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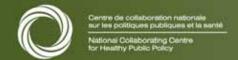
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Influencing Public Policy Through Sharing Public Health Knowledge: How Does It (possibly) Work?

Webinar | June 11, 2015

Florence Morestin National Collaborating Centre for Healthy Public Policy





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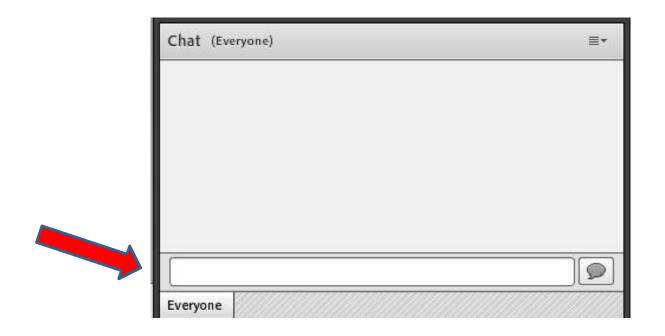
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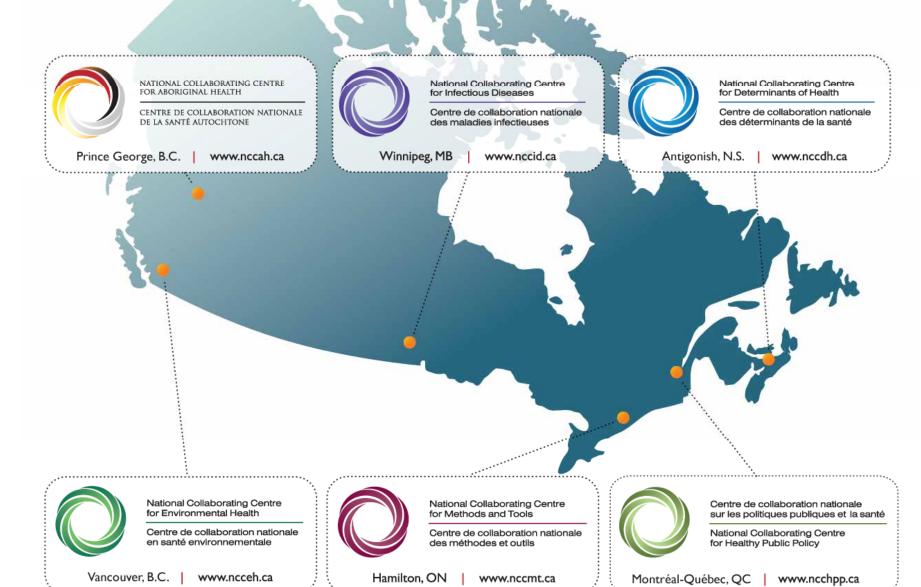


To ask questions during the presentation

Please use the chatbox at any time.



The National Collaborating Centres for Public Health



National Collaborating Centre for Healthy Public Policy (NCCHPP)

Our mandate

 Support public health actors in their efforts to promote healthy public policies

Our areas of expertise

- The effects of public policies on health
- Generating and using knowledge about policies
- Intersectoral actors and mechanisms
- Strategies to influence policy making



Presenter

Florence Morestin

Research Officer (NCCHPP)



Assisted by:

Alizée Rico (INSPQ): technical support **Maud Emmanuelle Labesse** (NCCHPP): organization of the webinar



Disclosure of actual or potential conflicts of interest

Presenter's/moderator's name: Florence Morestin



I have no actual or potential conflicts of interest related to the content of this presentation



Hello! Who's out there?

How many colleagues are attending today's webinar with you?

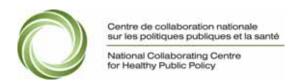
a) Just me

b) 2

c) 3

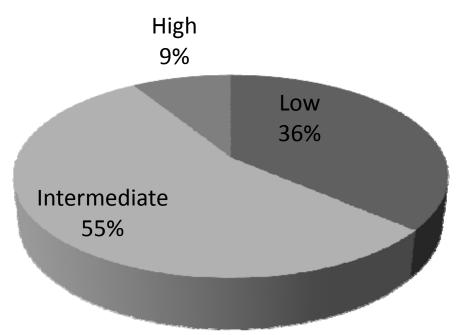
d) 4

e) 5 or more

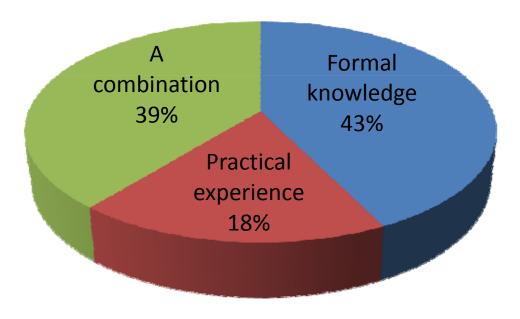


What you said

Familiarity with the subject matter...



That you acquired through...







Goals

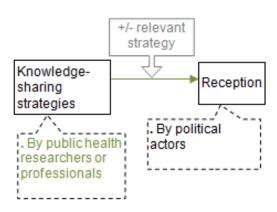
 Recognize the distinctive challenges faced when sharing knowledge in policy-making contexts

Use a list of questions to reflect on your own practices in this field

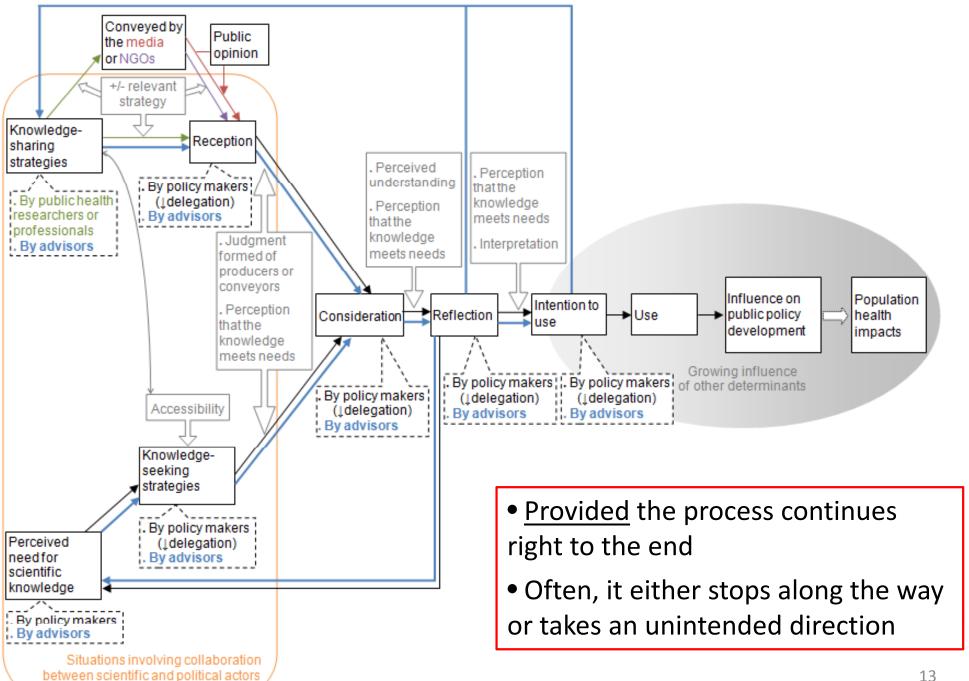


Sharing public health knowledge to influence public policy development...

... our first reflex is to focus on this:

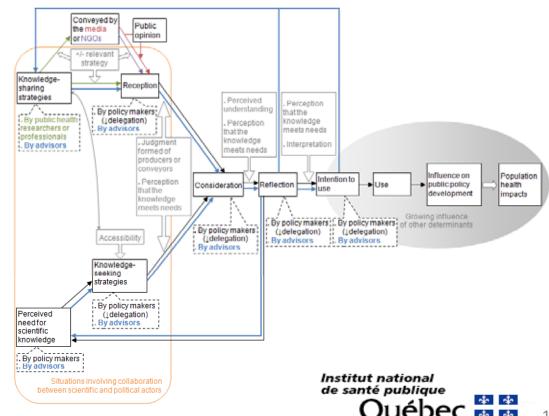


... however, the process looks more like this:



How was this figure developed?

- Initial version: hypotheses
- Refined and finalized based on empirical data
 - => Literature review





Parameters of the literature review

Subject: **knowledge sharing** to influence **public policies** that have an impact on **population health**

- More precisely: the process of sharing
- Systematic review
 - Databases from several disciplines (health sciences, political science, sociology, education, psychology)
- Empirical data (no theoretical literature)
- Canada, USA, Western Europe, Australia, New Zealand
- 2000 to 2014
- => Draw practical lessons



Not an end, rather the beginning of a project

 A recent publication outlines this figure

=> Broad view



(Morestin, 2015)

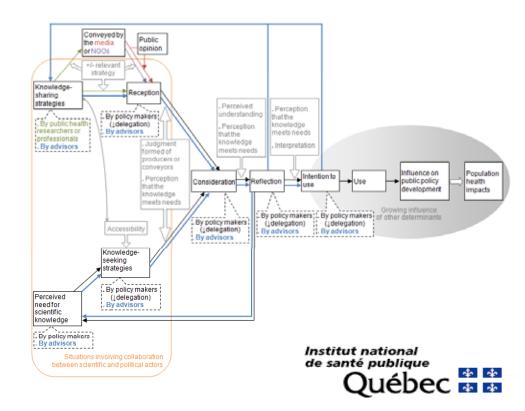


First in a series of documents

=> Focus on different aspects

Today

- We will analyze this figure together
- And more:
 - Insights from empirical data (quotations)
 - Interaction
 - Next steps in the project





What is it about? Knowledge

Public health (PH) knowledge, but more precisely:

- Scientific knowledge
- Definition(s)?



Among the following types of knowledge, select the ones you recognize as scientific (You may select more than one)

- a) Research-based data
- b) Expert knowledge
- c) Analyzed data (e.g.: PH surveillance data)

What is it about? Knowledge

Political actors: wider definition

Our hypothesis: if they recognize an actor as scientific

=> so is the knowledge s/he puts forth

Politicians tended to see researchers as a subgroup in the pool of "experts". They made little distinction between experts who were prominent clinicians, senior health services managers, leaders of professional associations, NGO executives or university professors. [Australia] (Haynes et al., 2012, p. 3)

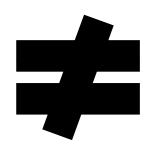
Note: Each quotation represents only a partial insight from the literature

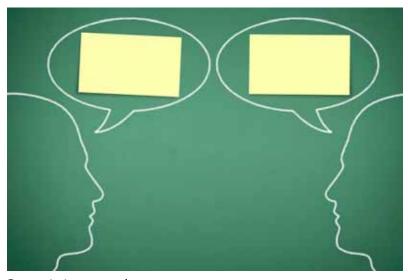


What is it about? Sharing

Truly knowledge *sharing*?







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Contribution of the knowledge held by political actors



Questions for reflection



- What type of knowledge do you wish to share with political actors?
- Are you trying to collect knowledge from the political actors you are addressing, so as to guide your own activities? What type of knowledge, and how do you collect it?

Who is it about? Main actors involved

Political actors

- Policy makers
- Advisors
 - Role within government

Public health actors
With scientific legitimacy

- Researchers
- PH professionals

Who is it about? Main actors involved

Political actors

Policy makers

- Advisors
 - Role within government

Public health actors
With scientific legitimacy

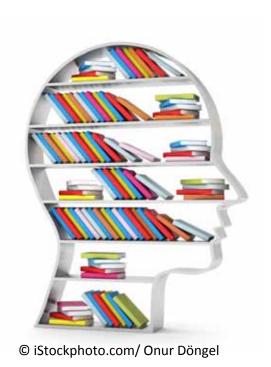
Researchers

PH professionals



What is it about? Functions

Producing knowledge



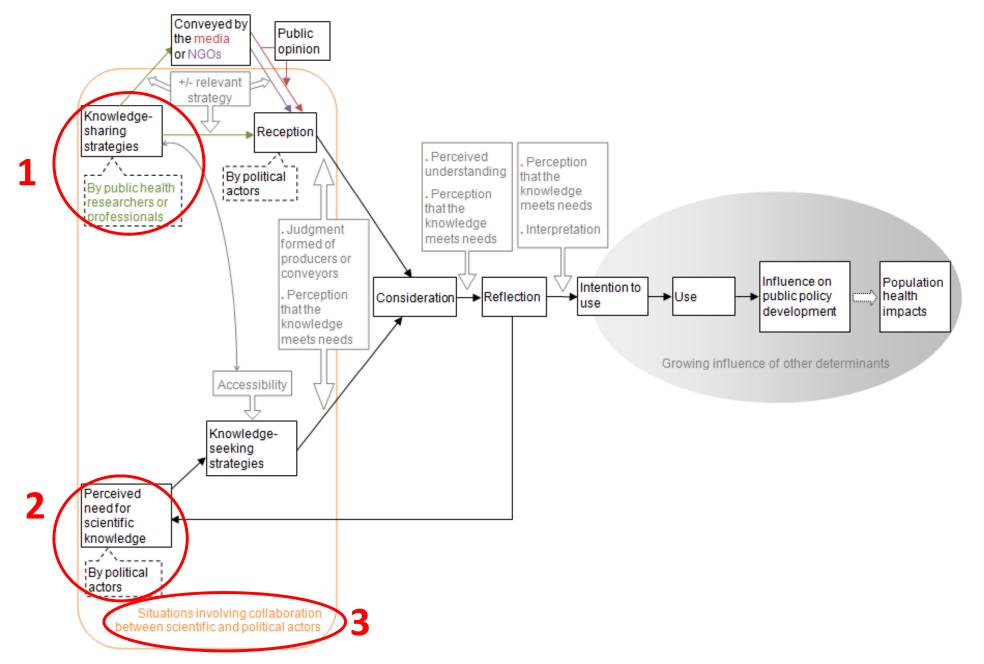
- Conveying knowledge
 - As is
 - Transformed

E.g.: summary





Three points of entry

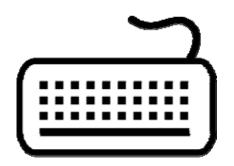


Question for reflection



 Among which of these three points of entry do your activities for sharing knowledge with political actors take place?

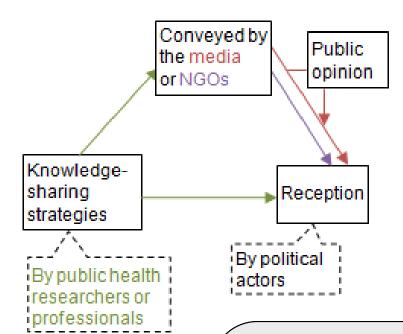
1. Initiative by producers or conveyors



What strategies do you use to share knowledge?



1. Initiative by producers or conveyors

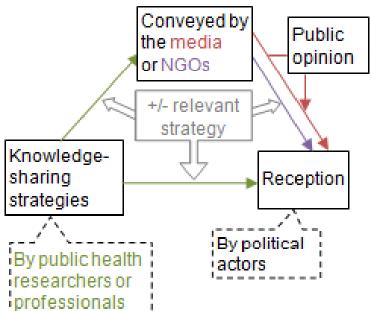


- Potential role carried out by other actors:
 - The media => public opinion
 - NGOs
 - Others
- Intended, or not...

The media clearly played a role as a source of information and marketer of ideas, influencing policymakers' personal choices as well as the interpretation of research. [political actors, USA] (Gilson Sistrom, 2008, p. 117)

Close relationships with community and practitioner groups allowed researchers [...] to ensure those groups were well informed about research. This was an indirect means of influencing policy in fields where these groups were key stakeholders in consultation processes. [Australia] (Haynes et al., 2011a, p. 1053)

1. Initiative by producers or conveyors



Determining factor:

Relevance of the strategy

=> Usual information sources

29

Questions for reflection



- Have you analyzed the information sources used by the political actors you wish to reach?
- If you are a public health professional, are you subject to specific procedures regarding knowledge sharing?
- Have you ever worked with the media or with NGOs to amplify a message addressed to political actors?
 - What advantages and disadvantages do you see in doing so? Have you found ways to limit the disadvantages?

2. Initiative by political actors

Sources:

- "Objects"
- People

Rnowledgeseeking
strategies

Perceived
need for
scientific
knowledge

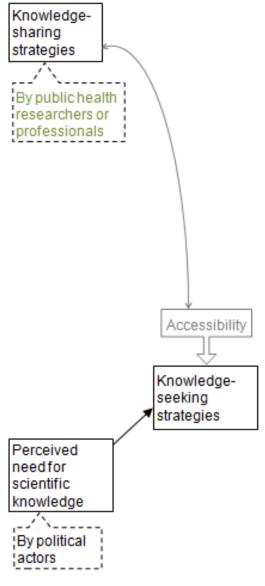
By political
actors

"It's not just that I use the research; I actually use the people as well"
[political actor, Australia] (Haynes et al., 2011b, p. 571)

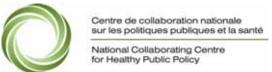
This need to use shortcuts also explains the reliance on selected leaders in the field who are researchers with national reputations or individuals who can readily link up [policy makers] with other reliable information sources.

[policy makers, USA] (Feldman et al., 2001, p. 314)

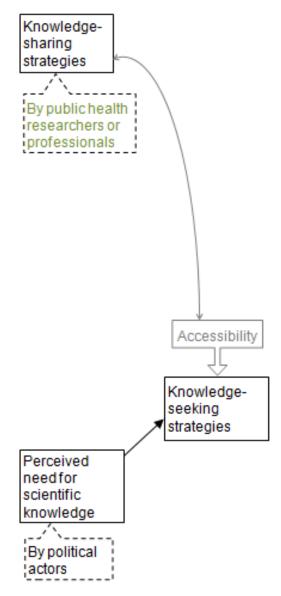
2. Initiative by political actors



- Determining factor: Accessibility
 - Existence of the desired knowledge
 - Familiarity with knowledge sources
 - Ability to sort through the knowledge
 - Etc.
- Relationship between knowledgesharing strategies that have been deployed, and accessibility of knowledge



2. Initiative by political actors



The majority of Canadian health ministries did not have subscription access to key journals. (Leon et al., 2013, p. 4)

"I guess another problem is, there is so much information out there and distilling it and figuring out what's important and what to pay attention to"

[political actor, USA] (Gilson Sistrom, 2008, p. 93)

Despite – or perhaps exacerbated by – information overload, policy makers were frustrated by 'invisible' academics and their 'hidden' research.

[policy makers, Canada] (Greyson et al., 2012, p. 23)

"It's probably important to make sure you're meeting the policymakers face-to-face and establishing relationships with them so they know who the research institutions and researchers are" [political actor, USA] (Gilson Sistrom, 2008, p. 93)

"After a while it becomes easier because you have a certain level of knowledge, so you digest it [information] faster and easier and sort of weed out the stuff you don't need" [advisor, USA] (Judson Finch, 2001, p. 160)

Question for reflection



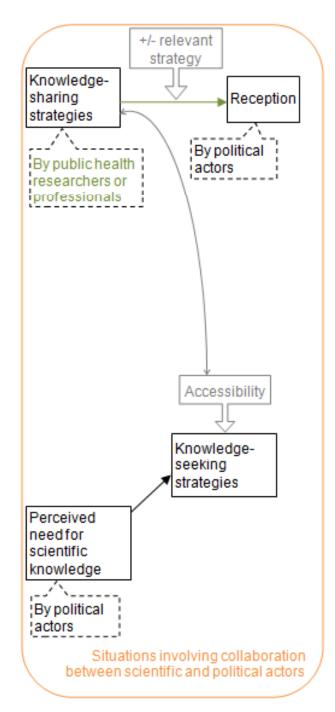
 What do you do to make knowledge more accessible to political actors?

Examples:

- ✓ Knowledge that is aligned with current issues
- ✓ Make yourself available
- ✓ Raise awareness of sources of knowledge
- ✓ Favour sources typically consulted by political actors
- ✓ Favour sources without barriers to access
- ✓ Etc.



3. Situations involving collaboration



- Sustained and repeated contact
 - => Knowledge sharing is more automatic
- However, gradation

Which of these situations looks more conducive to knowledge sharing?



b) The second one



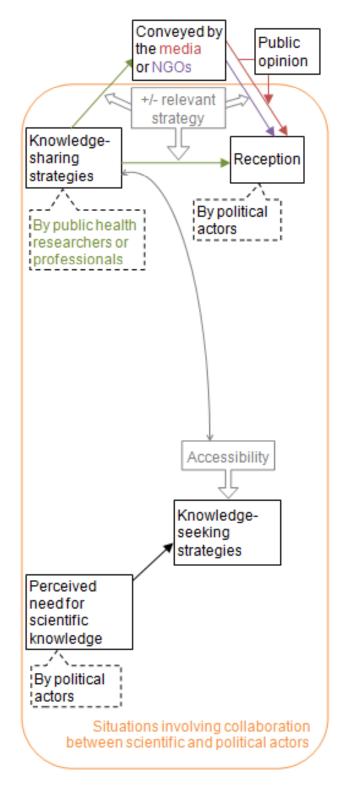
"I was very anxious about our ability to assess this demonstration project. We're not academics. We don't have the methodological knowledge. So we convened a research panel and we will be relying on them very heavily" [civil servant, Canada] (Waddell et al., 2005, p. 1654)

"Sometimes we're asked to do commissioned research where there isn't much academic understanding: [we face] commissioners who don't want to or don't understand the academic basis of issues they're thinking about" [researcher, UK] (Martin et al., 2011, p. 215)

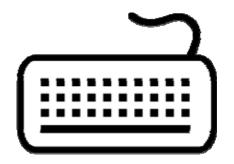
Question for reflection

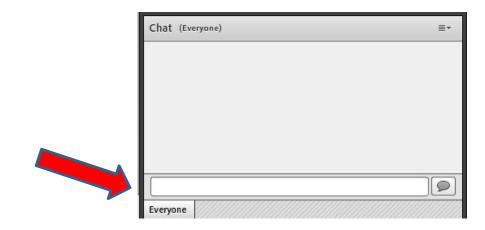


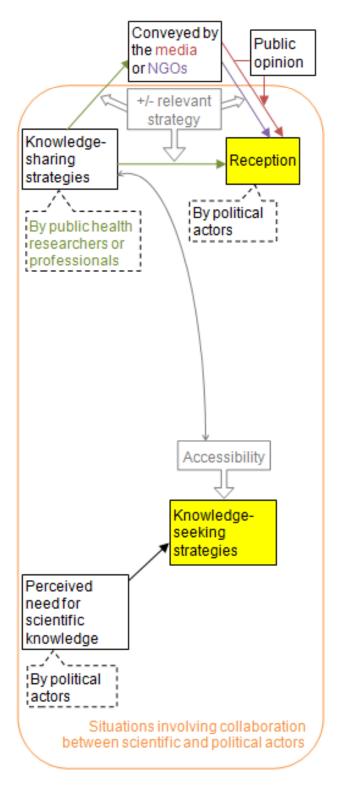
 If you have engaged in collaborations with political actors, have they proven conducive to knowledge sharing?



Questions so far?

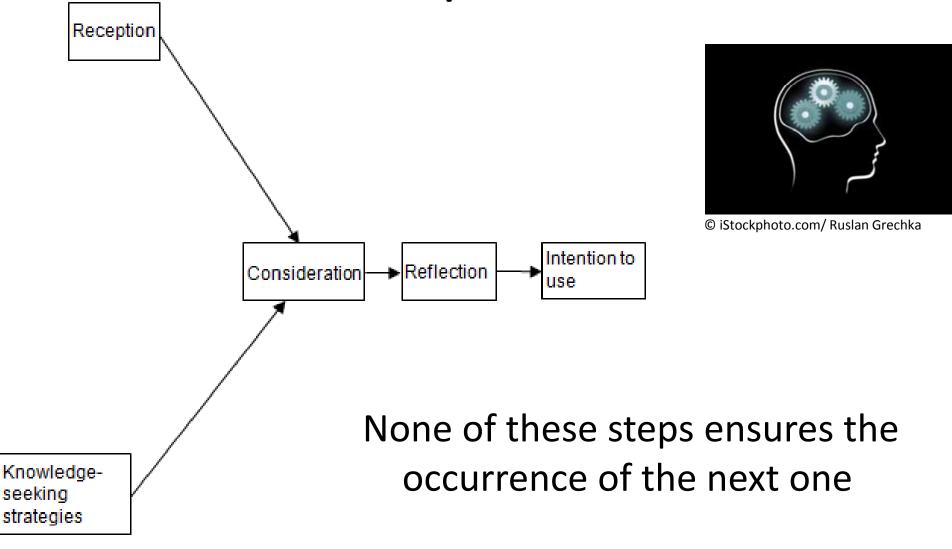




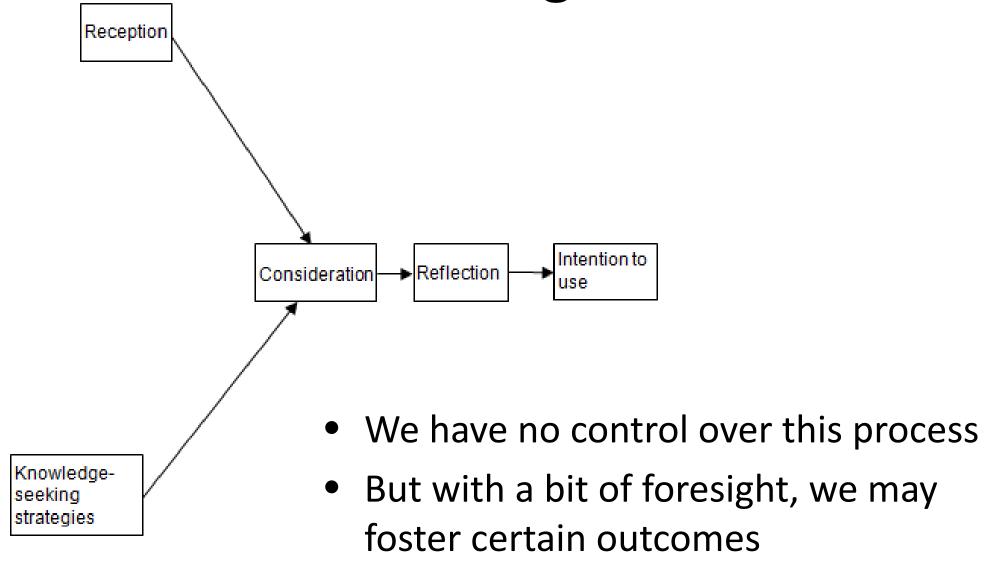


What happens next??

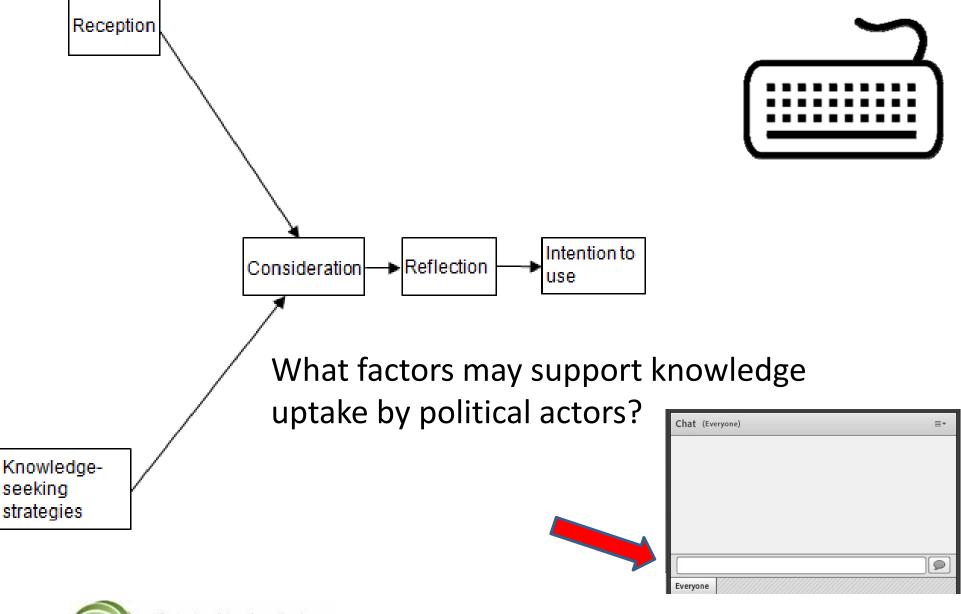
Uptake



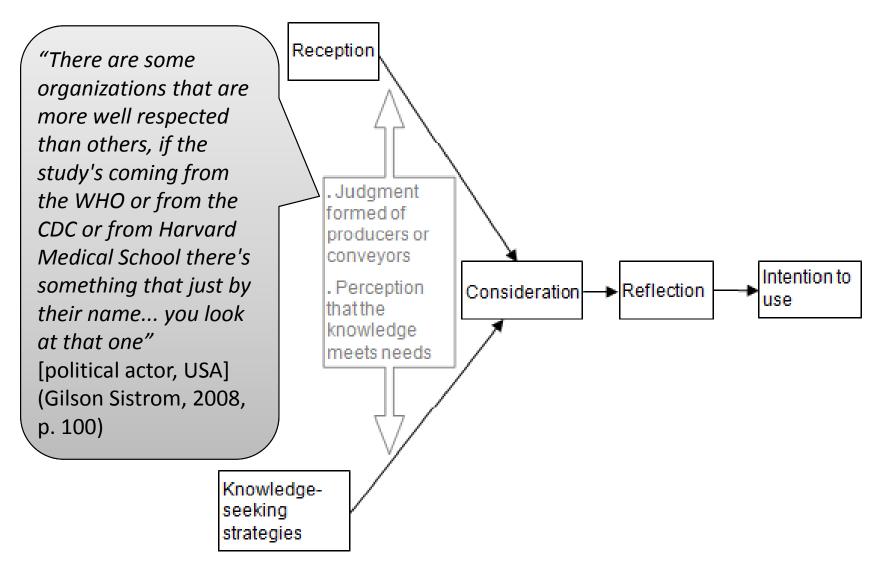


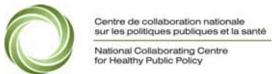


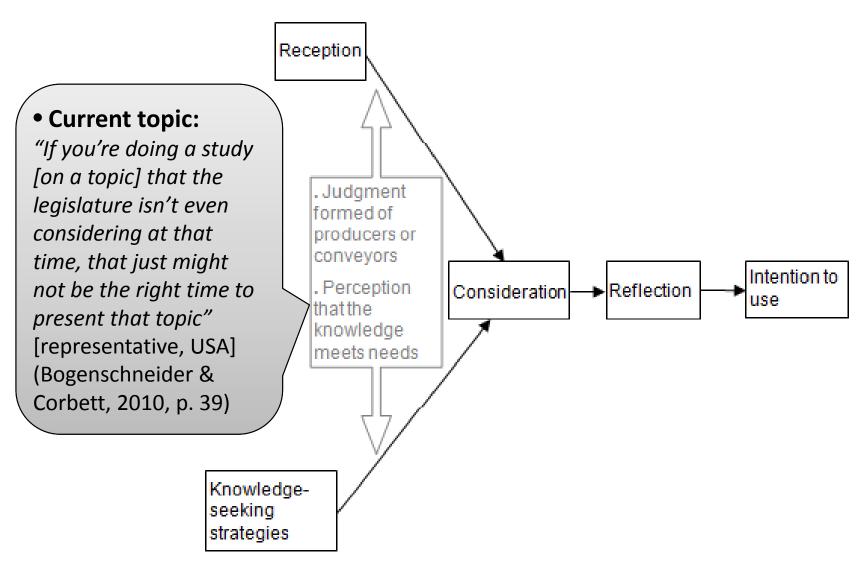




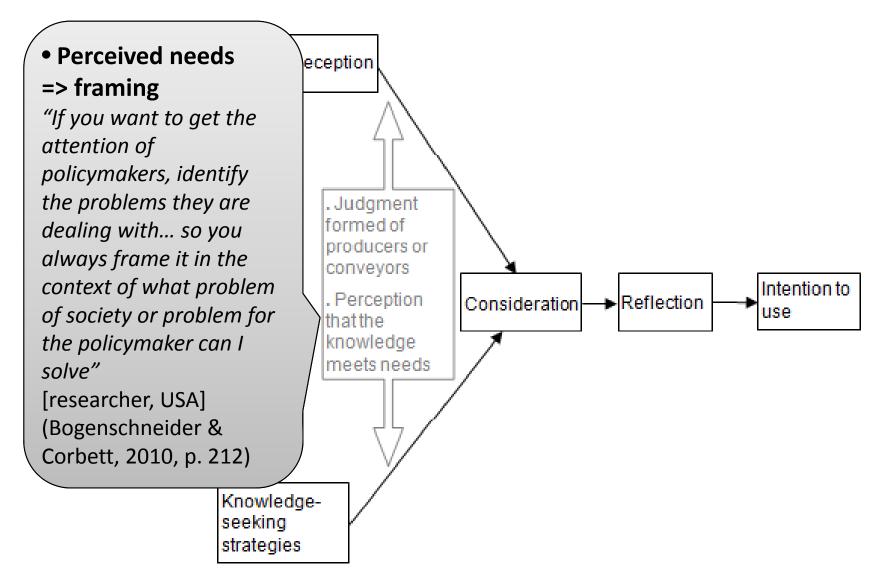




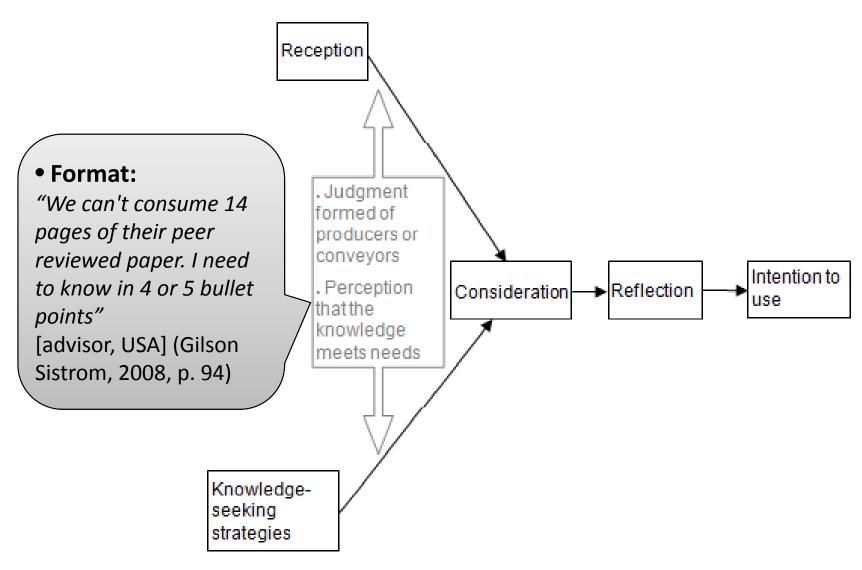




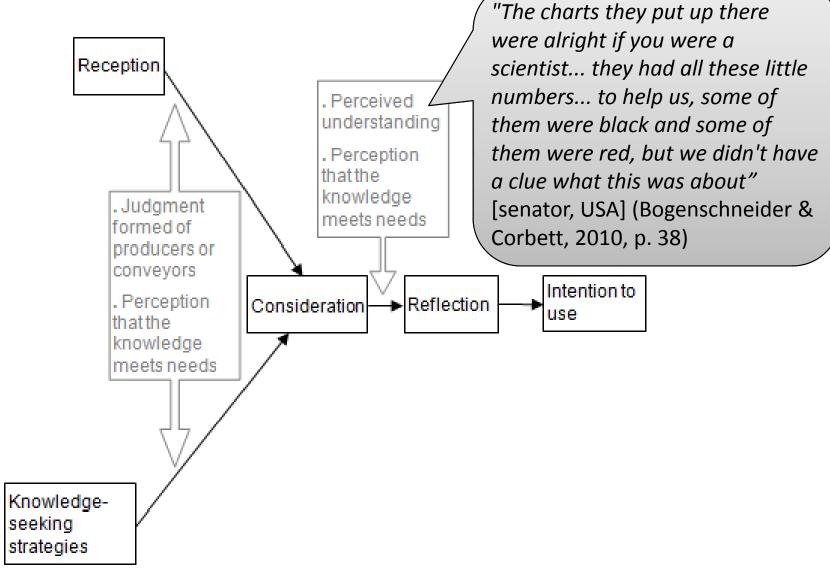














. Perception

knowledge meets needs

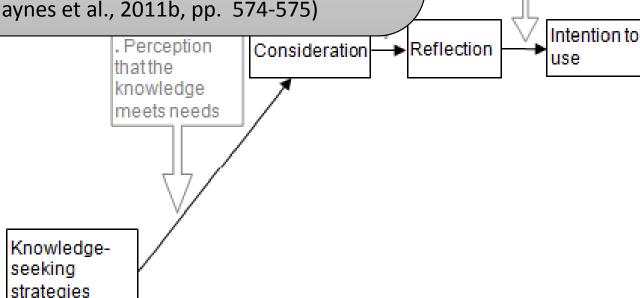
Interpretation

lthat the

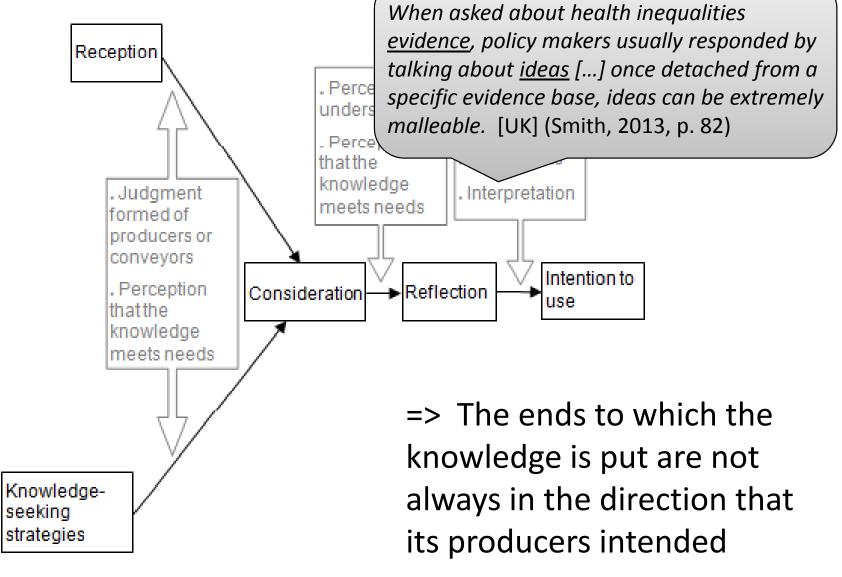


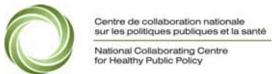
Several of the civil servants particularly emphasized the value of researchers who helped with the pragmatic business of designing effective "real-world" interventions and evaluations. [...] Politicians tended to use researchers more politically than civil servants did, to "prosecute a case" and "sell ideas" to a wide range of stakeholders.

[Australia] (Haynes et al., 2011b, pp. 574-575)



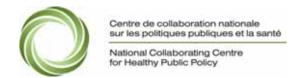




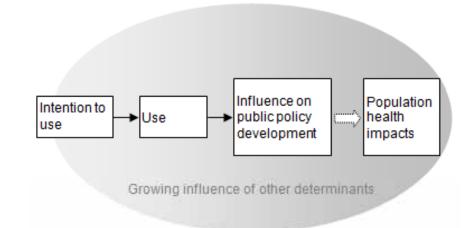


Questions for reflection

- Have you thought about how the political actors you are addressing perceive you, your organization and, if applicable, your work partners?
- How do you keep abreast of political and social current affairs related to your work topics (information sources, scanning mechanisms, etc.)?
- Have you analyzed the positions of the various political actors you wish to address (their objectives, interests, values, prior knowledge)?
- Do you reflect on the framing of the messages that you disseminate?
 - Limit: integrity of knowledge
- Which formats are preferred by the political actors you are addressing?



Concrete outcomes



- Moving from an individual process to a collective one (Contandriopoulos et al., 2010)
- Intention to use does not ensure actual use
- Use does not ensure influence on PP development
- Impact on health: distant!
- Many other determining factors
 - In public policy development
 - => Limited role of science
 - All the other health determinants



Concrete outcomes - Illustration

Ms. B (a minority municipal councillor) read in the newspaper that according to a recent study, lowering the speed limit to 30 km/hour reduces the number of injuries and deaths due to road collisions. At the same time, citizens in her district are asking for more road safety.



Source: www.flickr.com/
Photographer: Martti Tulenheimo

One possible scenario:		
Intention	Use	Influence on PP dvpmt
by Ms. B: to cite the study while requesting that the speed limit be lowered near parks in the municipality	by her political group : during a press conference, the spokesperson cites the study but focuses on criticizing the current municipal administration for its track record in terms of collisions	The municipal council (dominated by the Mayor's party) mandates its Infrastructure committee to study the possibility of lowering speed near parks
=> Issue put on the agenda. Decision in the future??		

What stands out from this illustration?

- An intermediary => the newspaper
- Convergence between knowledge and citizens' demands
- Several policy makers, with varying powers, varying uses of the knowledge, reinterpretations
 - Ms. B: focused on parks
 - Her political group: mentioned the study but hijacked it for partisan purposes
 - Municipal council: no more mention of the study
- No control of this process, BUT one may seize new opportunities for knowledge sharing

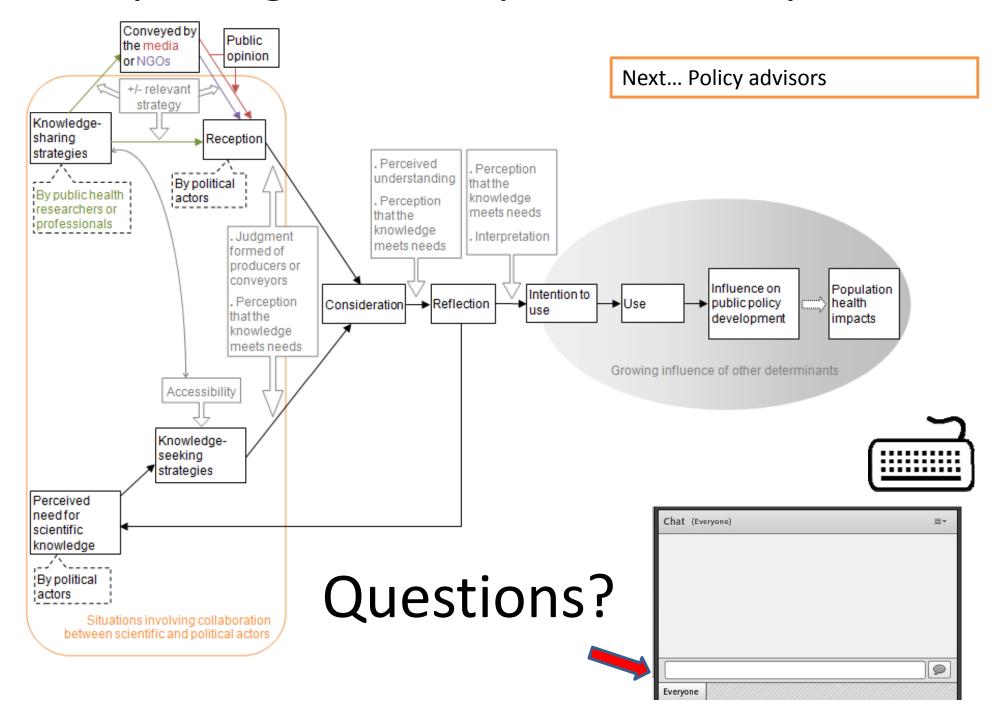




Source: www.flickr.com/

Photographer: Martti Tulenheimo

Let's put together the pieces of the puzzle



From civil servants, to political advisors

Those that work on the details of public policy development

=> interest in data

Sometimes, their profile also helps

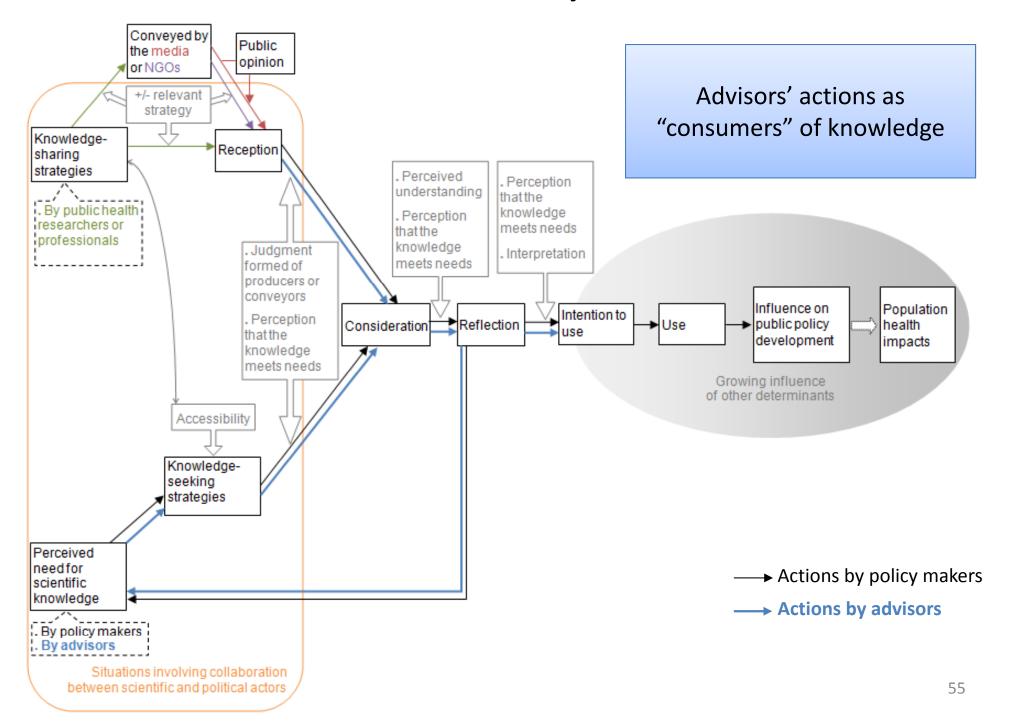
"Most of the employees are doctorally prepared or masters' prepared. So, I think that we're in a climate where research is appreciated" [advisor, USA] (Judson Finch, 2001, p. 156)

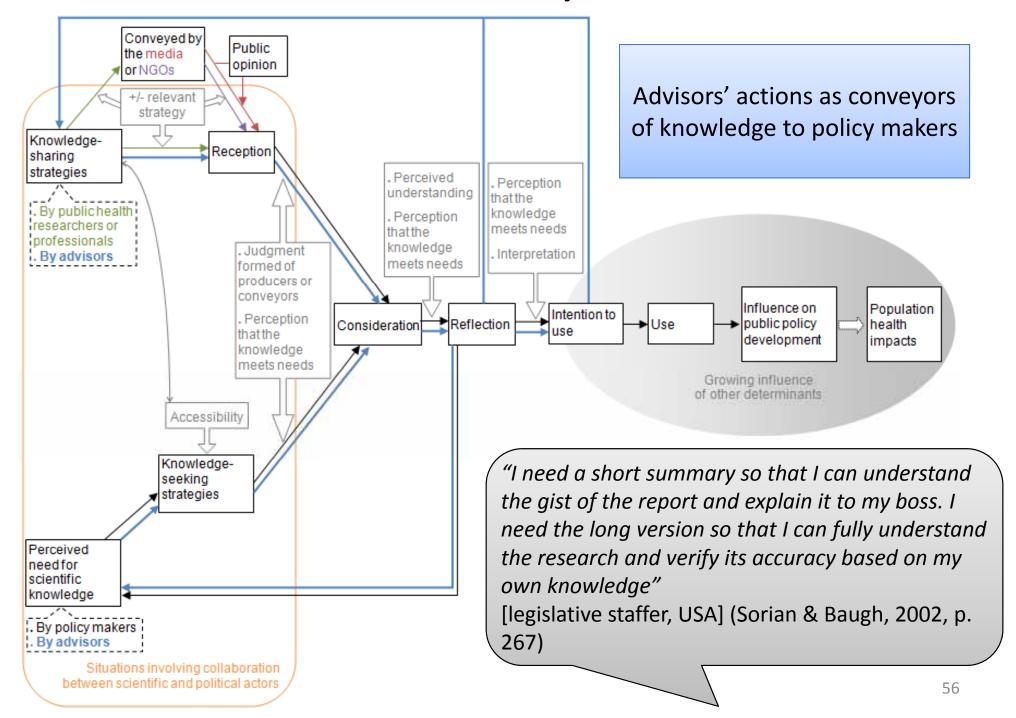


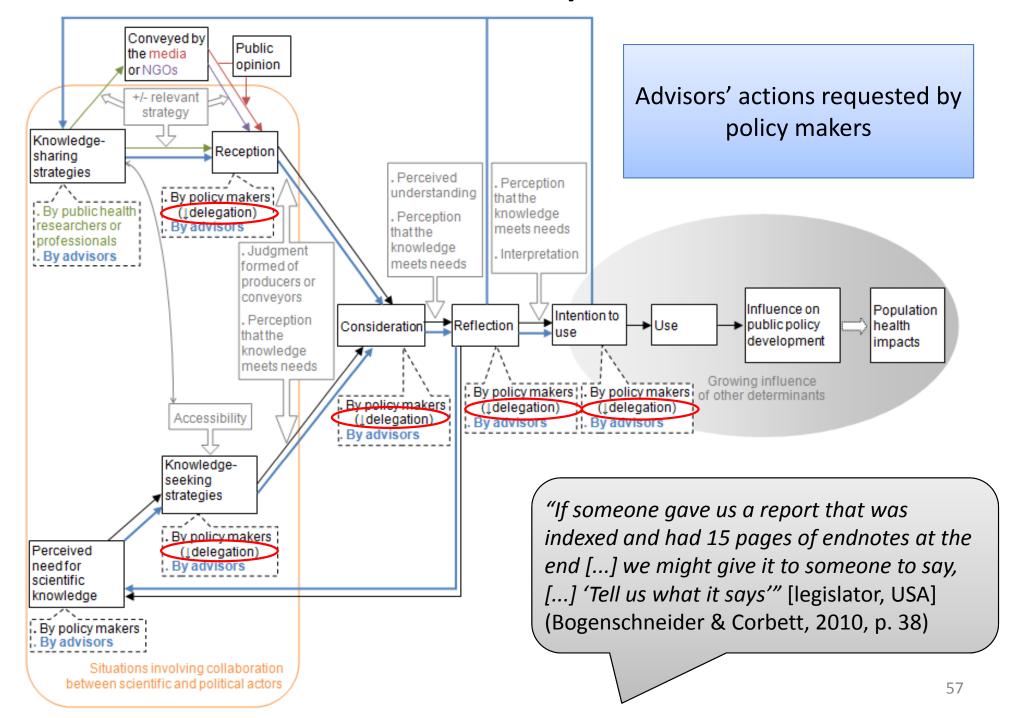
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 Policy makers come and go, while civil servants remain (a bit longer)





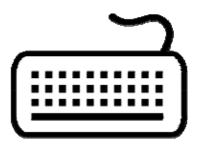




Question for reflection



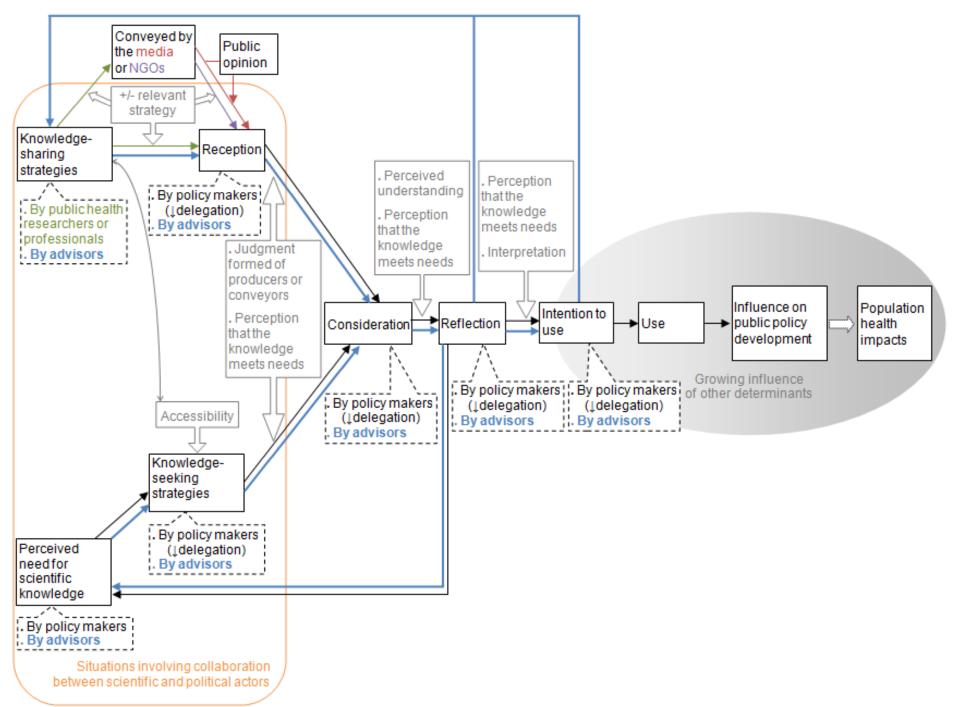
 Who do you address to draw attention to public health knowledge: policy makers? their advisors?



Your answer:

- a) Policy makers
- b) Advisors
- c) Both
- d) None of these answers

The (nearly) complete picture



Nearly? Policy makers as conveyors?

- A policy maker still has to convince other policy makers
- => A form of conveyance



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"I don't have a clue, for instance, about criminal policy. I ask my colleague about how to vote on those issues, and she usually follows my advice on health" [legislator, USA] (Jewell & Bero, 2008, p. 185)

Even a minister armed with what s/he believed to be extremely persuasive research evidence felt unable to implement the kinds of interventions s/he felt were necessary. [UK] (Smith, 2013, p. 84)

 That said, at this stage, is the knowledge shared purely scientific in nature?

A few words about healthy public policies (HPPs)

- Policies in sectors
 other than health
 - E.g.: transportation

- A different culture
- => Additional challenges

- Public health knowledge, shared by:
 - PH researchers or professionals
 - Policy makers from the health sector => their counterparts in other sectors

"A NICE document is surely likely to influence people in the health sector rather than the transport sector [...] the real strength of it is if we can use it as a mechanism to lever support of the health sector in the partnership type working" [transport planner, UK] (Allender et al., 2009, p. 109)

Questions for reflection



- Have you ever shared public health knowledge with political actors from another sector? Did you face specific challenges in doing so?
- If you wish to address actors from another sector, have you analyzed their positions (their objectives, interests, values, prior knowledge)?

Take-home messages

- The role of intermediaries, particularly:
 - Policy advisors
 - The media => public opinion
 - NGOs
- Not <u>one</u>, rather <u>several</u> policy makers
- HPPs: other sectors, other cultures
- Knowledge travelling through several circuits:
 Outcomes are distant... if they ever arrive at all
- Democratic process: Science does not dictate decisions... but can contribute





Available resource

Knowledge Sharing and Public Policies: A Representation of Influence Processes

Knowledge Sharing and Public Policy series

March 2015

This briefing note is the first in a series of documents focused on sharing knowledge in the context of public policy development. All of the documents available to date may be found at www.nochpp.ca > Projects > Knowledge Sharing.

How can we increase the influence of public health knowledge on public policy development? Public health actors who produce and convey such knowledge hope that it will serve to shape the public policies adopted by various levels of government so that these policies will improve the health of the population. However, their efforts rarely result in such tangible achievements.

Indeed, public health knowledge is just one of the factors weighing in the balance when public policies are being developed, and it alone cannot determine decisions. However, such knowledge does have a role to play. Gaining a better understanding of how knowledge circulates in the political sphere can help improve knowledgesharing practices so as to increase their desired outcomes.

In order to deepen this understanding, a graphic representation (a logic model) of the processes through which knowledge can influence public policy is presented here. A logic model represents the chain of Intermediate effects expected between an intervention (here, the sharing of knowledge) and the ultimate effect desired. The logic model helps create a better understanding of how the Intervention functions, step by step (Morestin & Castonguay, 2013). The objective here is to prompt readers of this document to reflect on their knowledge-sharing practices, on the context in which they are carried out, on the actors involved and on the factors they are able to act upon to facilitate the knowledge-sharing process.

In this document, we briefly present the foundations on which this logic model is based and now it should be understood. We then detail its different components, thus sketching a portrait of how knowledge sharing can influence public policy. Questions are included in the text to stimulate the reader's reflection.

The foundations underlying this work

We first produced an initial version of the logic model, based on our knowledge of the subject, our professional experience and on previous work representing the outcomes of knowledge sharing (Morestin & NCCHPP working group on knowledge sharing, 2013). This initial version was also discussed as a team.

We then conducted a systematic review of the literature on knowledge sharing to influence public policles that have an impact on population health. This study of the literature broadly confirmed our initial hypotheses, while allowing us to refine some of the details of the logic model.

Correctly interpreting a logic model

Like all logic models, this one represents a simplified and non-exhaustive version of reality. Some elements are not represented or are not detailed because they are peripheral to the main subject (for example, factors influencing public policy development that are beyond the control of those who produce and convey public health knowledge).

Moreover, the logic model represents an ideal situation in which all the expected effects occur. But in reality, it is common:

- for a step in the process to be only partially carried out, which also affects the realization of the subsequent steps; or
- for a step in the process to never occur. In this case, none of the subsequent expected effects can occur and the process is interrupted. This failure of the process can occur at any time, sometimes even at the first step.

The parameters of this literature review and the resulting analyses are described in other documents in this series.



Briefing note

Includes the questions for reflection that were used today

Available at:

http://www.ncchpp.ca/181/publica tions.ccnpps?id article=1453



Centre de colleboration nationale sur les politiques publiques et la santé reational Colleborating Centre for Healthy Public Policy

To be published

- Description of the literature review
 - Methods
 - Mapping of included documents
- Series of topic-specific documents
 - Examples of topics emerging from the data:
 - The role of policy advisors
 - Qualities expected from conveyors of knowledge
 - Types of knowledge desired
 - The line between knowledge sharing and advocacy
 - Etc.
 - Sub-analyses: by country, level of government, executive/legislative branch, etc.



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Questions and discussion



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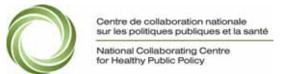






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