

9

Research, evaluation and policy

Overview

This chapter looks at how and in what circumstances the findings from research and evaluation are used in the policy process. In terms of the now familiar device of seeing the policy process as a 'policy cycle', evaluation is commonly portrayed as the fourth and final phase (is the policy effective?), but it is also, in principle, the beginning of another cycle (if the policy is not delivering what was intended, what needs to change or should it be abandoned?). Research can contribute to policy in other ways and at other stages in the policy cycle (e.g. helping define the nature of problems in the first stage and thereby getting issues on the policy agenda). This chapter explores different models of the nature of the relationship between researchers and decision makers, and some of the steps that both are encouraged to take to improve the 'fit' between research and policy decisions. Although the idea that researchers and policy makers inhabit different cultural worlds explains a great deal of the difficulties of communication between the two, studies of the policy process reveal that the principal divide is between different 'policy communities' or 'advocacy coalitions' which often involve both researchers and policy makers, competing for ascendancy in particular policy areas.

Learning objectives

After working through this chapter you will be better able to:

- **define 'evidence', 'research' and 'evaluation', and the different ways 'evidence' may be used in the policy process**
- **contrast different models of the relationship between research and policy, and their links to general perspectives on the policy process**
- **identify some of the barriers to research uptake by policy makers and reasons why the relationship between research findings and policy decisions is rarely, if ever, direct and linear**
- **set out some of the strategies that researchers and policy makers are increasingly using in an attempt to close the 'gap' between research findings and policy decisions, and assess their likelihood of success**
- **critique the 'two communities' conceptualization of researchers and policy makers**

Key terms

Audit Review of performance usually judged against criteria and standards.

Dissemination Process by which research findings are made known to key audiences, including policy makers.

Evaluation Research designed specifically to assess the operation and/or impact of a programme or policy in order to determine whether the programme or policy is worth pursuing further.

Evidence Any form of knowledge, including, but not confined to research, of sufficient quality to be used to inform decisions.

Evidence-based medicine Movement within medicine and related professions to base clinical practice on the most rigorous scientific basis, principally informed by the results of randomized controlled trials of effectiveness of interventions.

Evidence-based policy Movement within public policy to give evidence greater weight in shaping policy decisions.

Formative evaluation Evaluation designed to assess how a programme or policy is being implemented with a view to modifying or developing the programme or policy in order to improve its implementation.

Knowledge transfer Strategy incorporating a variety of 'linkage' and 'exchange' activities designed to reduce the social, cultural and technical 'gap' between researchers and the policy community.

Monitoring Routine collection of data on an activity usually against a plan or contract.

Research Systematic activity designed to generate rigorous new knowledge and relate it to existing knowledge in order to improve understanding of the physical or social world.

Summative evaluation Evaluation designed to produce an overall verdict on a policy or programme in terms of the balance of costs and benefits.

Introduction

This chapter focuses on how research and evaluation may affect policy through introducing new ways of seeing the world, new techniques for improving health, or reasons for changing existing policies. The policy process is a 'policy cycle' with three stages: (1) agenda setting; (2) policy formulation; and (3) policy implementation. Evaluation is sometimes considered the fourth stage in the policy cycle. *Research* is a systematic process for generating new knowledge and relating it to existing knowledge in order to improve understanding about the natural and social world. It uses a wide variety of methods, theories and assumptions about what counts as valid knowledge. 'Applied' research takes new knowledge from 'basic' research and tries to apply it to solving practical problems.

Health research spans both basic (e.g. laboratory-based) and applied (e.g. health services) research and covers a wide range of disciplines including laboratory sciences, epidemiology, economics, anthropology, sociology and management

science. This book is informed principally by theories and evidence from political science and policy analysis which also contribute to health research.

For some people, 'evaluation' is distinct from research, but since evaluations use research methods, it makes sense simply to see them as one goal of research, defined as: 'any scientifically based activity undertaken to assess the operation and impact of [public] policies and the action programmes introduced to implement those policies' (Rossi and Wright 1979). It is common to make a distinction between *formative* and *summative* evaluations. The former is best thought of as an evaluation designed to contribute directly to assisting those responsible for a programme to shape the programme while it is being designed or implemented. Formative evaluations generally take place during the early stages of a programme and focus on activities and processes with a view to providing advice directly to the policy makers that can be used to modify and develop the programme. By contrast, summative evaluations are designed to try to provide a verdict on a policy or programme. In other words, they focus on measuring the impact or outcome and the extent to which a programme has met its objectives. They tend to produce their findings later on and to use quantitative methods. Formative evaluations tend to use qualitative methods such as observation and semi-structured interviews.

Evaluations are seen as particularly policy-relevant forms of research since they are normally commissioned by decision makers or funders to assess whether or not policies or programmes are going well and to what effect. Within the conventional device of the 'policy cycle', evaluation is portrayed as an important fourth and final stage to see if a policy has been effective. However, since policy is a continuous process, it makes just as much sense to see evaluation as contributing to the first stage in another policy cycle in which a problem is identified with the status quo requiring policy attention.

Policy makers have access to forms of 'evidence' other than scientific research. Research is usually distinguished from *audit* which examines the extent to which a process or activity corresponds to pre-determined standards or criteria of performance (e.g. checking that the facilities and staffing at a clinic are adequate to deliver babies safely). It is also distinguished from *monitoring* which constitutes the continuous, routine collection of data on an activity (such as staffing levels) to ensure that everything is going according to plan. For a government, focus groups and/or stakeholder analysis (which you will learn about in Chapter 10) can be seen as a form of monitoring. Both audit and monitoring may be used to inform policy as well as information from other sources such as opinion polls and community consultations. As a result, *evidence*, from the point of view of a policy maker, is likely to be a broader concept than knowledge derived from research.

Yet there has been a notable intellectual movement which started in the early 1990s – *evidence-based medicine* – which advocates the greater and more direct use of research evidence in clinical practice decisions, in particular, promoting the application of the findings of systematic reviews of randomized controlled trials. In the latter part of the 1990s, the movement broadened into a call for *evidence-based policy*. Proponents wish to give research evidence greater weight than other considerations in shaping policy decisions. Others have a more modest goal, defining evidence-based policy making as 'the integration of experience, judgement and expertise with the best available external evidence from systematic research' (Davies 1999). Both formulations of evidence-based policy can be seen as a reaction to politics driven entirely by conviction.

How does research and evaluation influence policy?

Slogans such as evidence-based policy and the related catch-phrase coined in government in the UK of 'what counts is what works' assume a particular relationship between research findings and policy decisions, namely, that ideally there should be a direct, relatively rapid relationship. This is known as the *engineering* model in which either a problem is identified by policy makers and 'solved' by researchers or new knowledge (e.g. of a previously unidentified health risk) leads to policy change. It is another formulation of the rational, linear approach to policy development outlined in Chapter 2 which argues that policy choices should be made in the light of what works well. Just as there have been many criticisms of the rational model of policy making, so too the engineering model of the links between research and policy has been extensively critiqued. One problem is that there are relatively few empirical examples of a direct link between a particular set of research results and a policy change. Harrison (2001) identifies at least seven conditions that would have to be met for the perfect implementation of research in clinical practice and similar conditions would be required for health policies:

- the existence of comprehensive, authoritative statements based on systematic reviews of research evidence
- the ability of such statements to provide a direct guide to decision making in specific circumstances
- knowledge of such statements by all relevant actors
- adequate resources (e.g. time) to act upon the authoritative statements of evidence
- sufficient incentive to apply the evidence
- absence of substantial disincentives (material or non-material) to apply the evidence
- an implementation chain sufficiently short to ensure a good likelihood of compliance with the implications of the evidence

Another difficulty with the model is the way it assumes that research precedes the policy solution to a pre-defined problem when there are plenty of examples of policy solutions being promoted and implemented without it being clear which policy problem they are supposed to be a response to. For example, many people argue that the vogue for privatization and contracting out of public services in low income countries was a solution in search of a problem, ill-suited to circumstances in many such settings.

Despite this, the rational, linear model of the relation between research and policy still tends to inform the day-to-day working assumptions of many researchers and policy makers. As Lomas (2000a) puts it, tongue in cheek, 'The research-policy arena is assumed to be a retail store in which researchers are busy filling shelves of a shop front with a comprehensive set of all possible relevant studies that a decision maker might some day drop by to purchase.'

Studies of the complex way in which policy is made in practice led to a different more indirect conceptualization of the relationship between research and policy, and to the recognition that research conclusions can be 'used' in a wide variety of different ways by policy makers. Researchers observed that new knowledge and insights appeared to percolate through the political environment like water falling on limestone: the water is absorbed, disappears into multiple channels and then

emerges unexpectedly some time later elsewhere. Weiss (1979) suggested that it was more accurate to term this process one of *enlightenment*. Concepts and ideas derived from research filtered into the policy networks that shaped the policy process in a particular field and had a cumulative, indirect effect rather than an immediate, direct effect on policy (for instance, it took seven years from the publication of the crucial research on smoking and lung cancer before the UK Ministry of Health began to take its implications seriously and many more years before the first restrictions on advertising of cigarettes were introduced). Under this model, the primary impact of research and researchers is at the level of ideas and ways of thinking about problems which are taken up by others rather than in providing specific answers to specific policy puzzles. 'Research is considered less as problem solving than as a process of argument or debate to create concern and set the agenda' (Black 2001).



Activity 9.1

Compare and contrast the engineering (or problem-solving) model of how research may influence policy with the enlightenment model. Think of some of the limitations of each approach.



Feedback

Your answer is likely to have included the points given in Table 9.1.

Table 9.1 Differences between the 'engineering' and 'enlightenment' models of how research influences policy

<i>Engineering or problem-solving model</i>	<i>Enlightenment model</i>
Sees relationship between research and policy as rational and sequential	Sees relationship as indirect and not necessarily logical or neat
A problem exists because basic research has identified it	Problems are not always recognized, or at least not immediately
Applied research is undertaken to help solve the problem	There may be a considerable period of time between research and its impact on policy. Much research develops new ways of thinking rather than solutions to specific problems
Research is then applied to helping solve the policy problem. Research produces a preferred policy solution	The way in which research influences policy is complex and hidden. Policy makers may not want to act on results
Rarely or never describes how the relationship between research and policy works in practice	How research influences policy is indirectly via a 'black box', the functioning of which is hidden rather than explained

Other researchers saw the use of research in entirely political terms as an instrument to be used by government and powerful interest groups to promote their causes. This *strategic* model views research as ammunition to support pre-determined positions or to delay or obstruct politically uncomfortable decisions (Weiss 1979). There is

certainly empirical support for this somewhat cynical view of the nature of politics and the use of research. A classic recurrent example of the strategic use of research is for a government to argue that no decision can be made on a contentious issue without further research and analysis and to appoint a commission of enquiry taking several years to do the necessary work. The effect of this action is to take the issue off the policy agenda. With any luck, a different set of ministers will be in office when the awkward report arrives from the commission.

An example of the interpretation and use of research findings in public health that can be interpreted in 'strategic' terms relates to the decline in HIV seroprevalence in Uganda in the 1990s. While the totality of the epidemiological evidence indicated an improvement in the situation, commentary and discussion were dominated by the 'headline' figures of a huge reduction from 30 per cent to 10 per cent in seroprevalence between 1992 and 1996. Parkhurst (2002) argues that this selective, perhaps deliberately uncritical, interpretation of the evidence was the product of pressure on international donors from the international community to show the success of the global anti-AIDS effort and a desire on the part of the Ugandan government to present its HIV/AIDS programme in the best possible light. Another attraction of the Ugandan story was that it provided an international role model of a government that had taken HIV/AIDS seriously with very positive results.

A less cynical model of the relation between research and policy, drawing on some of the same political insights, is the *elective affinity* model. This theory holds that a policy community is more likely to react positively to research findings and insights if its members have participated in the research process in some way, if the findings are disseminated at the right time in relation to the decision making process and if the implications of the findings coincide with the values and beliefs of the policy audience (Short 1997). Essentially, this approach emphasizes the importance of ideological compatibility between the researchers and the policy makers at a particular point in time as well as the extent of contact between researchers and policy makers (see the development of 'linkage', below, as a way of increasing the likelihood that research will be used for policy). It indicates that research that introduces new thinking and challenges the status quo will be ignored unless it fits in with dominant policy makers' ideology. If it does not fit, the research may play an 'enlightenment' role over a much longer period of time with much more uncertain consequences.

While all these models, apart from the engineering model, rightly see research and evaluation as only one input to a complex policy process, they implicitly support the view that researchers and policy makers are each relatively homogeneous groups with similar views and distinctly different from one another. In fact, a notion of *two communities* of research and policy underlies not only many theories of the relationship, but also much of the practical thinking about how the relationship can and should be improved. The two communities model emphasizes the idea that researchers and policy makers live in different cultures based on different assumptions about what is important and how the world works.



Activity 9.2

As a demonstration of the two communities hypothesis, list the main differences you can think of between, say, university researchers and government officials in terms of the type of activities they engage in, their attitudes to research, who they are accountable to, their priorities, how they build their careers and obtain their rewards, their training and knowledge base, the organizational constraints they face, and so on.



Feedback

Your table might look something like Table 9.2.

Table 9.2 The ‘two communities’ model of researchers and policy makers

	<i>University researchers</i>	<i>Government officials</i>
Work	Discrete, planned research projects using explicit, scientific methods designed to produce unambiguous, generalizable results (knowledge focused); usually highly specialized in research areas and knowledge	Continuous, unplanned flow of tasks involving negotiation and compromise between interests and goals, assessment of practical feasibility of policies and advice on specific decisions (decision focused). Often required to work on a range of different issues simultaneously
Attitudes to research	Justified by its contribution to valid knowledge; research findings lead to need for further investigations	Only one of many inputs to their work; justified by its relevance and practical utility (e.g. in decision making); some scepticism of findings versus their own experience
Accountability	To scientific peers primarily, but also to funders	To politicians primarily, but also the public, indirectly
Priorities	Expansion of research opportunities and influence of experts in the world	Maintaining a system of ‘good governance’ and satisfying politicians
Careers/rewards	Built largely on publication in peer-reviewed scientific journals and peer recognition rather than practical impact	Built on successful management of complex political processes rather than use of research findings for policy
Training and knowledge base	High level of training, usually specialized within a single discipline; little knowledge about policy making	Often, though not always, generalists expected to be flexible; little or no scientific training
Organizational constraints	Relatively few (except resources); high level of discretion, e.g. in choice of research focus	Embedded in large, inter-dependent bureaucracies and working within political limits, often to short timescales
Values/orientation	Place high value on independence of thought and action; belief in unbiased search for generalizable knowledge	Oriented to providing high quality advice, but attuned to a particular context and specific decisions

Barriers to the use of research

As you were completing your table, you probably began to think about the various factors that are likely to intervene in the process of translating research into policy or act as barriers in that process. The two communities perspective focuses attention on barriers relating to the different questions that researchers and policy makers may be interested in answering, as well as problems associated with the translation, dissemination and communication of research findings. However, there are more fundamental obstacles that relate more directly to the nature of public policy and politics.

Political and ideological factors

You should by now be familiar with the notion that 'policy' is a process that takes place in a particular context influenced by the values and interests of the participants. As a result, politics and ideology inevitably affect the way that research is used. For example, who initiates and undertakes evaluation, and why it is wanted, are likely to influence how far it is used by policy makers. In low income countries, evaluations of public health programmes are mostly a requirement of external donors, ostensibly as the basis for decisions about whether funding should be continued or not. They tend to be undertaken by foreign experts commissioned by the donors. As a result, the evaluations are less likely to be taken seriously by national governments or those working in the programmes, irrespective of the technical quality of the analysis they contain, even if they do influence the decisions of donors. In general, it is safe to assume that the validity and reliability of a piece of research may be necessary for it to have any chance of influencing policy but these characteristics alone are not sufficient to guarantee its influence.

Political and ideological context matters in the interpretation and use of research evidence. In the later 1990s, the President of South Africa, Thabo Mbeki, controversially rejected the orthodox scientific view that the HIV virus was causally linked to AIDS and espoused the position of a small minority of dissident scientists. Thereby, he called into question the view that AIDS is a viral infection spread mainly by sexual contact.



Activity 9.3

Why do you think President Mbeki was attracted to the dissident scientific position on the link between HIV and AIDS?



Feedback

You may have suggested one or more of the following reasons:

- 1 It enabled him to play down what he took to be a racist insinuation that the high prevalence of AIDS in South Africa was the result of the sexual behaviour of black South Africans and black Africans in general.

- 2 It enabled him to assert the right of the elected government to decide not only who had the right to speak about AIDS and determine the appropriate response, but even who had the right to define what the HIV/AIDS problem was.
- 3 It enabled him to support indigenous science against a Western orthodoxy based largely, but not exclusively, on research from outside Africa.
- 4 It enabled the new post-apartheid state and African National Congress government to identify themselves as leaders in Africa in the resistance against the dominance of bio-medical research by former colonial and other wealthy countries.

Of course, it is not just politicians whose approach to, and use of, research can be shaped by ideology. Research requires resources and researchers have to apply to public and private sources of funds to support their projects. In turn, public and private funding bodies influence which sorts of research will be undertaken and which researchers will be selected to do the research. Globally, the share of total health research funding from governments has been falling even though total spending has been rising in real terms. By 2001 it was 44 per cent of the total (as against 47 per cent in 1998) with 48 per cent coming from the for-profit private sector and 8 per cent from the private not-for-profit sector (Global Forum on Health Research 2004a). The rising share of private for-profit spending is most likely a reflection of the rising cost of bringing new pharmaceuticals to market. The high cost of developing these new drugs means that companies will invest in products targeted at the most lucrative markets in high income countries. Research needed by low and middle income countries will be a much lower priority.

In the early 1990s around 75 per cent of pharmaceutical companies' research funds went to university researchers who are, by and large, interested in disseminating the findings of their research widely. By 2000, this proportion had fallen to 34 per cent with the rest accounted for by in-house research or research in private institutes linked to the industry or to advertisers (Petersen 2002). Even if there is no direct interference in privately funded research undertaken outside universities, it is clear that the incentive on such researchers is to produce findings that maintain a flow of funds from their sponsors. For example, while the data collected are likely to be used by the sponsoring companies, they are less likely to be made publicly available. The results are also likely to be interpreted in ways that are broadly supportive of the pharmaceutical industry and that avoid criticisms of the effectiveness of new drugs.

Another factor in private funding of research is the subsequent control which ownership of the research findings gives to the funder, thereby reducing the odds of wider use of the research. For example, Boots, a leading British pharmaceutical company, funded research on the effectiveness of its drug, Syntharoid, after small-scale tests had suggested it might be better than alternative drugs. Although more definitive research showed no benefits, Boots was able to hire other researchers to re-analyse and interpret the data, as well as to prevent publication of the findings for a further seven years during which time it was able to sell the drug successfully (Rampton and Stauber 2001).

In addition, both funders and researchers are influenced by prevailing social, economic and cultural trends. For example, a combination of economic retrenchment

in the face of weak economic growth and a dominant free market ideology in many Western countries in the 1980s led to an increasing convergence of view between researchers, funders and policy makers in what Fox (1990) called the *economizing model* of research in health and other sectors. By this he meant a focus on efficiency and value-for-money which were associated with free market institutions and the dominance of ways of thinking derived from economics. In this way, the nature of the research available for use was shaped by the prevailing climate.

Cutting across public and private interests, and ideological shifts, the impact of research on policy in the health field is shaped by the interests of different countries with very different economic resources in supporting research on health problems relevant to their settings. About US\$106 billion was spent globally on health research in 2004, of which roughly 10 per cent was spent on the problems facing low income countries which account for 90 per cent of the global burden of disease (measured in terms of disability-adjusted life years) (Global Forum for Health Research 2004a). This has been described as the '10/90 gap' by those pressing for a more equal distribution of global research effort. Thus one reason why poorer countries make less use of research than they might is related simply to the fact that there is so little basic and applied research on many of the health problems they exclusively face. For example, of the 1,233 drugs that reached the global market between 1975 and 1997, only 13 (1 per cent) were for use in combating tropical infections which primarily affect the poor (Global Forum for Health Research 2004b).

Policy and scientific uncertainty

Particularly in the case of policy or programme evaluations, interpreting and using the findings can be difficult for two reasons: the goals of the original programme are often deliberately broad and open to interpretation; and the effects are likely to be small in relation to all the other influences on the outcome(s) of interest. Indeed, it is now generally accepted that the better designed the evaluation, the smaller the effect it is likely to demonstrate. It can be difficult for policy makers to know whether the fact that an evaluation fails to show a programme achieving the results intended is due to the intrinsic methodological difficulty of disentangling the specific contribution of the programme from other factors, or whether the programme has genuinely failed to meet its objectives. This is particularly likely in relation to policies designed to tackle long-standing, complex, multi-causal problems such as child poverty or poor health in early life. These tend to be the most important programmes attracting a high degree of public interest and debate.

If there is little agreement as to what the main goals of a programme are and how progress towards them should be measured, then an evaluation is open to a variety of interpretations in policy terms. For example, a programme may improve equity but harm efficiency, yet it is unlikely that the programme's goals would be laid out in such a way as to describe the precise weight which should be given to each of the objectives of improving equity and raising efficiency.

Another point of contention surrounding the interpretation and use of research relates to its generalizability and relevance to a particular policy context. Faced with research from elsewhere that does not support their policy line, policy makers tend to play down the relevance to the research. By contrast, scientists tend to emphasize the generalizability of their findings to a wider range of settings.

Different conceptions of risk

Individual conceptions of risk also shape the way that evidence influences health policies. People's perceptions of the likelihood of harm from environmental hazards generally exceed their perceptions of the risks of harm caused by alcohol, tobacco or poor diets, in spite of the fact that far more people are at risk of disease from the latter group than the former.

The mass media reinforce these perceptions by tending to focus on the dramatic, the rare and the new, thereby highlighting some pieces of research ahead of others and potentially putting politicians under pressure to act in the absence of good evidence. For example, in the UK in 2002–3, media coverage of the reported potential risk of autism associated with receiving the combined measles, mumps and rubella (MMR) vaccination was huge. In the MMR case, the risk was extremely small and subsequent research indicated that there was no link between autism and MMR vaccine. Unfortunately, during what turned into a media scare, many parents chose not to have their children vaccinated, thereby exposing them to other, greater health risks. Media coverage led to high levels of public anxiety and pressure on government to act to reduce risks to health. This was before a systematic review of all the evidence had shown that the link between autism and MMR was almost certainly non-existent. The government resisted the pressure to change its childhood immunization policy even though this was unpopular at the time.

Perceived utility of research

Today, researchers of all kinds, but particularly social scientists, are far more willing than in the past to try to make their research potentially useful. Their ability to do so partly depends on the kinds of information generated by their research. Weiss (1991) identified three basic forms of output from research, generated to differing degrees by different research styles:

- data and findings
- ideas and criticism – these spring from the findings and typify the enlightenment model of how research influences policy
- arguments for action – these derive from the findings and the ideas generated by the research but extend the role of the researcher into advocacy

Each is likely to be perceived as useful in different circumstances. Weiss argues that apparently objective data and findings are likely to be most useful when a clear problem has been recognized by all actors and there is a consensus about the range of feasible policy responses. The role of research is then to help decide which option to go for.

Ideas and criticism appear to be most useful in an open, pluralistic policy system distinguished by a number of different policy networks in stable communication with one another when there is uncertainty about the nature of the policy problem (or, indeed, whether one exists worthy of attention) and where there is a wide range of possible responses.

Research as argument may be used when there is a high degree of conflict over an issue. It has to be promoted in an explicitly political way if it is to have an impact.

Its use depends on the lobbying skills of the researchers and whether the key policy audiences agree with its values and goals. If they do not, the research will be ignored. Thus, this is a high risk strategy for researchers since, unlike simply letting the research percolate into policy and practice, it requires researchers to abandon their customary status as disinterested experts and enter the rough-and-tumble of political argument.

Timing

Another factor as to whether or not research is used in policy making is timing. Decision makers often criticize researchers for taking too long when they are facing pressure to act. Sometimes, researchers have an influence because their findings happen to appear at just the right time in a policy development process, but it is difficult to predict this and build it into the plan of a research project. There may be a trade-off between the timeliness and the quality of research which is particularly apparent to the researchers. However, high quality is no guarantee that policy makers will take notice of research when it suits them. The first reasonably rigorous estimate of the number of deaths associated with the 2003 invasion of Iraq by the USA, the UK and their allies published in the *Lancet* (Roberts et al. 2004) was treated extremely sceptically by ministers on both sides of the Atlantic principally because its central estimate differed so much from previous much lower estimates of casualties, despite its superior methods.

Communication and reputation

The above study of deaths in Iraq shows clearly that the ease with which a piece of research can be communicated has a bearing on its use for policy purposes. The more complex, opaque and indeterminate the results and presentation of findings, the less likely, all other things being equal, they are to be taken notice of and accepted. On the other hand, no matter how well research is communicated, if it proposes radical structural change to institutions and society, it is much more likely to be ignored. The perceived quality of the research together with the reputation of the researchers and the institution where they are based also affect the attention that research will receive from policy makers.

The political and media reaction to the Iraq mortality study demonstrated all of these considerations. The fact that the researchers appropriately presented their results as a range of estimates (including some estimates lower than the previous estimates produced using an entirely different method) with differing probabilities of being correct confused some and enabled others conveniently to portray the estimates as 'soft' compared with the previous estimates. Yet, the researchers were highly reputed scientists from the prestigious Johns Hopkins School of Public Health in the USA, among other institutions, so their findings were difficult to ignore entirely. Finally, the timing of the publication played its part in how the research was received. The paper appeared just before the US Presidential elections of 2004 in which the Iraq war was a central issue between the Democratic challenger and the Republican incumbent. The *Lancet* and the researchers were criticized for fast-tracking the research to publication for political reasons. Yet as

conscientious scientists they presumably believed that the sooner their much higher estimate was in the public domain, the better for informed decisions about the future prosecution of the war.



Activity 9.4

For each of the potential obstacles to research being accepted and used by policy makers, identify one or two possible ways of overcoming each of them.



Feedback

The main ways of overcoming potential obstacles are given in following paragraphs. Add to your list as you read about them.

Improving the relationship between research and policy

Since the mid-1990s in the health field, there has been an explosion of interest in using the insights from the different models of the research–policy relationship discussed above, especially the idea of the two communities, to try to reduce the barriers to the use of research in policy making and health system management in line with the goal of ‘evidence-based policy’. In the early stages of this movement, the emphasis was simply on improving the flow of information to policy makers through better *dissemination* of research findings (e.g. researchers were encouraged to produce user-friendly summaries of their research findings and to try to draw out the policy and practical implications of their work). This emphasis was consistent with improving the functioning of the engineering model of research and policy. To this was added an emphasis on improving the *diffusion* of ideas and insights from research to policy, derived from the evidence on how innovations diffuse within different sectors of the economy (Rogers 1995). This had much in common with the enlightenment view of research–policy relations. The focus then shifted to more active strategies of ‘*knowledge transfer*’ (Denis and Lomas 2003).

Practical steps and advice inspired by the two communities hypothesis to reduce the ‘gap’ between research and policy

Table 9.3 summarizes the practical steps which researchers and policy makers have been encouraged to take in order to improve dissemination and diffusion of research into practice.

Linkage and exchange model of health research transfer

The steps outlined in Table 9.3 tend to emphasize better communication and translation of research findings, but offer little by way of a response to the political and ideological barriers discussed earlier. Perhaps the most sophisticated practical

Table 9.3 Practical steps advocated to reduce the 'gap' between research and policy

<i>Steps to be taken by researchers</i>	<i>Steps to be taken by policy makers</i>
Provide a range of different types of research reports including newsletters, executive summaries, short policy papers, etc., all written in an accessible, jargon-free style and easily available (e.g. by hiring a scientific journalist to translate research reports into lay terms or training researchers in accessible writing style)	Set up formal communication channels and advisory mechanisms involving researchers and policy makers to identify researchable questions, develop research designs and plan dissemination and use of findings, jointly
Put on conferences, seminars, briefings and practical workshops to disseminate research findings and educate policy makers about research	
Produce interim reports to ensure that findings are timely	
Include specific policy implications in research reports	Ensure that all major policies and programmes have evaluations built into their budgets and implementation plans rather than seeing evaluation as an optional extra
Identify opinion leaders and innovators, and ensure that they understand the implications of research findings	
Undertake systematic reviews of research findings on policy-relevant questions to enable policy makers to access information more easily	Publish the findings of all public programme evaluations and view evaluation as an opportunity for policy learning
Keep in close contact with potential policy makers throughout the research process	Commission research and evaluation directly and consider having additional in-house research capacity
Design studies to maximize their policy relevance and utility (e.g. ensure that trials are of interventions feasible in a wide range of settings)	Establish intermediate institutions designed to review research and determine its policy and management implications (e.g. the National Institute for Clinical Excellence in England and Wales which advises patients, health professionals and the NHS on current 'best practice' derived from robust evidence syntheses)
Use a range of research methods, including 'action-research' (i.e. participative, practically-oriented, non-exploitative research which directly involves the subjects of research at all stages with a view to producing new knowledge that empowers people to improve their situation) and other innovative methods	Provide more opportunities for the public and civil society organizations to learn about the nature of research, to be able to ask questions of researchers and policy makers concerning the use of research and to participate more actively in the policy process from an informed position
Choose research topics that are important for future policy	Encourage the mass media to improve the quality of their reporting and interpretation of research findings and their policy implications through devoting more time and effort to media briefing

approach to improving research utilization is that developed by Lomas (2000b) through the Canadian Health Services Research Foundation (CHSRF). This approach recognizes the interactive nature of policy development and focuses on mutual exchange and the joint creation of knowledge between policy makers and researchers. Using a variety of 'cross-boundary' techniques, researchers and policy makers are encouraged to work together to plan and develop research projects. They remain in direct contact throughout the life of projects as well as working on longer-term programmes of research. The objectives are to grow the research literacy of decision makers, enhance the relevance and utility of the research undertaken, increase the policy and managerial awareness and experience of researchers and increase the likelihood that the knowledge from research will be successfully transferred and translated into appropriate action. The CHSRF sees a crucial new role for various forms of 'knowledge broker' whose activities span the boundaries of different organizations in the worlds of research, and policy and management.

Informed by insights from policy science, the 'linkage and exchange' approach sees policy not as a series of discrete decisions or products but as a continuous process taking place in a context that includes the institutions of government and an array of stakeholders or interest groups organized into coalitions of stable groups, all shaped by prevailing beliefs, values and ideologies.

Although a large part of the CHSRF approach is informed directly by the 'two communities' idea, it does recognize that policy makers, at least, are *not* homogeneous. The approach encourages researchers to identify the different target groups among decision makers for their work and to use appropriate strategies for each. The 'linkage and exchange' approach is being tested in a series of experiments with some encouraging results (Denis and Lomas 2003). However, as Gibson (2003) points out, the approach still tends to see the problem of knowledge transfer and evidence-based policy making as relating to the *separation* between two worlds, hence the interest in notions of brokerage. This fails to take into account the degree of conflict *between* researchers and policy makers, and the *alliances* between sub-groups of both. For example, most academic disciplines are notable for controversies and disputes between rival groups of researchers and theorists. This is even more so in fields of enquiry occupied by different disciplines, each of which brings a range of perspectives to bear on each substantive topic. To the contrary, the 'knowledge transfer' approach still shies away from explicitly recognizing the inherently political nature of the policy process as demonstrated in the preceding chapters of this book.

Beyond the two communities: are policy communities, policy networks and advocacy coalitions a better representation of reality?

Rather than seeing resistance to research being between the research world and the policy world, contemporary perspectives on the policy process from political science would locate the barriers to the uptake of research for policy as lying between groups which involve both researchers and others more closely involved with the policy process (in Chapter 7 you learnt about the general theories of the policy process).

Policy networks and policy communities

Conceiving of the policy process in terms of *policy networks* and *policy communities* focuses attention on the pattern of formal and informal relationships that shape policy agenda setting, formulation, decisions, implementation and evaluation in an area of policy. Research can be involved in each of these activities. Rhodes (1988) identifies a continuum between fields of policy which are characterized by policy communities which have stable and restricted memberships and those which feature policy networks that are much looser, less stable and less exclusive sets of interests. Where a particular policy area sits on the continuum between tight and loose groups, the degree of integration shapes the way in which policy is made in that area and the way in which research evidence is considered by members of the network or community. The looser the policy network, the more divergent are the views represented and the wider the range of different types of research that are likely to be used by those advocating different policy lines (Nutley and Webb 2000). The key point is that the divide between policy networks and communities is not based on the distinction between whether people are researchers or policy makers.

The advocacy coalition framework

As you learnt in Chapter 7 the *advocacy coalition* framework sees each area of public policy as occupied by networks and communities of actors interacting with varying degrees of intensity over time. Rather than pitting researchers against bureaucrats or politicians, advocacy coalitions comprise a diverse range of actors including politicians, civil servants, pressure groups, journalists, academics, think tanks and others. Each advocacy coalition interprets and uses research to advance its policy goals in different ways.

Implications of these theories for ways of enhancing the impact of research on policy

Gibson (2003) concludes that theories of the policy process that abandon the two communities perspective have a number of implications for those who wish to increase the impact of research on policy:

- 1 Researchers who wish to influence policy must analyse the policy area politically to identify the advocacy coalitions and their core values and beliefs about the nature of the policy problem, its causes and potential solutions.
- 2 Researchers must be engaged directly with advocacy coalitions or policy communities if they wish to have influence rather than focusing exclusively on managing the boundary between research and policy activities.
- 3 Research evidence owes its influence in the policy process to its ability to be turned into arguments and advocacy by actors in the policy process rather than its ability to reveal an uncontested 'truth'.
- 4 A strategy to enhance the role of research in policy is as much about influencing values and beliefs, and producing good arguments as it is about improving the knowledge base and its transmission.

Summary

You have learnt how researchers and research are only one among a wide variety of influences on policy processes. Yet, there is no doubt that the policy making process is influenced by research: research can help define a phenomenon as a policy problem potentially worthy of attention and research provides 'enlightenment' with many ideas affecting policy makers indirectly and over long periods of time. This is facilitated by the links between policy makers and researchers, the role of the media, timing and how the research is communicated. There are also many impediments to research being acted upon, including political and ideological factors, policy uncertainty, uncertainty about scientific findings, the perceived utility of research and how easy it is to communicate. There is considerable enthusiasm at present for using a variety of brokerage and knowledge exchange mechanisms to improve the productivity of the relationship between researchers and policy makers.

The idea that researchers and policy makers comprise two culturally distinct 'communities' is potentially misleading. Neither group is homogeneous and there are areas of common ground shared by some researchers and some policy makers. Sub-sets of researchers and policy makers participate together in competing 'advocacy coalitions' or 'policy networks' around issues. This perspective suggests that research enters policy as much through influencing political argument as through the transmission of knowledge. This indicates that recent efforts to use techniques of 'linkage' and 'exchange' to bridge the supposed 'gap' between research and policy are unlikely to succeed as much as their proponents would like.

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