

Program in Policy Decision-Making

McMaster University

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What Do We Know About Sharing Knowledge?

Reaching Out: Effective Approaches to Sharing Knowledge About Mental Health
Victoria, BC, Canada

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Approaches to knowledge sharing (KS) vary by target audience

KS involving citizens and practitioners

KS involving policymakers (most of my focus)

Tools and resources

Approaches to KS Vary by Target Group



Many ways of dividing up target groups... here's one

- Citizens (patients, care-givers, etc.)
- Practitioners (doctors, nurses, etc.)
- Managers (in public health units, community health centres, NGOs, hospitals, etc.)
- Policymakers (politicians, political staffers and civil servants in federal, provincial and municipal government)

Approaches to KS Vary by Target Group (2)



Focus with the first two of these target groups looks very different from the focus for the last two

- “Implementation” of high-quality research evidence or evidence-based guidelines
 - Citizens (patients, care-givers, etc.)
 - Practitioners (doctors, nurses, etc.)
- Recognizing that other things also matter a great deal
 - Values and preferences
 - Professional expertise / patient context

KS Involving Citizens and Practitioners



- 1. What are the potential barriers to the successful implementation of the policy or program?**
- 2. What strategies should be considered in order to facilitate the necessary behavioural changes among citizens (e.g., awareness of the availability of a free immunization program)**
- 3. What strategies should be considered in order to facilitate the necessary behavioural changes among practitioners (e.g., adherence to guidelines)?**

KS Involving Citizens and Practitioners (2)



What strategies should be considered in order to facilitate the necessary behavioural changes among citizens?

- Information or education provision
- Behaviour change support
- Skills and competencies development
- (Personal) Support
- Communication and decision-making facilitation
- System participation

KS Involving Citizens and Practitioners (3)



What strategies should be considered in order to facilitate the necessary behavioural changes among practitioners?

- 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

KS Involving Policymakers



Three (soon four) systematic reviews have examined the factors that increase the prospects for evidence use

- Interactions between researchers and policymakers
 - Engage policymakers in priority-setting, research (including reviews), and deliberative dialogues
- Timing / timeliness
 - Facilitate retrieval of research evidence through one-stop shops, SUPPORT tools, training workshops, and rapid-response units

One systematic review has examined the effectiveness of interventions to support review use by policymakers⁸

KS Involving Policymakers (2)



Addressing challenges in using research evidence

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

Addressing Challenge 1



Challenge 1

- Research evidence competes with many other factors in the policymaking process
 - Institutional constraints (e.g., constitutional rules)
 - Interest group pressure
 - Other ideas such as citizens' values, tacit knowledge, real-world views and experiences)
 - 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' mechanisms (as many countries have done for technology)
[NIHCE, CADTH/OTAC]

Addressing Challenge 2



Challenge 2

- Research evidence isn't valued as an information input

One option (among many) for addressing challenge 2

- Encourage policymakers (and stakeholders) to place value on the use of research evidence 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 [WHO and World Bank, REACH Uganda, Science-ish])

Addressing Challenge 3



Challenge 3

- Research evidence isn't relevant

One option (among many) for addressing challenge 3

- Engage policymakers (and stakeholders) periodically in priority-setting processes and communicate the priorities to researchers [EVIPNet Cameroon, 'Listening for Direction' in Canada]
 - Long-term requirements for data-collection systems and for new primary research
 - Medium-term term requirements for systematic reviews
 - Short-term requirements for 'evidence briefs'

Addressing Challenge 4a



Challenge 4

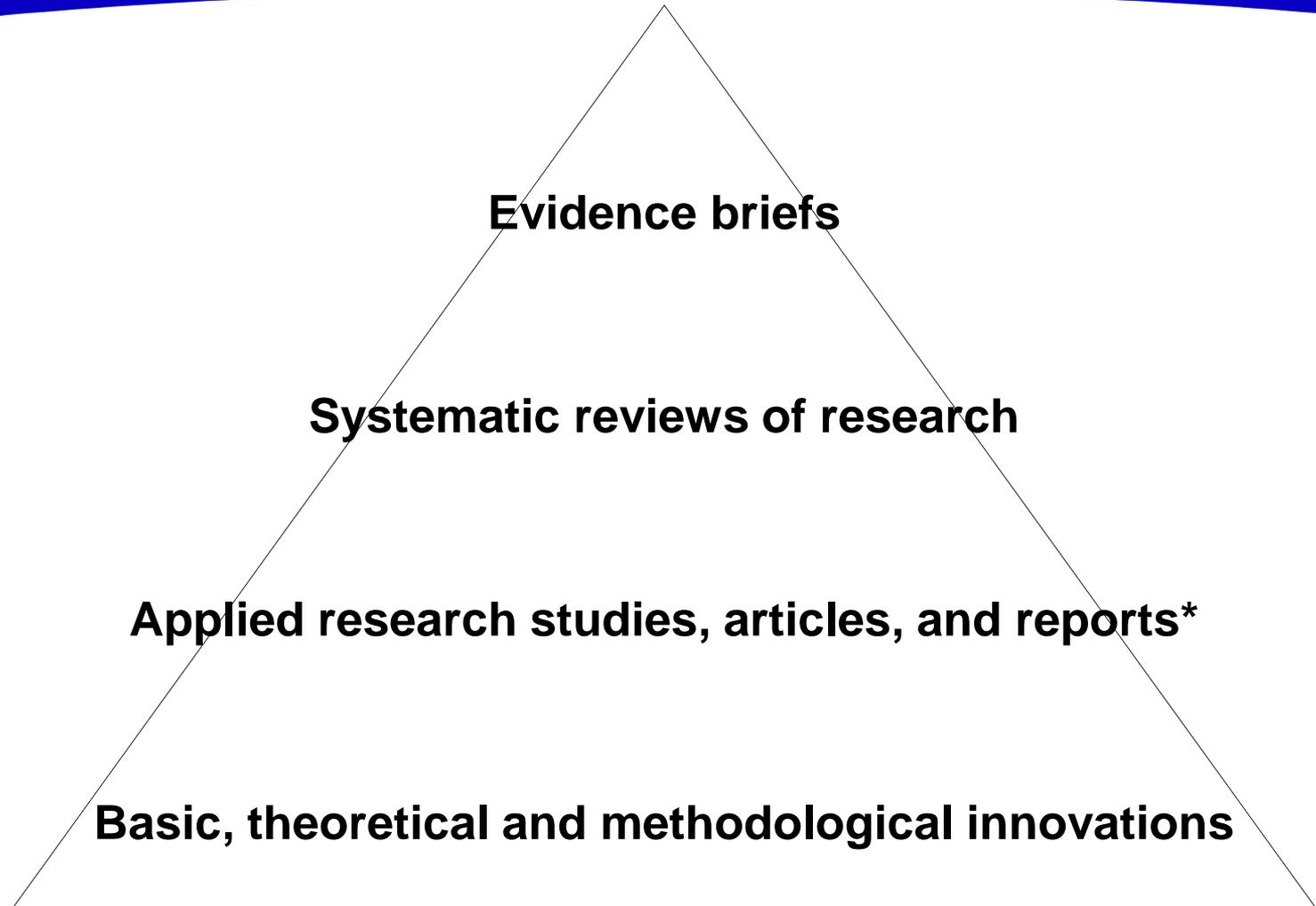
- Research evidence isn't easy to use

Challenge 4a

- Research evidence isn't communicated effectively (i.e., policymakers (& stakeholders) hear noise, not music)

Two options (among many) for addressing challenge 4a

- Prepare and disseminate an evidence brief for policy (as an input to a deliberative dialogue) [EVIPNet, McMaster Health Forum]
- Develop and execute a knowledge-translation plan for a study or review (asking what's the message, to whom should it be directed, by whom should it be delivered, how should it be delivered, and with what effect)



Addressing Challenge 4b



Challenge 4

- Research evidence isn't easy to use

Challenge 4b

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

Four options (among many) for addressing challenge 4b

- Promote the use of the right 'one-stop shop' for research evidence about policy-related questions
 - Cochrane Library / Evidence Updates for clinical
 - Health Evidence for public health
 - Health Systems Evidence for health systems
(which is available in English, French and five other languages, and includes a free monthly evidence service)

Addressing Challenge 4b (cont'd)



Four options (among many) for addressing challenge 4b (cont'd)

- Create a clearinghouse of national policy-relevant documents [ZAMFOHR, HSE's EIHR & IGO portals]
- Provide policymaker- and stakeholder-targeted training workshops and related tools that provide the knowledge and skills needed to find and use research evidence efficiently [EXTRA, EVIPNet, MHF, SUPPORT tools]
- Maintain a rapid-response capacity among key partners who can collectively deliver the many types of research evidence that will be needed (assessed, synthesized and packaged in ways that make it easy to use) [REACH Uganda, EVIPNet Burkina Faso & Cameroon, ZAMFOHR and now McMaster Health Forum]

Addressing Challenge 4c



Challenge 4

- Research evidence isn't easy to use

Challenge 4c

- Policymakers (and stakeholders) lack mechanisms to prompt them to use research in policymaking

One option (among many) for addressing challenge 4c

- Propose changes to cabinet submission and program planning processes to prompt analysts to summarize whether and how research evidence informed the definition of the problem, the framing of options to address the problem, and the proposed approach to implementation [Ontario's Research Evidence Tool]

Addressing Challenge 4d



Challenge 4

- Research evidence 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

- Convene deliberative dialogues (sometimes called policy dialogues or stakeholder dialogues) at which a pre-circulated evidence brief serves as the starting point for off-the-record deliberations involving policymakers, stakeholders and researchers (& which can also be used to contextualize global guidance)

A Healthy Ecosystem Requires All of These Challenges to Be Addressed



- 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 decision-making [Pull]
 - d. Policymakers lack forums where policy challenges can be discussed with key stakeholders [Exchange]

A Healthy Ecosystem Also Requires Rigorous Evaluation of Parts / Whole



Activities and outputs

- Evidence briefs and stakeholder dialogues (both formative and summative evaluations)

Outcomes and impacts

- Greater availability of research evidence on priority issues, stronger relationships between researchers & policymakers, and greater policymaker capacity to find and use research evidence
- Impacts on the policymaking process

Context and its influence on which activities and outputs are prioritized and whether and how they achieve outcomes and impacts

What Made the Big Difference in Ontario? – Researcher Side



- 1. Research isn't valued as an information input [General climate for research use]**
- 2. Research isn't relevant [Production] – Timely syntheses**
- 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] – One-stop shops / evidence services, training policymakers
 - c. Policymakers lack mechanisms to prompt them to use research in decision-making [Pull]
 - d. Policymakers lack forums where policy challenges can be discussed with key stakeholders [Exchange] – Stakeholder dialogues (and evidence briefs)

What Made the Big Difference in Ontario? – Policymaker Side



- 1. Research isn't valued as an information input**
[General climate for research use] – Clear signals from the top, new performance criterion for civil servants
- 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 decision-making [Pull] – Research Evidence Tool, training of the 'bosses' and the doers
 - d. Policymakers lack forums where policy challenges can be discussed with key stakeholders [Exchange]

Tools and Resources



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.

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

Evidence briefs and dialogue summaries on 25+ topics on the **McMaster Health Forum** website (www.mcmasterhealthforum.org)

Tools and Resources (2)



Tools and resources available on **Health Systems Evidence** (www.healthsystemevidence.org)

- Searchable database and monthly evidence service
- Downloadable PDFs (in English and French)
 - Finding & using research evidence ('cheat sheet')
 - Hyperlinked list of SUPPORT tools
 - Backgrounder on Health Systems Evidence
 - Backgrounder on the EIHR Portal
 - Top ten resources to support EIP
- Videos (in English and French)
 - Finding & using research evidence (3 * 20 minutes)
 - HSE (5 minutes) / EIHR Portal (5 minutes)



KS involving citizens and practitioners has a well established evidence base and it looks very different from KS involving policymakers

Evidence-informed policymaking is an achievable goal provided that we (also) work hard to develop/implement (and test) innovative strategies to support the use of research evidence in policymaking as part of a multi-faceted KS initiative that is adapted to our context