



The University of Sydney



Transferring research evidence into policy and practice

**Emerging Health Policy Research Conference
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Warning

Don Watson describing his experience of the Keating government:

- “A large if not defining element of chaos... organised chaos, creative chaos but often it was just chaos or even hopeless chaos”

Quoted from:

Don Watson *Recollections of a Bleeding Heart*, 2002

(Political memoirs of the Keating era in Australian politics by the Prime Minister's chief political speech writer)



What is public policy?

- **Public policy-making** – “The process by which governments translate their **political vision** into programmes and actions to **deliver outcomes** - desired changes in the real world”

<http://www.policyhub.gov.uk/evalpolicy/index.asp>

- The **courses of action** that are taken to deliver these outcomes are mainly resource allocation, rules and regulations, and occasionally legislation
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Many models to illustrate the relationship between evidence and policy

- **Knowledge-driven model** - the existence of new knowledge will create pressure for its use -eg vaccination
 - **Problem solving model** - direct application of knowledge to a decision - eg Dutch approach to health inequalities?
 - **Interactive model** - research knowledge one “input” alongside experience, political insight, social pressure etc - eg UK approach to health inequalities 1997-on
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Many models to illustrate the relationship between evidence and policy

- **Political model** - evidence used to justify a pre-determined position, eg use of schools, mass media to solve complex problems
- **Tactical model** - evidence used to delay or avoid responsibility for unpopular decision, eg UK approach to health inequalities 1980-97

(Carol Weiss 1979)



Message 1

Don't be so cynical about the relationship between evidence, policy and practice

- Evidence can be far more influential on policy and practice than you think
 - Most politicians are intelligent and want to do the right thing
 - We need to understand in more sophisticated ways the relationships between evidence, policy and practice
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How does policy emerge?

- Policy making is rarely an “event”, it tends to emerge and evolve over time, subject to continuous re-interpretation of information, with no definite beginning or end
 - Timing of decisions dictated by political considerations rather than state of evidence
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What influences policy change?

- Derived from balance between what is:
 - scientifically plausible (evidence based)
 - politically acceptable (fit with vision, balance of interests), and
 - practical for implementation
 - powers and resources available
 - systems, structures and capacity for action in place
 - feasible to take action
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Message 2

Take a liberal view of what constitutes evidence

“Good quality policy-making depends upon information from a variety of sources - expert knowledge; existing domestic and international research;.... stakeholder consultation, ...evaluation of previous policies...

There is a great deal of critical evidence held in the minds of both the front line staff in departments, agencies and local authorities to whom the policy is directed.”

<http://www.policyhub.gov.uk/evalpolicy/index.asp>



Message 3

Make more evidence that is relevant to policy and practice

- Vast amount of evidence **describing the problem**
- Relatively little evidence to guide decisions on **how to solve it**
- Inverse relationship between the volume and quality of evidence, and the potential effectiveness of interventions

(ie higher volume of evidence on behavioural and risk factor modification, relative to social, environmental and economic interventions)



Cochrane Collaboration site on Tobacco addiction

Review of database:

- “Most health professionals believe they should help people who wish to stop”
- “It is difficult to recommend one approach over another”
- “Social attitudes, legislation and public health measures influence change in tobacco use. Against this background, many smokers give up without clinical intervention”

(Lancaster et al BMJ 2000)



What is the relevance of this in deciding on tobacco policy?

What interventions are most powerful

- Is it advertising bans, price increases, restrictions on access, restrictions on smoking in public places - for which we have no information on the Cochrane database
- or is it nicotine replacement therapy, physician advice or telephone counselling for which we are advised:
“It is difficult to recommend one approach over another”

The policy question:

- **What combination, in what order will produce the greatest effect?**
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Messages 4 and 5

- Find ways of making the evidence fit with political priorities/political vision
 - Find ways of making a political priority of those things for which we have evidence through effective public health advocacy
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Message 6

Identify practical examples of action and consider how to scale it up

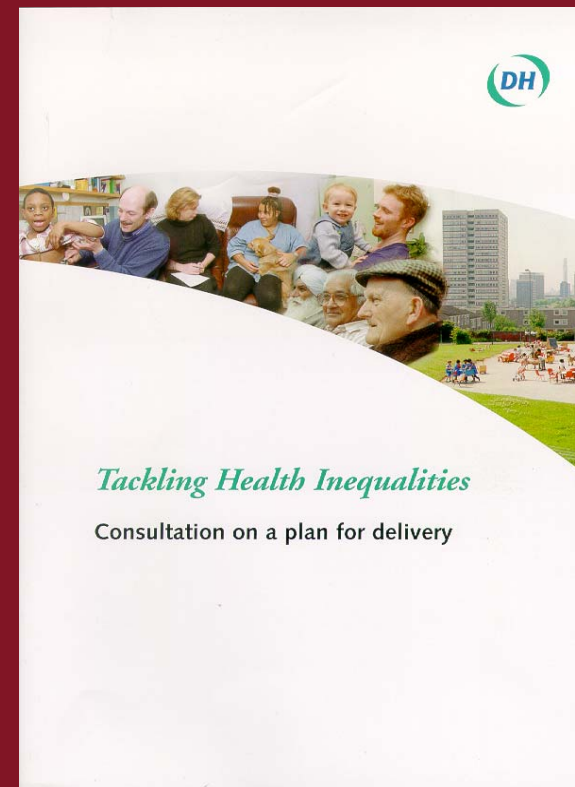
- Be in a position to answer the questions:
 - What can I do?
 - What is the best buy?
 - Persuade me it can be done in a political lifetime
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Community engagement – it can be done in my lifetime....

“There is a great deal of critical evidence held in the minds of both the **front line staff** in departments, agencies and local authorities to whom the policy is directed.”

- *Tackling Health Inequalities - Consultation on a plan for delivery*
(<http://www.doh.gov.uk/healthinequalities/tacklinghealthinequalities.>)





All-government *Programme for Action* – it can be made to fit with government priorities

Foreword by the Prime Minister

We live in an age of astonishing progress. We are more prosperous and live longer and healthier lives than ever before. In every area of life, scientific and technological advances are helping create new opportunities and vanquish old problems. In health care, new treatments, unthinkable a generation ago, are saving thousands of lives each year. Even more revolutionary medical advances are on the horizon.



But it's not all a story of unrelenting and welcome advances. Our society remains scarred by inequalities. Whole communities remain cut off from the greater wealth and opportunities that others take for granted. This, in turn, fuels avoidable health inequalities.

The statistics are shocking enough. Families in these communities die at a younger age and are likely to spend far more of their lives with ill-health. Behind these figures are thousands of individual stories of pain, wasted talent and potential. The costs to individuals, communities, and the nation are huge. Social justice demands action.

Tackling such entrenched and enduring health inequalities is, of course, a daunting challenge. But nor can we any longer ignore these problems. Previous Governments failed even to recognise, let alone prioritise action to tackle the health inequalities that had become everyday life for millions.

We have started to tackle this health gap, not least by the sustained and record investment in the NHS and our other vital public services. More fundamentally, a whole series of cross-departmental action will address the root causes of poor health and health inequalities. This *Programme for Action* builds on successes like *Sure Start*, our smoking cessation services and the teenage pregnancy strategy.

We also need to recognise that continued success in tackling health inequalities requires the courage to work in new ways. It means setting national standards for services but giving those responsible for delivering on the ground the freedom locally to meet these standards.

Apparently uniform national services, what's been called a "one-size-fits-all" approach to health, education and local government, have failed to combat health inequalities. This should be no surprise. While at a distance such problems and inequalities may seem similar, they are the result of different and complex causes. They need diverse, rather than identical, solutions which can only come from giving communities and front-line staff the power to redesign, refocus and reprioritise programmes to tackle local need.

It has taken decades to entrench this inequality. But this *Programme for Action* demonstrates our commitment to deliver long-term improvement, through investment, reform and local responsibility, in the health and healthcare of the most disadvantaged in our society.

Tony Blair

Rt. Hon. Tony Blair MP

The Programme for Action will be taken forward across Government.



HM TREASURY



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DWP Department for Work and Pensions

Department for Transport



Department for education and skills

Department for Constitutional Affairs



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If you require further copies of this title quote 32366/*Tackling Health Inequalities: a Programme for Action* and contact:

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www.doh.gov.uk/healthinequalities/programmeforaction



Concluding remarks (1)

- Evidence is influential if
 - it is available when needed,
 - it can be made to “fit” with current political vision and priority, and with cultural norms, and
 - offers practical actions
 - Transfer of policy into practice depends fundamentally on good practical ideas and the application of resources – legislation enables, supports, reinforces
 - Recognise the complementary role of effective public health advocacy as a part of the policy development process
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Concluding remarks (2)

- Agree on what constitutes legitimate evidence for policy - methods, measures, sources, application
 - Promote research that is intervention oriented, addressing outcomes and processes
 - Understand better the place of research evidence in policy making process - achieving best “fit” with political vision and desired outcomes
 - Work with public servants and public health practitioners to develop skills in critical appraisal
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