

Program in Policy Decision-Making

McMaster University

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Supporting the Use of Research Evidence in Social Care Management and Policymaking: Lessons from the Health Sector

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What do we know about supporting research use by managers and policymakers?

What are the challenges that such efforts are striving to overcome?

What are some innovative strategies that are being developed and evaluated in the health sector?

What about the five questions you posed?

Overview (2)



Questions for consideration

- What's a policymaker?
- What are the influences on the policymaking process?
- What does evidence-informed policymaking mean?
- Can we do harm with knowledge transfer and exchange (KTE) efforts targeted at policymakers?

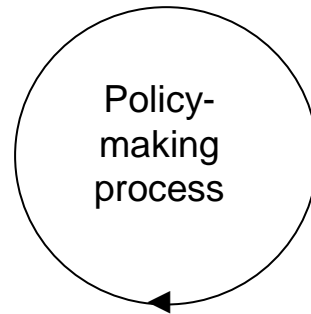
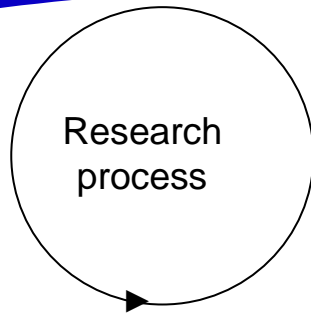
Supporting Research Use by Policymakers



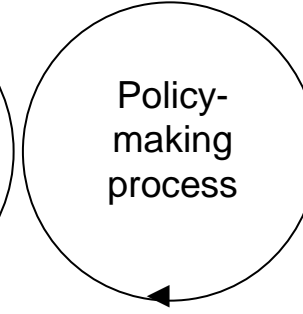
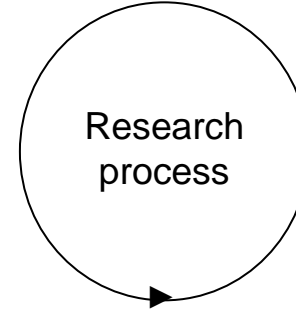
Increasingly efforts to support research use strive to address the two factors that emerged with some consistency in a systematic review of the factors that increased the prospects for research use

- Interactions between researchers and policymakers
 - Engage policymakers in priority-setting, research (including reviews), and deliberative dialogues
- Timing / timeliness
 - Facilitate retrieval of research evidence, including optimally packaged systematic reviews and review-derived products (e.g., one-stop shopping, training workshops, rapid-response units)

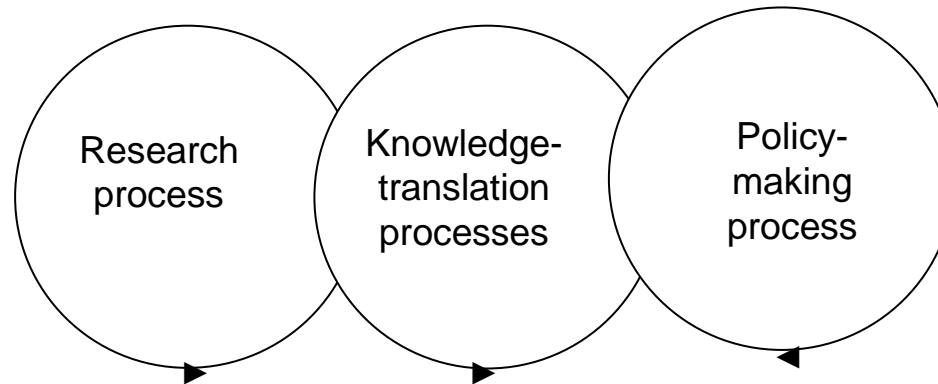
Supporting Research Use by Policymakers (2)



Unlinked asynchronous processes



Fortuitously linked processes



Purposefully linked processes

Supporting Research Use by Policymakers (3)



Such efforts need to recognize that research evidence can play many roles in policymaking

- Helps to get problems on the agenda (i.e., what challenges should we focus on?)
- Helps to solve particular problems at hand (i.e., what policy option or implementation strategy should we support?)
- Helps to think about problems, solutions and implementation differently (i.e., how should we begin to approach this challenge?)
- Helps to justify a decision made for other reasons (i.e., how can we 'sell' the position we've taken?)

Supporting Research Use by Policymakers (4)



Such efforts also need to recognize that research evidence can support many steps in the policymaking process (and that reviews make this feasible)

- Defining the problem
 - Identifying indicators and making comparisons (over time, across settings or against plans)
 - Reviews of observational studies (e.g., administrative database studies, community surveys)
 - Highlighting alternative framings of the problem to assist with mobilizing support among different groups
 - Reviews of qualitative studies that examine stakeholders' views about and experiences with the problem

Supporting Research Use by Policymakers (5)



Reviews can inform many steps (2)

- Assessing potential policy & program options
 - Identifying several feasible policy and program options that could affect the problem
 - Frameworks (alone or embedded in reviews and overviews of reviews)
 - Describing the positive effects (benefits) of the options
 - Reviews of effectiveness studies (e.g., randomized controlled trials, interrupted time series, CBAs)
 - Describing the negative effects (harms) of the options
 - Reviews of effectiveness or observational studies

Supporting Research Use by Policymakers (6)



Reviews can inform many steps (3)

- Assessing potential policy and program options (2)
 - Describing the cost-effectiveness of options
 - (Reviews of) Economic evaluations
 - Describing the key elements of complex options (to facilitate local adaptation if necessary)
 - Reviews of qualitative studies that examine how or why interventions work (i.e., process evaluations)
 - Describing stakeholders' views about and experiences with the options
 - Reviews of qualitative studies that examine stakeholders' views about and experiences with particular options

Supporting Research Use by Policymakers (7)



Reviews can inform many steps (4)

- Identifying implementation considerations
 - Identifying potential barriers to implementation at the level of patients/ consumers, health workers, organizations and systems
 - Reviews of observational studies and/or qualitative studies
 - Describing the effects of appropriately targeted implementation strategies
 - Reviews of effectiveness studies

Supporting Research Use by Policymakers (8)



Why reviews?

- Reduce likelihood of being misled by research evidence
- Increase confidence about what can be expected
- Allow policymakers to focus on assessing applicability to their setting and on collecting and analyzing other inputs to the policymaking process
- Allow stakeholders to contest the research evidence

Systematic reviews can be conducted for any type of policy question, focus on any type of research study, and bring to attention both unpublished studies and studies written in languages other than English

Supporting Research Use by Policymakers (9)



Even if the findings of a review are not applicable to a particular setting, insights can still be drawn about

- Features of a problem
- Policy or program options
- Implementation considerations
- Approaches to monitoring and evaluation

Supporting Research Use by Policymakers (10)



Questions for consideration

- What role are you trying to play in the policymaking process (e.g., helping policymakers to think about problems, solutions and implementation differently)?
- What step in the policymaking process are you trying to inform (and is a 'window of opportunity' open, opening or openable)?
- Can you situate your study in the context of a systematic review?
- Do you have the time and resources to inform other steps in the policymaking process at the same time (using available systematic reviews)?

Challenges in Linking Research to Policymaking



- 1. Research competes with many other factors in the policymaking process**
- 2. Research isn't valued as an information input**
- 3. Research isn't relevant**
- 4. Research isn't easy to use**

Addressing Challenge 1



Challenge 1

- Research competes with many other factors in the policymaking process
 - Institutional constraints (e.g., constitutional rules)
 - Interest group pressure
 - Citizens' values / Other types of information (e.g., experience)
 - External events (e.g., global recession)

One option (among many) for addressing challenge 1

- Improve democratic processes (but this is beyond the scope of most of us) or create 'routine' processes (as many countries have done for 'technologies')

Addressing Challenge 2



Challenge 2

- Research isn't valued as an information input

One option (among many) for addressing challenge 2

- Convince policymakers to place value on the use of research by highlighting examples from the past or from other jurisdictions where research made the difference between policy/program success and failure (or communication success and failure – e.g., World Health Organization and World Bank)

Hoffman SJ, Lavis JN, Bennett S. The use of research evidence in two international organizations' recommendations about health systems. *Healthcare Policy* 2009; 5(1): 66-86.

Addressing Challenge 3



Challenge 3

- Research isn't relevant

One option (among many) for addressing challenge 3

- Engage policymakers periodically in priority-setting processes and communicate the priorities to researchers, including
 - Long-term requirements for new primary research
 - Medium-term term requirements for systematic reviews
 - Short-term requirements for evidence briefs

Addressing Challenge 4a



Challenge 4

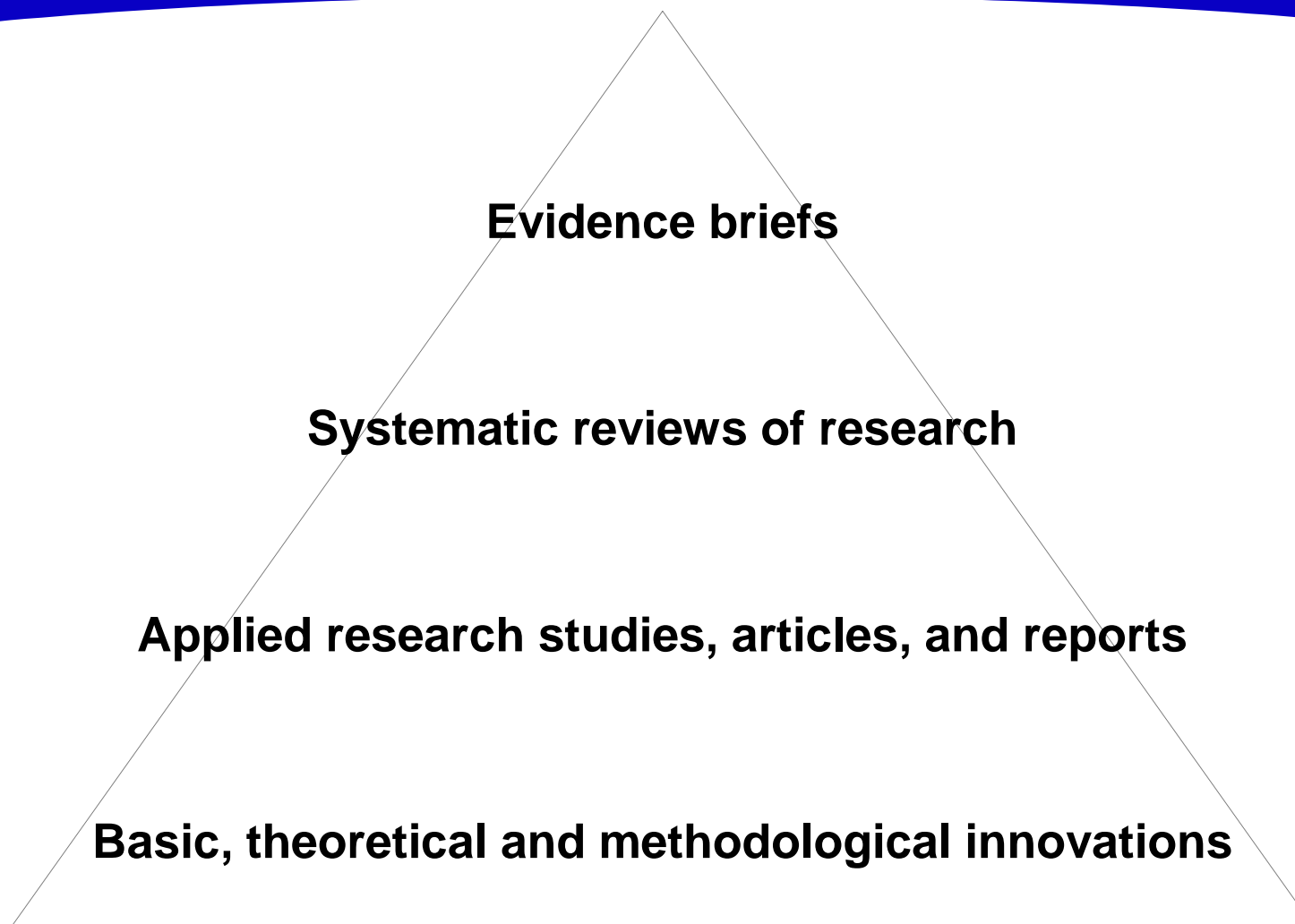
- Research isn't easy to use

Challenge 4a

- Research isn't communicated effectively (i.e., policymakers hear noise instead of music)

One option (among many) for addressing challenge 4a

- Identify the key messages from your research (what)
- Identify and study the target audiences (to whom)
- Identify and work with/through credible messengers (by whom)
- Employ promising dissemination strategies (how)
- Monitor processes and outcomes (with what effect)



Addressing Challenge 4b



Challenge 4

- Research isn't easy to use

Challenge 4b

- Research isn't available when policymakers need it and in a form that they can use

Two options (among many) for addressing challenge 4b

- Maintain a policymaker-targeted website that provides 'one stop shopping' for reviews and review-derived products (e.g., Health Systems Evidence)
- Provide policymaker-targeted training workshops and related tools that provide the knowledge and skills needed to find and use research evidence efficiently (and to conduct health policy analyses)

Addressing Challenge 4c



Challenge 4

- Research isn't easy to use

Challenge 4c

- Policymakers lack mechanisms to prompt them to use research in policymaking

One option (among many) for addressing challenge 4c

- Propose changes to cabinet submissions and program plans to prompt analysts to summarize whether and how research informed the definition of a problem, the framing of options to address the problem, and the proposed approach to implementation

Addressing Challenge 4d



Challenge 4

- Research isn't easy to use

Challenge 4d

- Policymakers lack forums where system challenges can be discussed with stakeholders and researchers

One option (among many) for addressing challenge 4d

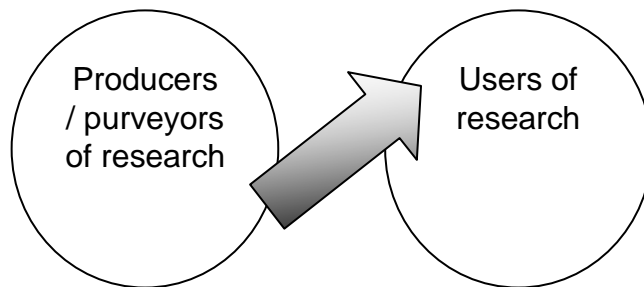
- Plan deliberative dialogues at which pre-circulated evidence summaries serve as the starting point for off-the-record deliberations involving policymakers, stakeholders, and researchers

Addressing Challenges in Supporting Research Use

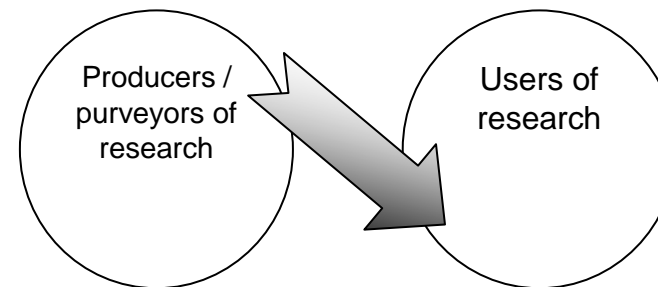


- 1. Research isn't valued as an information input [General climate for research use]**
- 2. Research isn't relevant [Production]**
- 3. Research isn't easy to use [Translation]**
 - a. Research isn't communicated effectively [Push]
 - b. Research isn't available when policymakers need it and in a form that they can use [Facilitating pull]
 - c. Policymakers lack mechanisms to prompt them to use research in policymaking [Pull]
 - d. Policymakers lack fora where system challenges can be worked through with key stakeholders [Exchange]

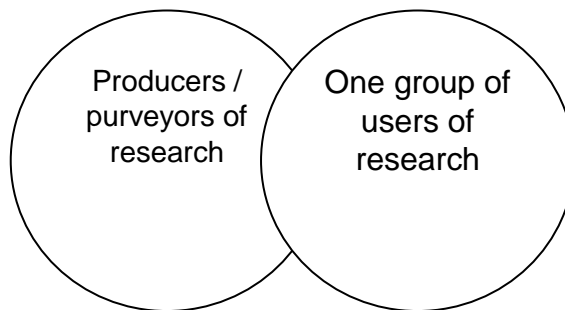
Addressing Challenges in Supporting Research Use (2)



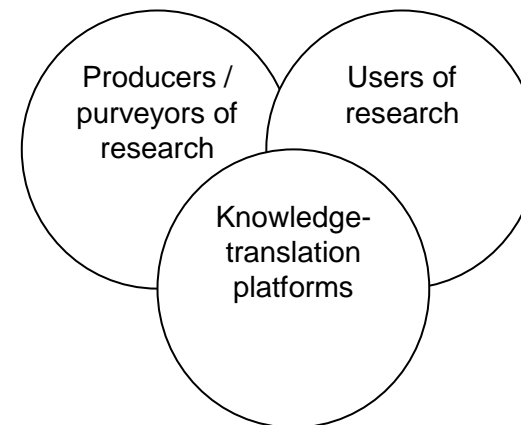
Push efforts



User-pull efforts



Exchange efforts



Integrated efforts

Some Innovative Strategies that are Being Developed and Evaluated



Health Systems Evidence contains ~1,150 systematic reviews (and review-derived products) about health system arrangements and implementation strategies

- Evidence briefs
 - E.g., McMaster Health Forum evidence briefs, European Observatory policy briefs
- Overviews of systematic reviews
 - E.g., Lancet articles on HRH and PHC
- Reviews, with links to user-friendly summaries
 - E.g., SUPPORT summaries that grade the evidence and highlight local applicability, equity and scaling up considerations

Some Innovative Strategies that are Being Developed and Evaluated (2a)



Policymaker training workshops address: 1) defining problems, 2) framing and describing what's known about options, 3) identifying implementation challenges and describing what's known about implementation strategies

- Five-day version available through the Executive Training Program for Research Application (EXTRA) program
- Two-day version offered in a number of settings in Africa and Latin America
- One-day version offered at the Ontario Ministry of Health and Long-Term Care, Health Canada, and the Pan American Health Organization (and 1.5- and 3-hour versions also offered at the Ontario Ministry)

Some Innovative Strategies that are Being Developed and Evaluated (2b)



Policymaker training workshops have now being turned into 19 tools to support evidence-informed policymaking, examples of which include

- 3. Defining the problem
- 4. Framing options to address a problem
- 8. Assessing the applicability of systematic reviews

Some Innovative Strategies that are Being Developed and Evaluated (3a)



McMaster Health Forum's deliberative (stakeholder) dialogues share seven features:

1. Consulting with event partners and stakeholders to frame the terms of reference for the evidence brief and to develop the list of dialogue participants
2. Preparing and circulating an evidence brief that mobilizes both global and local research evidence about the problem, three options for addressing the problem, and relevant implementation considerations
3. Convening 18-20 individuals for an off-the-record stakeholder dialogue chaired by a neutral facilitator

Some Innovative Strategies that are Being Developed and Evaluated (3b)



Dialogues share seven features (2)

4.Preparing and circulating a high-level summary of the dialogue and video interviews with select dialogue participants

5.Preparing and delivering personalized briefings to key policymakers and stakeholders

6.Providing a year-long evidence service that will bring to attention newly published or newly identified reviews (Health Systems Evidence Service)

7.Evaluating the key features of both the evidence brief and the deliberative dialogue

Some Innovative Strategies that are Being Developed and Evaluated (3c)



Dialogues require us

- To see/predict and take advantage of windows of opportunity by compressing the life cycle for some topics and expanding it for others
- To engage policymakers and stakeholders able to
 - Bring unique views and experiences, as well as tacit knowledge, to bear on a challenge and learn from the research evidence and others' views and experiences
 - Champion within their respective constituencies the actions that will address the challenge creatively

What Can You Do?



Questions for discussion

- Are you sure that policymakers really are a target audience for your research?
- Are you sure that your study really is the basis for a targeted communication effort (or is it a building block for a larger effort)?
- Are you clear about what role you want to play in the policymaking process and what step in that process you're trying to inform (and whether a 'window of opportunity' is open, opening or openable)?
- Are you clear about what message you're trying to communicate, to whom it's targeted, by whom it should be delivered, how, and with what effect?

Questions You Posed



1. How to take account of the lack of 'pull' from social services staff? If staff are not requesting research-based evidence, it's hardly likely they will be receptive to it. Also, it's no-one's job to take research-based evidence and implement it. So – should we be acting in the long term to create the 'pull' and the 'champions'? Or are there faster ways of 'pushing' that would create the 'pull'?
 - Work on creating the 'pull' and the 'champions' (and the activities/resources that 'facilitate pull')?
 - E.g., Promotions
 - E.g., Performance criterion
 - E.g., Research Evidence Tool

Questions You Posed (2)



2. Are there tried and tested ways in which involving end users at an early stage in the knowledge production cycle has paid off at the implementation stage? A straightforward example of this would be encouraging policy customers to become active members of project steering groups: but how can we involve less accessible or motivated end users, such as service managers?

- Should we be engaging end users in
 - Producing primary research?
 - Producing secondary research?
 - Producing packaged evidence summaries?
 - Commenting on packaged evidence summaries?

Questions You Posed (3)



3. Working with managers and policymakers is difficult but conceivable. Working with low-paid, direct care staff is extremely difficult. There is strong motivation to do things 'for' people, but learning is predominantly from each other, by doing (not reading) and limited to local lessons. Is embedding research in policies and practice procedures, with the attendant risks of dilution and stifling creative practice, the only answer?
- Are there lessons here from the strategies that have historically been targeted at health workers?
 - Educational materials / Educational meetings / Educational outreach visits / Local opinion leaders / Local consensus processes / Peer review / Audit and feedback / Reminders and prompts / Tailored interventions / Patient-mediated interventions / Multi-faceted interventions

Questions You Posed (4)



4. People reinvent research messages so that they are 'true for me': how can we both minimise the risk of distortion during this process and yet remain open to the data that reinvention gives on the applicability of research?
 - How about remaining open to facilitated discussions about reinvention, where they're well justified, and where they're not?

Questions You Posed (5)



5. What is the state of evidence in the academic literature on knowledge transfer/sharing etc? Are there any well-conducted controlled studies or systematic reviews, and where, eg in which journals or databases, might we expect to find them?

- See Health Systems Evidence for reviews about 'implementation strategies' targeted at
 - Consumers – Reviews of effects
 - Providers – Reviews of effects
 - Organizations
- See Innvaer et al. (JHSRP 2004), Lavis et al. (JHSRP 2005) and Lavis et al. (2005 and in preparation) for reviews about system-level findings

Resources



Lavis JN. How can we support the use of systematic reviews in policymaking? **PLoS Medicine** 2009; 6(11): e1000141.
doi:10.1371/journal.pmed.1000141.

Lavis JN, Oxman AD, Lewin S, Fretheim A: SUPPORT Tools for evidence-informed health Policymaking (STP). Introduction. **Health Research Policy and Systems** 2009, 7(Suppl 1):I1
doi:10.1186/1478-4505-7-S1-I1.

www.mcmasterhealthforum.org (McMaster Health Forum)

www.healthsystemsevidence.org (Health Systems Evidence)

www.researchtopolicy.org (Program in Policy Decision-making)