring and reporting should be improved.

2) A platform for good practice exchange in public health monitoring and reporting can only be effective if researchers, practitioners and policy makers are represented.
Building knowledge together to improve health and wellbeing

Autor: Dr Fu-Meng Khaw

Introduction
‘Building Knowledge Together’ is the name of an initiative led by a multi-disciplinary group in north east England, focused on evidence-based practice and practice-based evidence. Since March 2011 a group of practitioners from public sector organisations, universities and the voluntary and community sector has concentrated on building knowledge together to improve the health and wellbeing of local people. The work of the group has taken place in the context of reforms to the National Health Service (including public health); the public health white paper emphasised the importance of an evidence-focused, efficient and effective public health system.

Method (Process)
The group organised a workshop attended by over 50 people with a broad range of research and practice experience across sectors. The workshop aimed to establish key values and principles to underpin building knowledge together.

The workshop included:

- Five short presentations of practice-based and academic-based research and the impact of the outputs
- Group discussion to identify values and principles

Findings (Progress)
The workshop informed the production of a ‘charter’ of values and principles. The next step is to seek endorsement of relevant partners through the newly established statutory Health and Wellbeing Board. It is anticipated that the strategic multi-agency endorsement of the charter will strengthen each organisation’s commitment to building knowledge together. Furthermore, it will support a commissioning process that builds, and then builds on, knowledge in order to achieve the greatest possible improvement in the health and wellbeing of local people.

Discussion
The group’s progress was facilitated by the local Director of Public Health which encouraged discussions equally valuing knowledge produced in diverse community, academic and practice settings. Challenges include exploiting the differences (or richness) of professional experience within a group involving individuals who have worked exclusively in academic or practice settings, or have moved between the two.

For Debate
How is knowledge regarded and valued by organisations with different cultures, perspectives and priorities?

How can collaborative approaches to building knowledge improve public health and wellbeing?
Small but Beautiful: Linking of policy, practice and research in public health

Autor: AJJ Voorham, PhD, P. Bisscheroux, MD F. Kreuger, MSc

The Academic Collaborative Centre Public Health “CEPHIR” in Rotterdam started short-term policy based research in 2007, under the name “Small but Beautiful”. Policy or practice based questions are answered through short-term research of three months at most. In this presentation the objective and results are described, and evaluated with regard to the aims of CEPHIR. We found that “Small but Beautiful” is an appropriate method to provide a short-term evidence based response to questions from policy and practice in Public Health.
Evidence for community action: Addressing inequality with the early development instrument in Scotland

Authors: Rosemary Geddes, Lisa Marks Woolfson, Stephanie McNicol, Josephine Booth, Tara Shivaji, John W Frank

Abstract

Background
Currently there are few means in Scotland by which geographical and socioeconomic status (SES) inequalities in child development can be measured, nor the impact of early years policies and programmes on child development be assessed at regional or national level. Our aims were: to pilot an internationally validated tool, the Early Development Instrument (EDI), to assess global development in Scottish children at school entry; and to feed results back to communities allowing local stakeholders to reflect on the effectiveness of early years’ support services and programmes, and plan further interventions that address inequalities.

Methods
Phase 1 was piloted with 14 Primary 1 teachers assessing a cohort of 154 children in one education district, following which the instrument was adapted for the Scottish context (Scottish Early Development Instrument: SEDI). Phase 2 was then carried out using the SEDI, and analysing data from a larger sample of 1090 participants comprising all Primary 1 children within this school district, evaluated by 68 teachers. The mean scores in each of the five developmental domains were linked to SES based on postcode categories. Results for geographic areas were mapped using GIS mapping.

Findings
Results suggested that the SEDI displayed adequate psychometric and discriminatory properties and is appropriate for use across Scotland. Children in the lowest SES quintiles were 2-3 times more likely than children in the most affluent quintile to score low in at least one developmental domain. Even in the most affluent quintile though, 17% of children were ‘developmentally vulnerable’, suggesting that those in need cannot be identified by SES alone.

Discussion
The SEDI offers a feasible means of providing communities with a holistic overview of school readiness for targeting early years’ interventions. During the next phase local community groups will utilise SEDI findings for local decision-making around services and resources.

Proposed statements for debate:

(1) Should practitioners (from health, education, social services etc) be provided with assistance to interpret findings from scientific studies?
(2) Are there risks with providing this type of information about inequalities in child development to communities and local stakeholders?
Comparing survey and network analyses to identify policy makers’ sources of information

Authors: Kathryn Oliver, Frank de Vocht

Introduction
Public policy makers are encouraged to use evidence when making decisions. Recent research suggests that policy makers prefer local data or non-research information to help them make decisions, and often use personal contacts to find information and advice. (Haynes 2011, Oliver 2012). However, little is known who or what are the main sources of information for public health policy makers.

A survey of policy makers’ preferred sources of information included ‘experts’ and ‘other people’. This study compares the categorical results from that survey with a network analysis of the same sample.

Methods
A survey of public health policy makers across Greater Manchester was carried out (response rate 80%). All policy actors involved in public health policy (finding, analyzing or producing information, producing or implementing policy) in Greater Manchester were included in the sampling frame. An online questionnaire was used to collect data on policy makers’ sources of information. Network data were collected by asking respondents to nominate other individuals or organisations from which they received information. Respondents were also provided with a list of sources of information and asked which they used, in order to generate categorical data.

Findings
The most frequently chosen sources of information from the categorical data were NICE, government websites and Directors of Public Health. However, the network data showed that the most important individuals acting as sources of information in the network were actually mid-level managers in the NHS, who had no direct expertise in public health. Academics and researchers did not feature in the network.

Discussion
Both survey and network analyses provide useful insights into how policy makers access information. Network analysis offers practical and theoretical contributions to the EBP debate. Identifying individuals who act as key users and producers of evidence allows academics to target actors likely to use and disseminate their work.

Statements:
1. There is a large demand for evidence and information which is not being met by academics and researchers
2. Network analysis identifies opinion leaders as targets for research
Mind the gap! Can researchers deliver what local policymakers want in an evidence briefing document?

Authors: Oliver Francis\(^1\), James Smith\(^2\), David Ogilvie\(^1\)

Introduction
The production of evidence summaries can be a unidirectional enterprise, where researchers seek to communicate what they perceive as the essentials of their research for policymakers. The Centre for Diet and Activity Research (CEDAR) is producing evidence briefings, but wanted them to be influenced by the perspectives of potential users of these products.

Methods
Following prototyping of Evidence Briefs within CEDAR, focus groups were organised with policymakers and practitioners from local government, health service and other organisations. Each group discussed a prototype Brief, with prompting questions from a CEDAR facilitator. Notes and audio recordings were analysed to identify key themes. The findings of these focus groups were triangulated with those from one-to-one discussions and an online questionnaire, with insights informing the production of the series of Briefs.

Findings
Key factors that made an Evidence Brief more useful included:

- Inclusion of quantitative and economic information, particularly when tackling assumed truths
- Linking findings to current policy priorities
- Minimal caveats and brevity, but with clear signposting to further information.
- Clarity of target audience in production and delivery.

There was not agreement on whether Briefs should be very narrowly focussed or summarise a range of research. Similarly there was debate about how briefings from individual organisations should complement guidance from national health bodies.

Discussions
Evidence Briefs provide a potentially useful way of communicating beyond academia. However, what could be taken as a simple and straightforward product is subject to many competing perspectives and drivers. It is clear that there are gaps between what primary research is able to produce and the information that policymakers feel is needed to guide their decisions. Co-production between researchers, practitioners and intermediary bodies can help bridge this gap and lead to the production of Evidence Briefs that are seen as shared resources.

Statements for debate

“Individual research studies or groups are unable to generate the type of information that policymakers need to make decisions.”

“Co-production of evidence summaries may dilute good science, but it strengthens good policy.”
Barriers and Facilitators of the Use of Evidence by Policy makers: an updated systematic review

Autor: Kathryn Oliver

Introduction: The gap between research and practice or policy is often described as a problem. To identify new factors, barriers and facilitators of the use of evidence by policy makers, and assess the state of research in this area, a previous systematic review (Innvaer 2002) [1] was updated.

Methods: We searched multiple online databases including Medline, PsychInfo, Embase, SocSci Abstracts and Cochrane (Search dates July 2000 - September 2012). Studies were included if they were primary research or systematic reviews about barriers and facilitators of the use of evidence in policy. Included studies were coded to extract data on methods, topic, focus, results and population. Results were described using frequencies and narrative synthesis.

Findings: 146 new studies were identified by the update review, of which over half were published since 2010. Thirteen systematic reviews were included. Although still primarily in the health field, studies were also drawn from criminal justice, traffic policy, drug policy, and partnership working. The most frequently reported barriers to use of evidence were poor access to good quality relevant research, and lack of timely research output. The most frequently reported facilitators were collaboration between researchers and policy-makers, improved relationships and skills. There is an increasing amount of research into new models of knowledge transfer and evaluations of interventions such as knowledge brokerage.

Discussion: Although the methods and approach to looking for barriers and facilitators to the use of evidence has spread beyond the health field and into more countries, the main barriers and facilitators remained the same as in the earlier review. Relationships between policy and research actors appear to be the most important factors in influencing the use of research evidence. Few studies define policy, evidence or policy maker or provide empirical data about policy processes.

Statements:

1. Assumptions that policy makers do not use evidence and that more research should be used are not critically addressed

2. More empirical data about policy, management and governance processes (who, what and how) are needed.