A new knowledge synthesis method to effectively inform decision makers about public policies

A methodological workshop

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Centre de collaboration nationale sur les politiques publiques et la santé
National Collaborating Centre for Healthy Public Policy

Institut national de santé publique Québec

Imagine the following scenario...

The government wants to act to combat obesity and is asking the following question:

What are the most effective policies for addressing obesity?

You have been asked to produce a knowledge synthesis to inform their decision...

In 2005, the NCCHPP was given a dual mandate

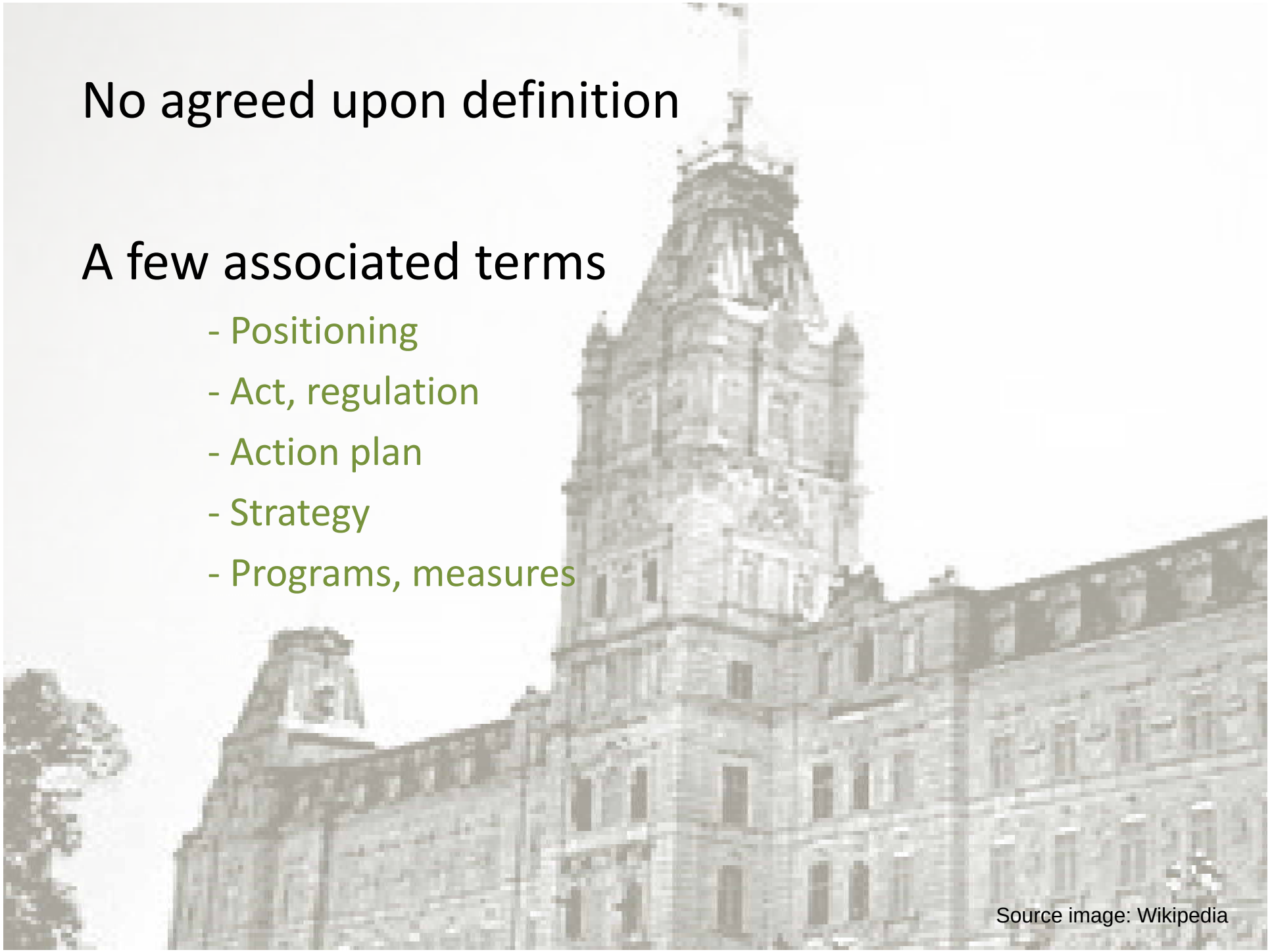
1. produce a **knowledge synthesis** aimed at identifying **policy options that seem to be effective** at addressing obesity
2. document **the methodological issues** associated with this exercise

But what exactly is a "Public policy"?

No agreed upon definition

A few associated terms

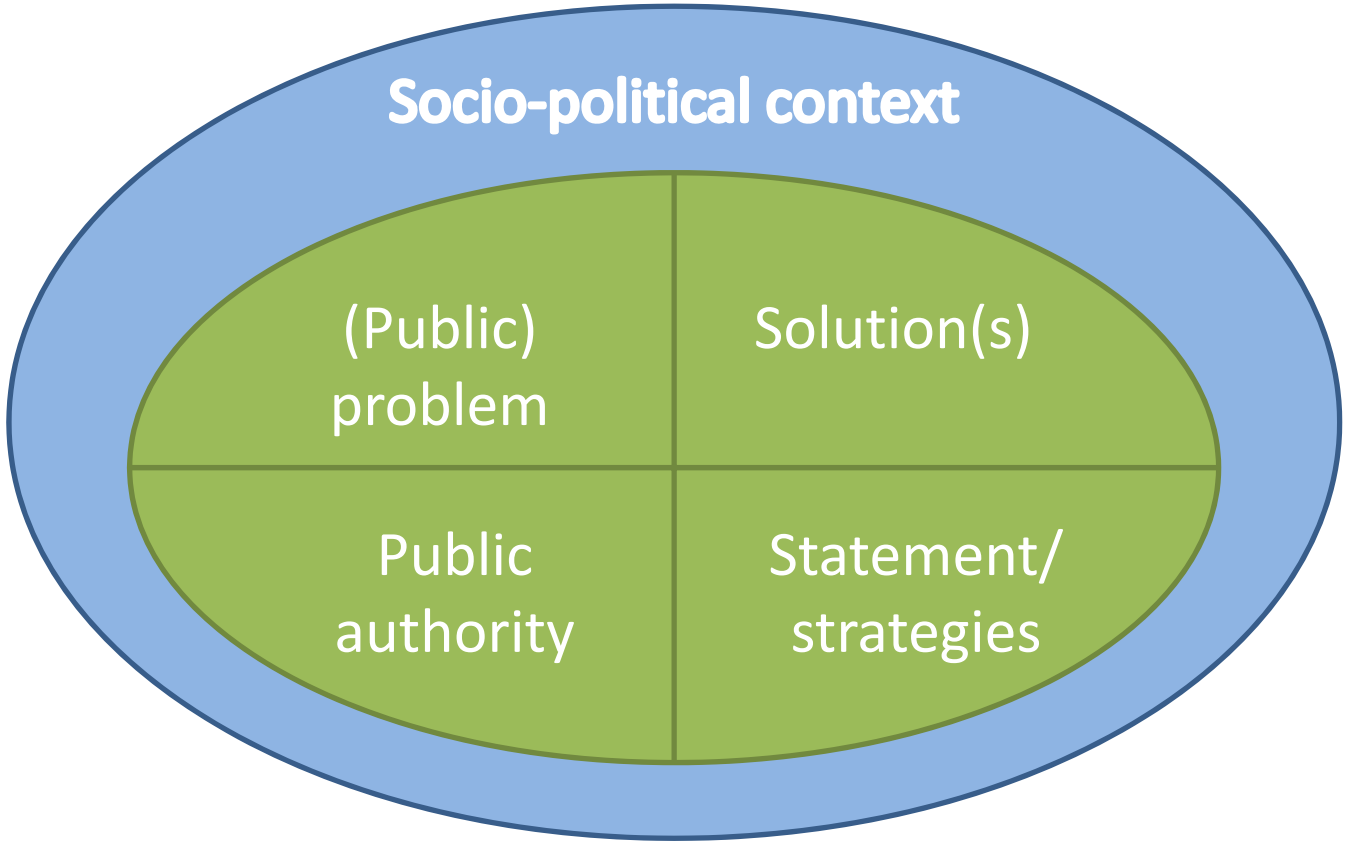
- Positioning
- Act, regulation
- Action plan
- Strategy
- Programs, measures



Source image: Wikipedia

Toward an operational definition

Elements that give rise to a public policy (PP)



But what exactly is a "knowledge synthesis"?

A knowledge synthesis

"[…] means the contextualization and integration of research findings of individual research studies within the larger body of knowledge on the topic. A synthesis must be reproducible and transparent in its methods, using quantitative and/or qualitative methods" (CIHR, 2008)

Source: Canadian Institutes of Health Research. *Knowledge Translation at CIHR*, 2008. [http://www.cihr-irsc.gc.ca/e/41382.html]

Different types of syntheses (CIHR, 2008)

- Systematic reviews (e.g.: Cochrane Collaboration) and meta-analyses
- Scoping reviews
- Narrative syntheses
- Realist syntheses
- Consensus conferences and expert panels

Source: Canadian Institutes of Health Research. *Knowledge Translation at CIHR*, 2008. [http://www.cihr-irsc.gc.ca/e/41382.html]

Why a specific method applicable to public policies?

- **A policy is not a simple intervention**
  - The decision maker is a public authority who is accountable
  - Applied at the population level

- **Beyond effectiveness**
  - Policy makers are interested in implementation issues

- **Beyond the literature**
  - Sometimes few studies have been published
  - Need to contextualize the data

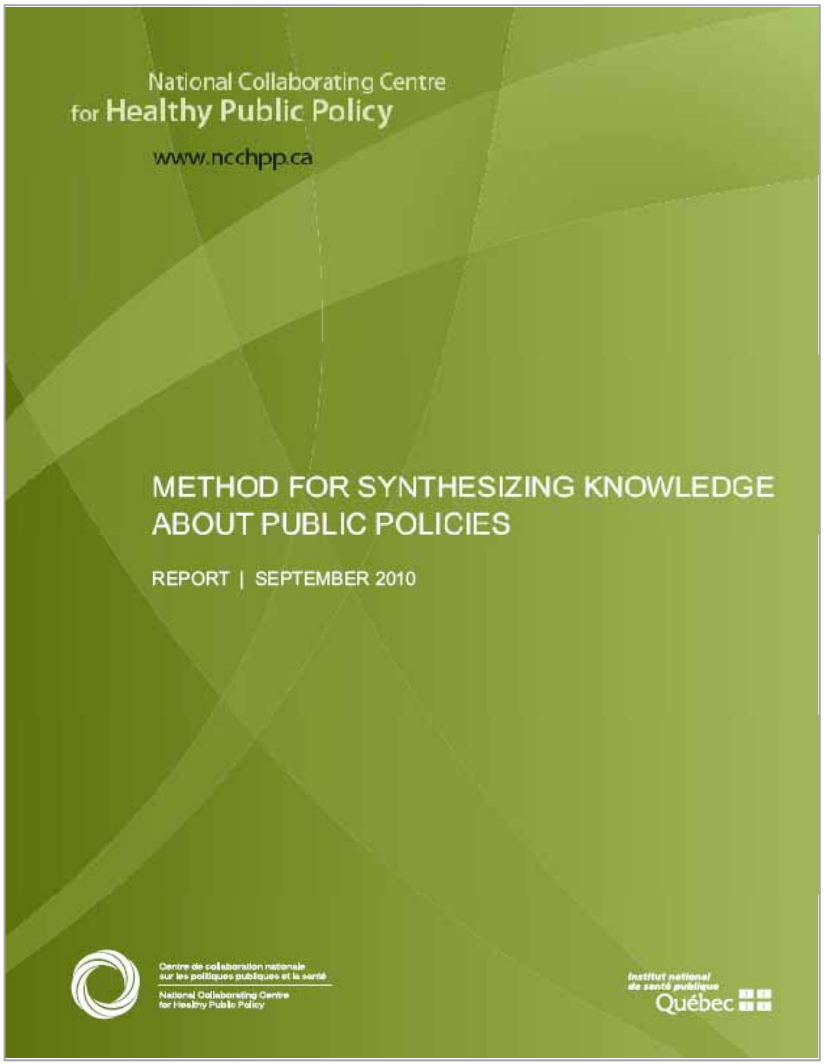
Five principles guiding our reflection

1. Methodological rigour
2. Political relevance
3. Broadened conception of evidence
4. Flexibility – The best is the enemy of the good
5. We should play the role of an "honest broker"

(Pielke, 2007)

Pielke, R. (2007). *The honest broker: Making sense of science in policy and politics*. New York: Cambridge University Press.

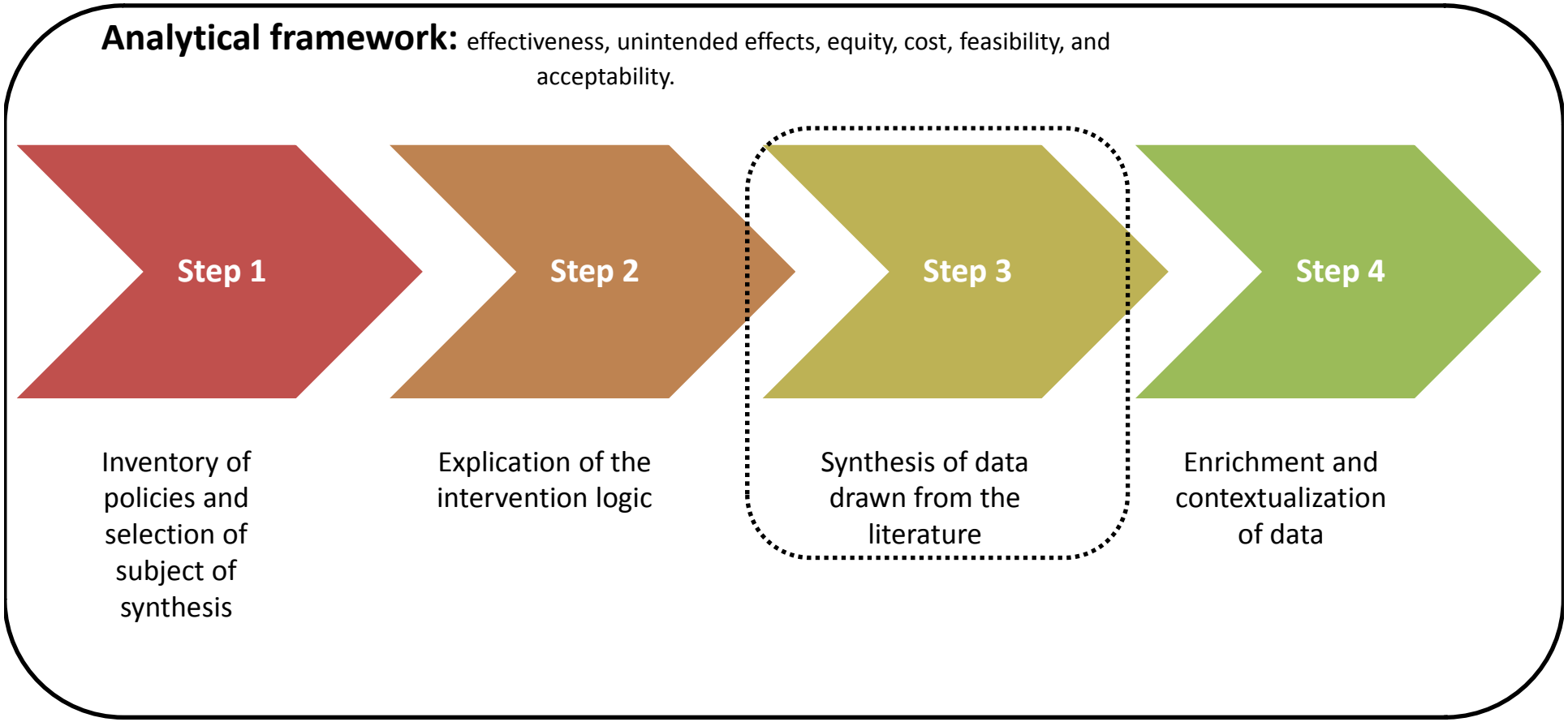
Some sources of inspiration



Available at:

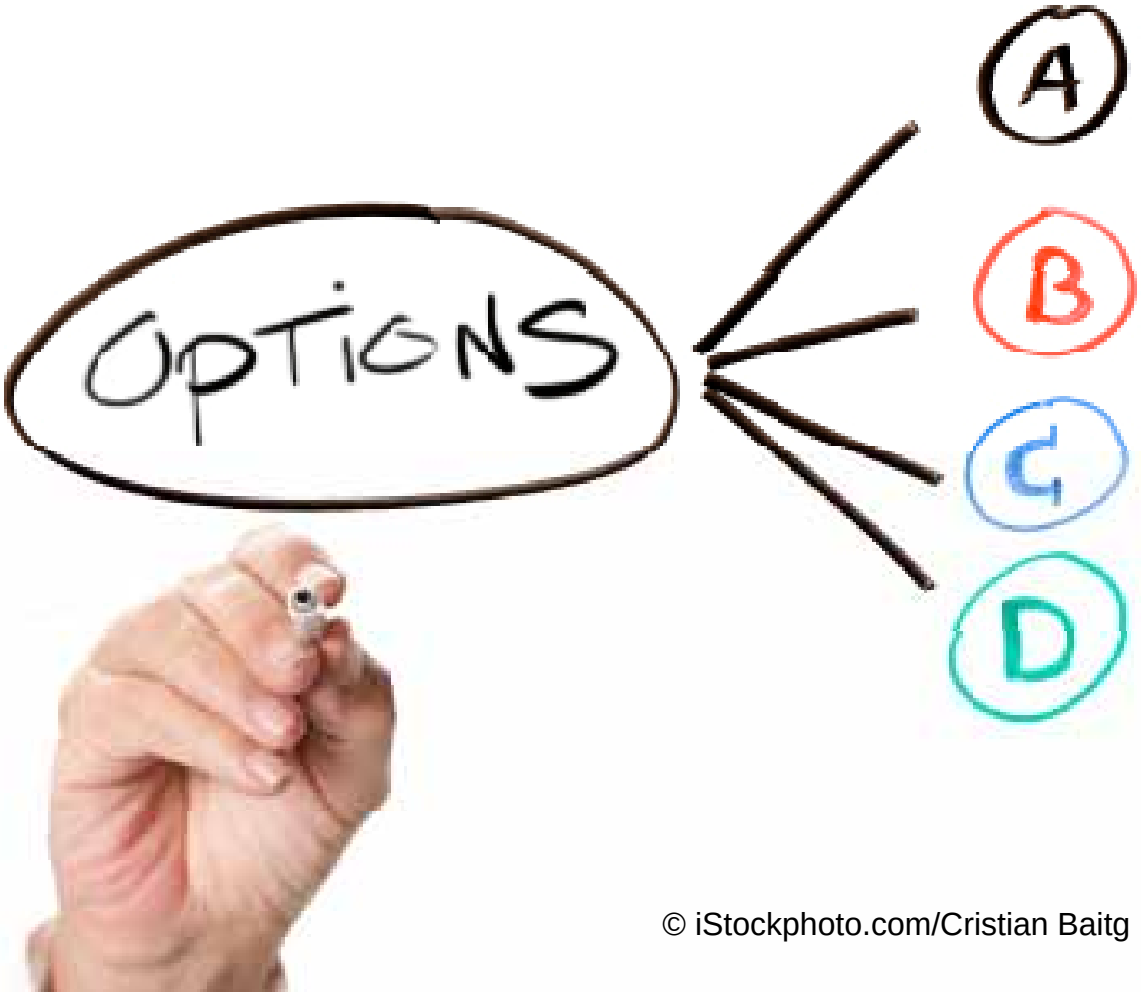
http://www.ncchpp.ca/docs/MethodPP_EN.pdf

A synthesis in four steps



Step 1.

Inventory of options and choice of policy



You sketch a portrait of the problem and of all the proposed policy options for addressing it.

Grey literature

- Websites of national and international organizations interested in the targeted health problem

Scientific literature

- Websites that inventory systematic reviews
- Optional: preliminary exploration of databases

From among all the proposed options, how do you choose the one that will be the subject of the knowledge synthesis?

Who chooses the policy option that will be the subject of the knowledge synthesis?

Authority

The choice is imposed by the decision maker.

Negotiation

The choice is determined following negotiations between you and the decision maker.

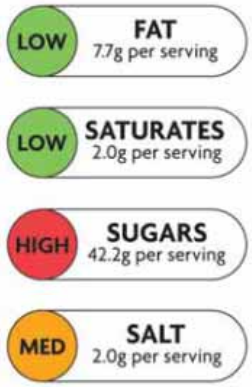
Autonomy

You have complete autonomy to choose.

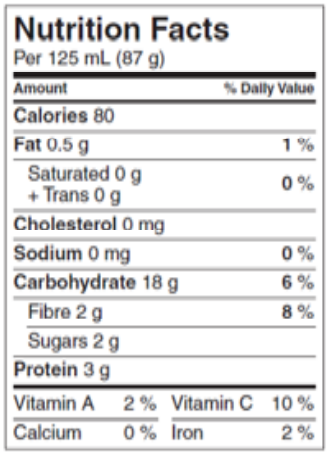
Selection strategies	Advantages	Limitations
Convenience Policy options are chosen for practical reasons tied to accessibility of data and cost.	Saves time, money and energy	Weak rationality Weak credibility
Political importance Policy options are chosen because they are linked to sensitive political issues or issues on the government's agenda.	Relevance Can draw attention to the synthesis by choosing a politically sensitive option (or try not to draw attention by choosing a non-sensitive option) Useful for placing an option on the decision-making agenda or for blocking an undesirable option	Some promising options can be brushed aside because they are not aligned ideologically with the government of the day.
Based on criteria The policy options are selected on the basis of certain predetermined criteria (e.g.: policy options that are low-cost, that raise issues of equity or social acceptability, etc.)	Makes it possible to choose an option based on a criterion one wishes to study	Can introduce a bias by choosing one criterion rather than another
IF YOU CHOOSE MORE THAN ONE OPTION		
Maximum variation Policy options are chosen because they vary greatly with respect to a single dimension (e,g.: from the least to the most coercive option)	Makes it possible to generalize or to find cases that deviate	Makes it necessary to produce more than one synthesis, which takes more time, money and energy

E.g.: "What can the government do in the area of nutrition to prevent obesity?"

- Regulation of advertising that targets children
- Food available in schools
- Nutrition labelling
- Taxing junk food
- Portion sizes
- …



Source: Food Standards Agency
© Crown copyright



Nutrition Facts
Per 125 mL (87 g)

Amount	% Daily Value
Calories 80	
Fat 0.5 g	1 %
Saturated 0 g + Trans 0 g	0 %
Cholesterol 0 mg	
Sodium 0 mg	0 %
Carbohydrate 18 g	6 %
Fibre 2 g	8 %
Sugars 2 g	
Protein 3 g	

Vitamin A	2 %	Vitamin C	10 %
Calcium	0 %	Iron	2 %

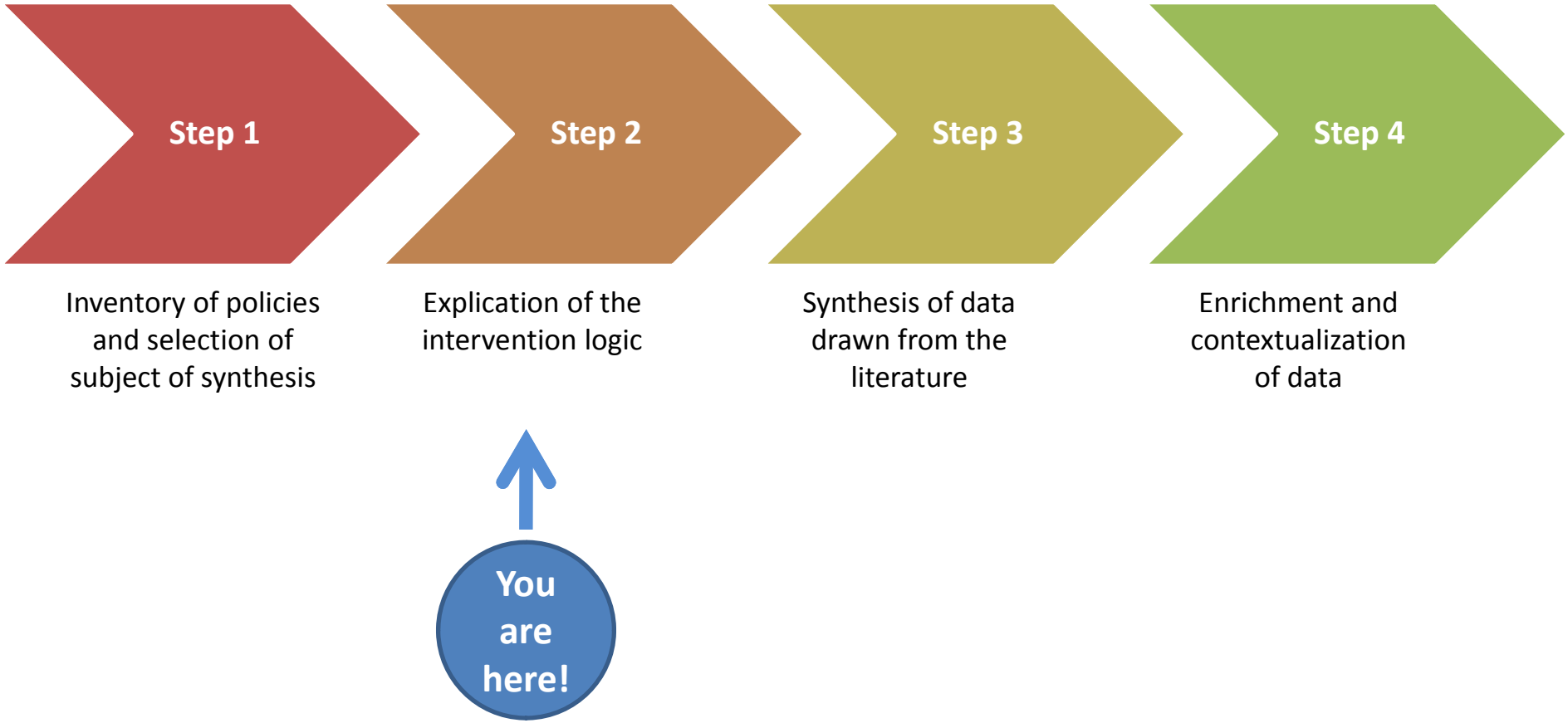
Source: Health Canada

If several policies are selected:
a synthesis for each one
=> Having a manageable amount of data

Step 2.

The logic model

A synthesis in four steps



- Prior to data collection

- How many of you have heard of logic models?
- How many have used one?

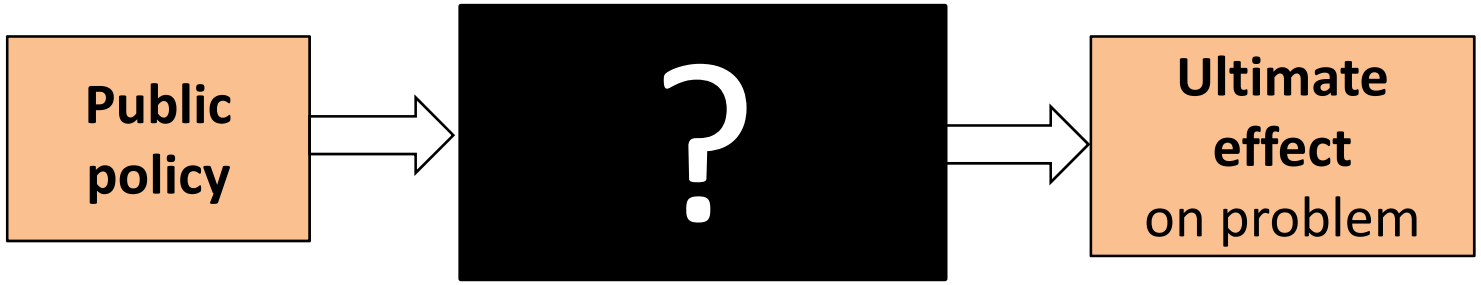
- Many terms…
  - logic model, theoretical model, conceptual framework, logical framework, etc.
- ...and they are assigned different meanings

- We do not wish to enter into these debates

  What is important = understanding the proposed way of proceeding

Usually:

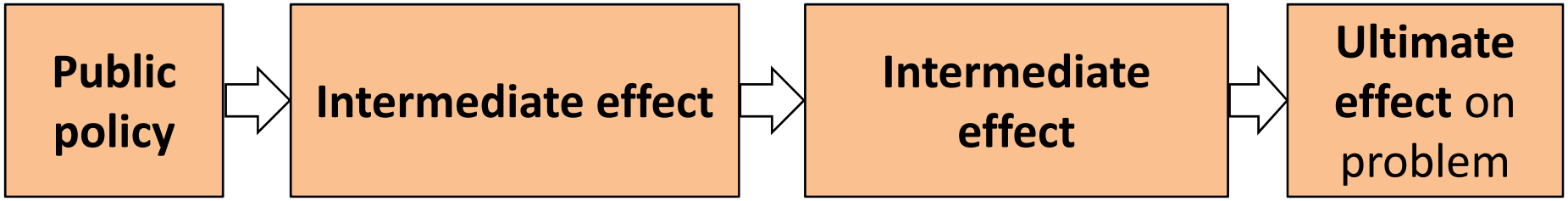
- A public policy is proposed as a means of obtaining a desired effect
- But the intervention logic (mechanisms of action) is not made explicit



Detail the intervention logic

Deconstruct the chain of expected effects between the public policy and the problem targeted

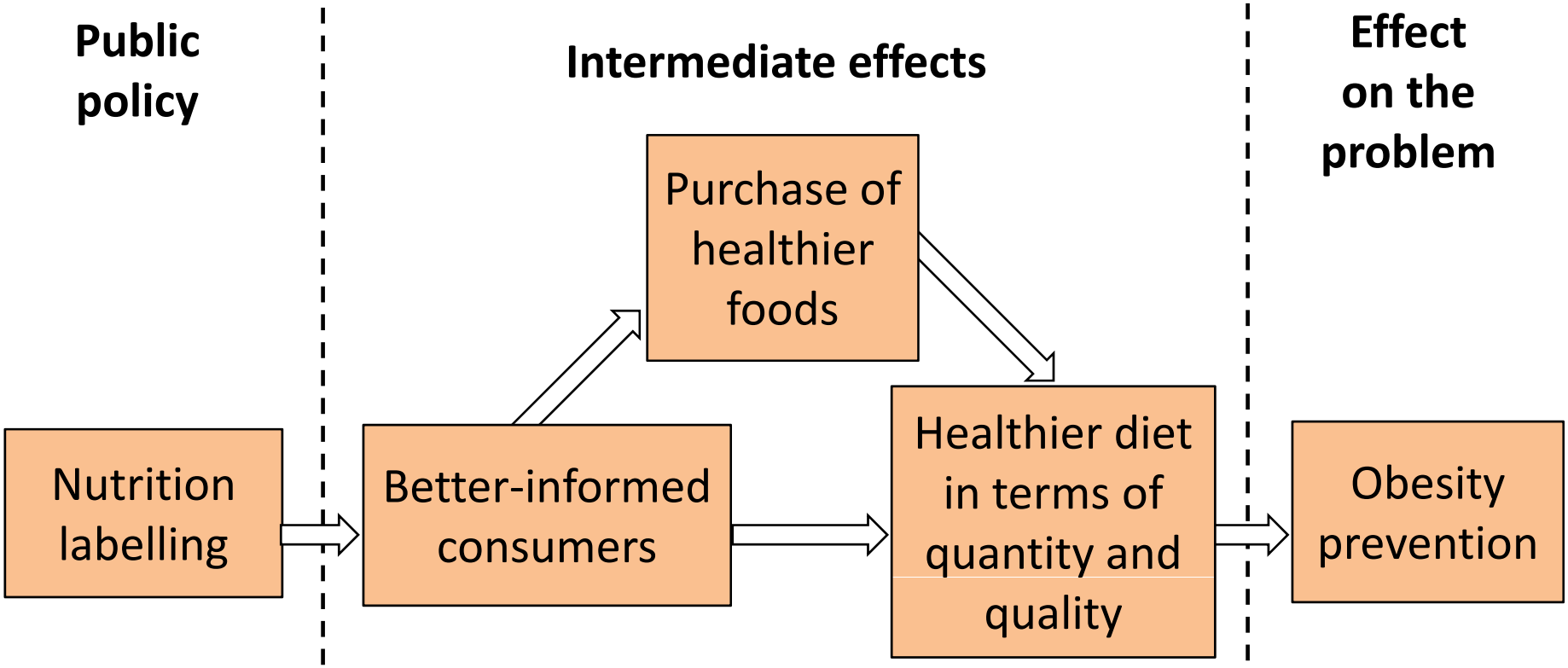
(Champagne et al., 2009; Weiss, 1998)



Champagne, F., Brousselle, A., Hartz, Z., & Contandriopoulos, A.-P. (2009). Modéliser les interventions. In A. Brousselle, F. Champagne, A.-P. Contandriopoulos, & Z. Hartz (Eds.), *L'évaluation : concepts et méthodes* (pp. 57-70). Montreal: Les Presses de l'Université de Montréal.

Weiss, C. H. (1998). *Evaluation: Methods for Studying Programs and Policies (Second edition)*. Upper Saddle River: Prentice Hall.

Example: Nutrition labelling

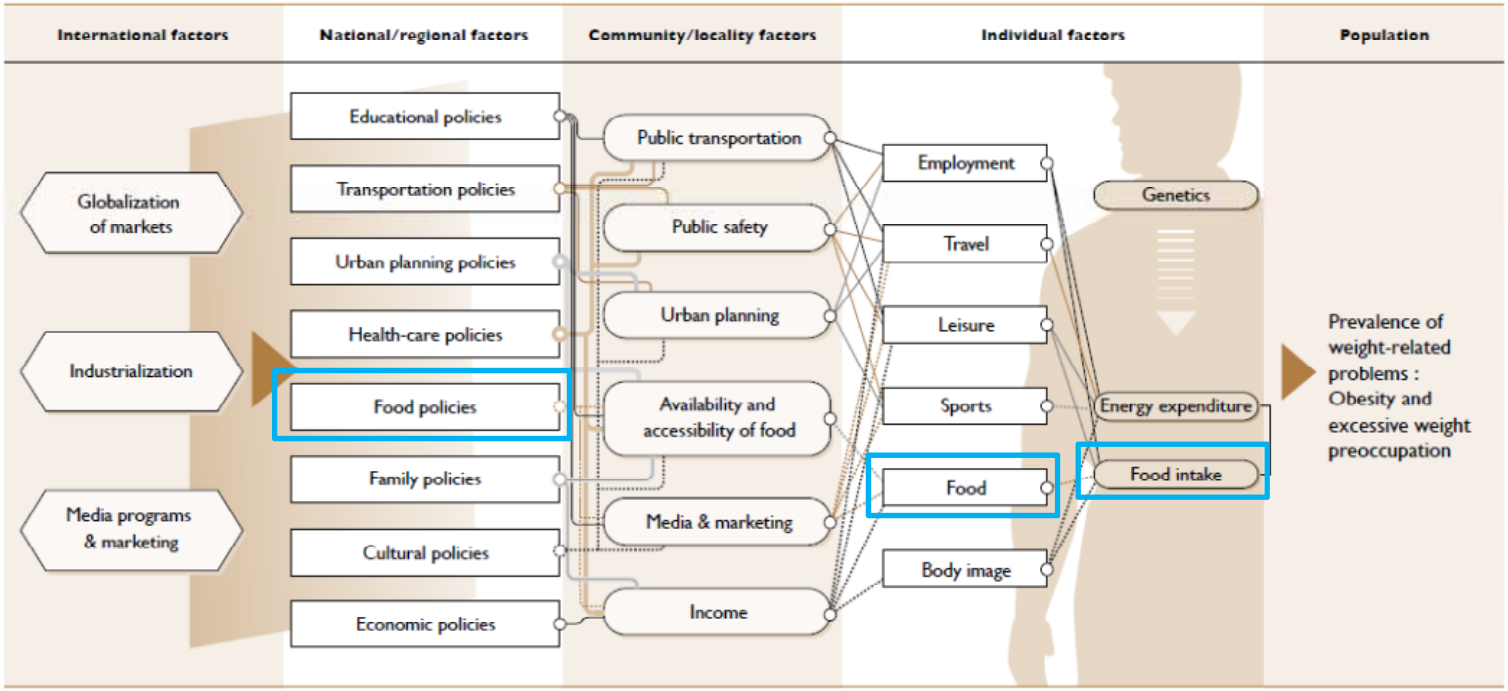


The logic model is not…

… a *causal* model:

- Does not represent *all* the causes of the targeted problem, only those targeted by the policy under study

Example: Causal web for obesity



Source: Groupe de travail provincial sur la problématique du poids (inspired by work carried out by the International Obesity Task Force), 2004, p. 12

Groupe de travail provincial sur la problématique du poids (2004). *Weight problems in Québec: Getting mobilized.* Montréal: Association pour la santé publique du Québec.

The logic model is not…

… *proof* of causality:

- It represents the *theory* of how the public policy should produce its intended effects
- Data collection will indicate whether this proves true in reality

Contribution of logic model

1. Define the subject of the knowledge synthesis
   - Too complex a model = confusion among several policies?

     E.g.: Improving food environments in schools

     ⇒ a *family* of different types of policies
   - To be able to manage the data gathered:

     Narrow down the subject of study until there is a single mechanism of action

2. Plausibility of the intervention logic?

   If plausibility is weak: not worth pursuing

3. Examine effectiveness step by step

   Identify what is more or less likely to succeed (effectiveness gaps), to be verified during data collection

   If there is a significant gap upstream: not worth pursuing

Contribution of logic model (cont'd)

4. Guide data collection
   - Relevant intermediate effects to document
   - Interesting, because data on ultimate effects of public policies are scarce

5. Strengthen the assumption of causality

   As opposed to simply correlating policy and ultimate effect

6. Structure the synthesis (the report)
   - In the text synthesizing the effectiveness data: a sub-section for each intermediate effect
   - Useful as a guide to decision making and action

Constructing a logic model

- Reflection based on:
  - knowledge gathered during the preliminary exploration of the literature
  - (as needed) consultation with experts
  - simple reasoning

- On one side, name the policy under study
- On the other, name the ultimate effect sought
- Identify the logical steps that lead from one to the other

“if… then”

- Suggestion: Start by noting the “last” intermediate effect
  - Generally the most well-known in the field of public health

    e.g.: food intake => obesity

    smoking => lung cancer

Constructing a logic model (cont'd)

- Variable number of steps
- One path or many
- **== Simplicity ==**
  - Key to establishing level of precision: is additional detail useful for reflecting on data collection?

Constructing a logic model (cont'd)

- **No "right answer"**
- Tool to guide reflection
- Possible discussion aid
  (e.g. with mandator of the knowledge synthesis)

- **Iterative construction**
  - Prior to data collection
  - During: rework model based on data found

Small group activity

The logic model

Imagine the following scenario...

You are called to a meeting.

You are informed that the Minister of Health is concerned about the consumption of energy drinks by young people.

Energy drinks

(Dubé et al., 2010; Plamondon, 2011)

- Consumption observed among young people in high school or college
- Health risks:
  - Caffeine (main active ingredient):
    - Excessive consumption => undesirable effects ranging from nausea to heart arrhythmia
    - Addiction
    - Withdrawal symptoms => depleted energy, drowsiness, depressive mood, difficulty concentrating, headache, irritability, etc.
    - Children and adolescents: group sensitive to the effects of caffeine
  - Association with alcohol: masks feelings of drunkenness => may lead to greater consumption of alcohol and at-risk behaviour
  - Sugar (regular consumption): negative impact on dental health and body weight

Dubé, P.-A., Plamondon, L., Tremblay, P.-Y. (2010). *Boissons énergisantes: risques liés à la consommation et perspectives de santé publique*. Institut national de santé publique du Québec.
Plamondon, L. (2011). *Les boissons énergisantes: entre menace et banalisation*. Institut national de santé publique du Québec.

Energy drinks

(Dubé et al., 2010; Plamondon, 2011)

Marketing practices:

- Sold along with other sugary drinks
- "beneficial" effects over-emphasized / undesirable effects eclipsed
- Themes that attract young people

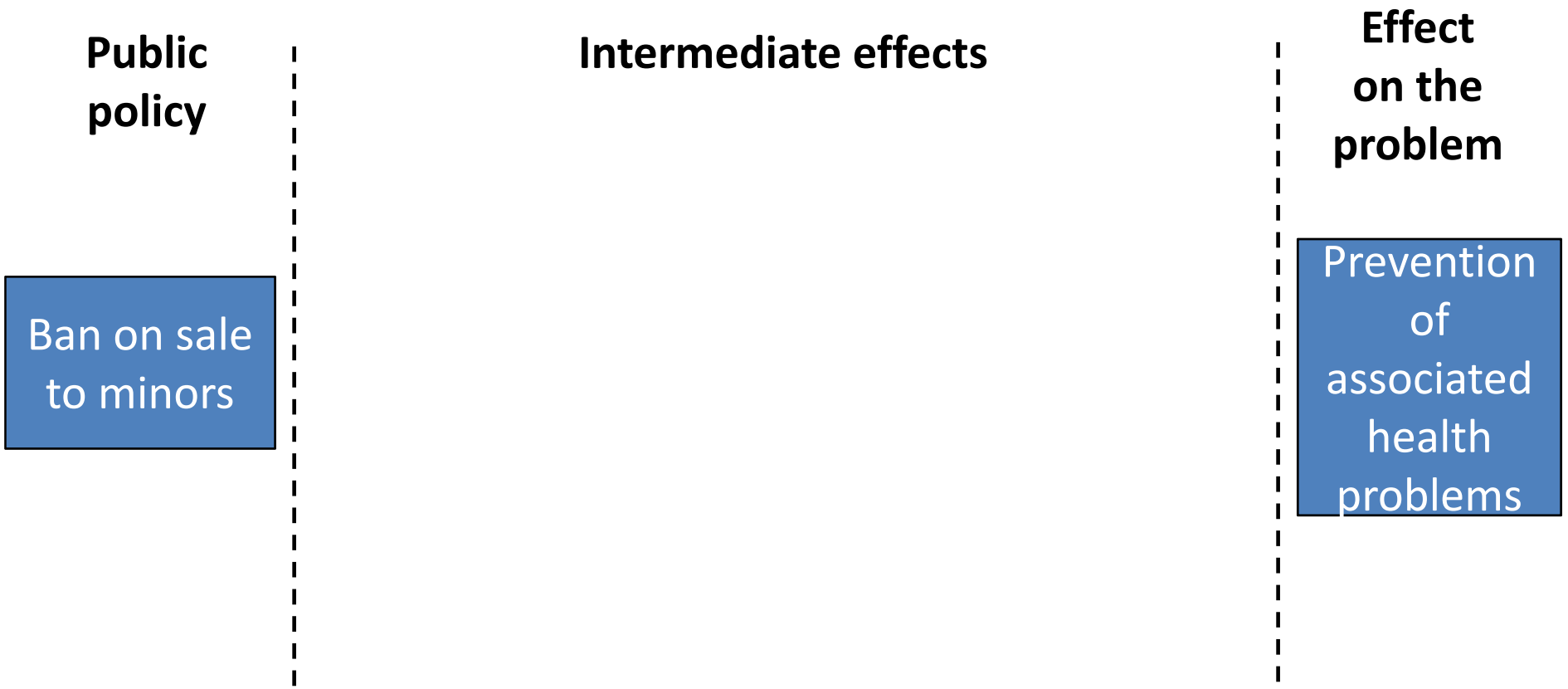
Dubé, P.-A., Plamondon, L., Tremblay, P.-Y. (2010). *Boissons énergisantes: risques liés à la consommation et perspectives de santé publique*. Institut national de santé publique du Québec.
Plamondon, L. (2011). *Les boissons énergisantes: entre menace et banalisation*. Institut national de santé publique du Québec.

The government is weighing the idea of banning the sale of energy drinks to those under 18 years old

Your mission

Produce a knowledge synthesis to inform the government about this option

Exercise: Construct the logic model for the banning of energy drink sales to minors



A framework for analyzing public policies (PPs): why?

A few reasons...

- Better inform decision makers
- Assess the chances of a PP succeeding
- Make use of a more systematic analysis process focused on six dimensions of a PP

... beyond a knowledge synthesis

What do we wish to document?

1) Effectiveness

…but also, the importance of the implementation context

2) Decision maker: a public authority

- Is accountable
- Is subject to various forms of pressure

3) Scope of implementation

4) Amount of resources required

A framework for analyzing six dimensions

Effects	Effectiveness
	Unintended effects
	Equity
Implementation	Cost
	Feasibility
	Acceptability

Major sources of inspiration: Salamon, 2002; Swinburn et al., 2005

Salamon, M. L. (2002). The New Governance and the Tools of Public Action: An Introduction. In L.M. Salamon (Ed.), *The Tools of Government: A Guide to the New Governance* (pp. 1-47). New York: Oxford University Press.

Swinburn, B., Gill, T., & Kumanyika, S. (2005). Obesity prevention: A proposed framework for translating evidence into action. *Obesity Reviews, 6*, 23-33.

1- A PP's effectiveness as a means of addressing the targeted problem

- The most important dimension to document:

  -Positive, neutral or negative effects

  - Intermediate effects

  - Plausibility of the intervention logic

  - Impact of context on the policy's effectiveness

Effects	Effectiveness
	Unintended effects
	Equity
Implementation	Cost
	Feasibility
	Acceptability

2- Unintended effects of a PP

- Unrelated to the objective pursued
- Effects in all sorts of areas

  Health (aspects other than the targeted problem), economic, political, environmental, tied to social relations, etc.

- Positive or negative

Effects	Effectiveness
	Unintended effects
	Equity
Implementation	Cost
	Feasibility
	Acceptability

3- A PP's impact on equity

- Differential effects of the PP on various groups (defined by age, gender, ethnicity, geographic or socio-economic environment, etc…)

- Effects on social inequalities in health (distribution of the targeted health problem)

Effects	Effectiveness
	Unintended effects
	Equity
Implementation	Cost
	Feasibility
	Acceptability

4- Financial costs of a PP

Cost in absolute terms

- Implementation cost for the government
- Implementation cost for other actors

… but also:

- Relative cost
- Cost-effectiveness
- Distribution of cost over time
- Visibility of costs

Effects	Effectiveness
	Unintended effects
	Equity
Implementation	Cost
	Feasibility
	Acceptability

5- Technical feasibility of a PP

- Pilot project = good indication
- Conformity with other legislation and the sharing of governmental capacities
- Availability of expertise and of material and technological resources
- Automaticity*
- Degree of directness*
- Hierarchical integration**

Effects	Effectiveness
	Unintended effects
	Equity
Implementation	Cost
	Feasibility
	Acceptability

* Salamon, M. L. (2002). The New Governance and the Tools of Public Action: An Introduction. In L.M. Salamon (Ed.), *The Tools of Government: A Guide to the New Governance* (pp. 1-47). New York: Oxford University Press.

** Sabatier, P. A. & Mazmanian, D. (1995). A Conceptual Framework of the Implementation Process. In S.Z. Theodoulou & M. A. Cahn (Eds.), *Public policy - The Essential Readings* (pp. 153-173). Upper Saddle River: Prentice Hall.

5- Feasibility (continued)

- Number of actors involved in implementation

- Quality of cooperation among the actors
  (⟹ acceptability)

- Ability of actors
  to interfere
  (⟹ acceptability)

Effects	Effectiveness
	Unintended effects
	Equity
Implementation	Cost
	Feasibility
	Acceptability

6- Acceptability of a PP

- Stakeholders' judgements regarding a PP
  (targeted groups, the wider public, other ministries, other decision makers, public administrators, political organizations, funding agencies, professional groups, the media, industry, etc.)
- Most complex analytical dimension, and directly interacts with the other 5 dimensions
- Influences the adoption, implementation and potential for success of a PP
- To be documented throughout the process

Effects	Effectiveness
	Unintended effects
	Equity
Implementation	Cost
	Feasibility
	Acceptability

6- Acceptability of a PP (continued)

- Depends on subjective factors that are external to the PP (beliefs, values, knowledge, fields of interest, etc.)

Two types of judgement

1) Concerning the intrinsic characteristics of a PP

- acceptability of acting on the targeted problem
- acceptability of the proposed PP

Effects	Effectiveness
	Unintended effects
	Equity
Implementation	Cost
	Feasibility
	Acceptability

6- Acceptability of a PP (continued)

2) Concerning the conditions for adoption and implementation of a PP

- perceived legitimacy of decision makers and decision-making process

- legitimacy and abilities of actors involved in the implementation of a PP

- planned accountability measures

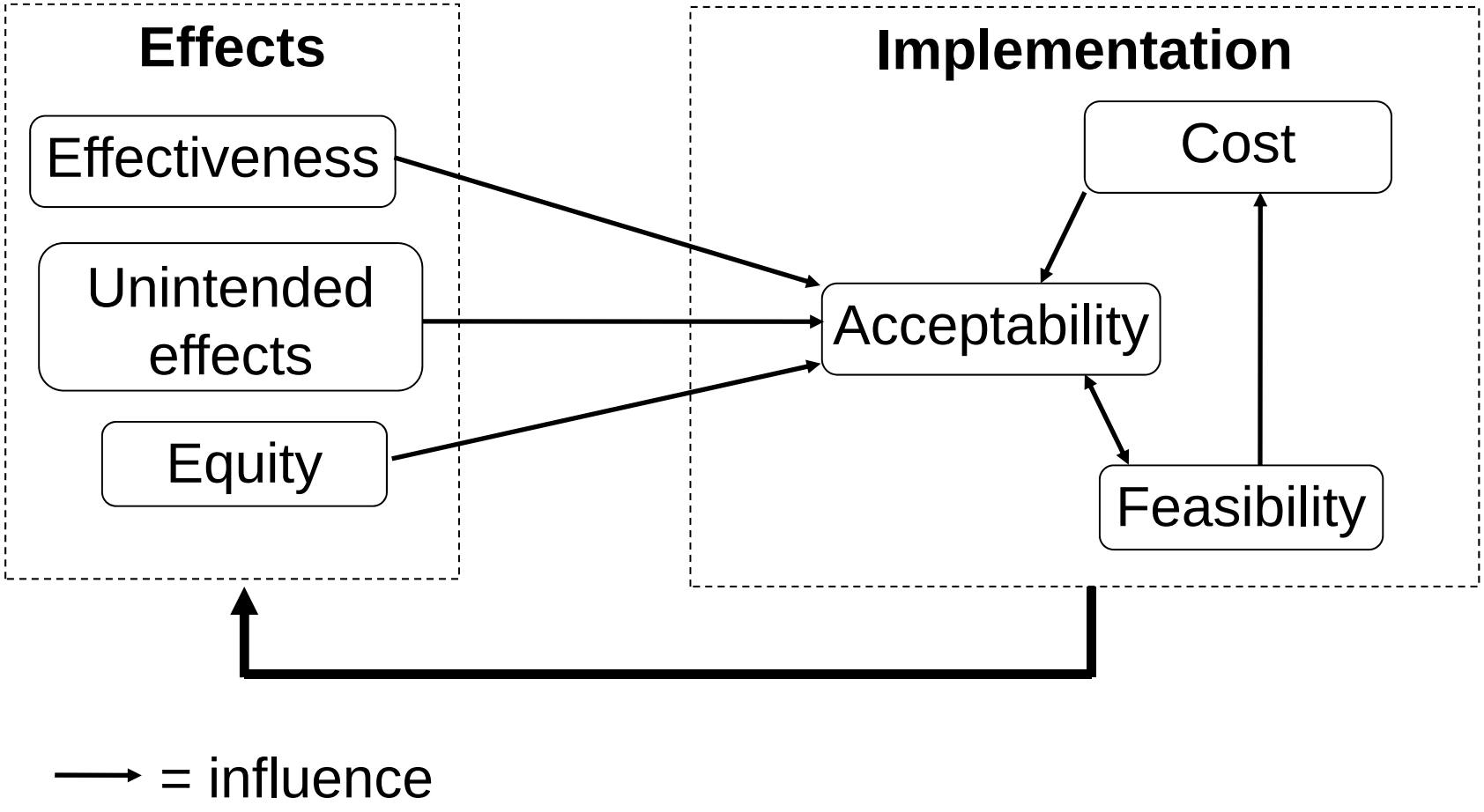
Effects	Effectiveness
	Unintended effects
	Equity
Implementation	Cost
	Feasibility
	Acceptability

In short …

An extraction table

Reference	Characteristics of document	Status	Effectiveness	Unintended effects	Equity	Cost	Feasibility	Acceptability

The dimensions and their relationships



Group exercise

The government is weighing the idea of banning the sale of energy drinks to those under 18

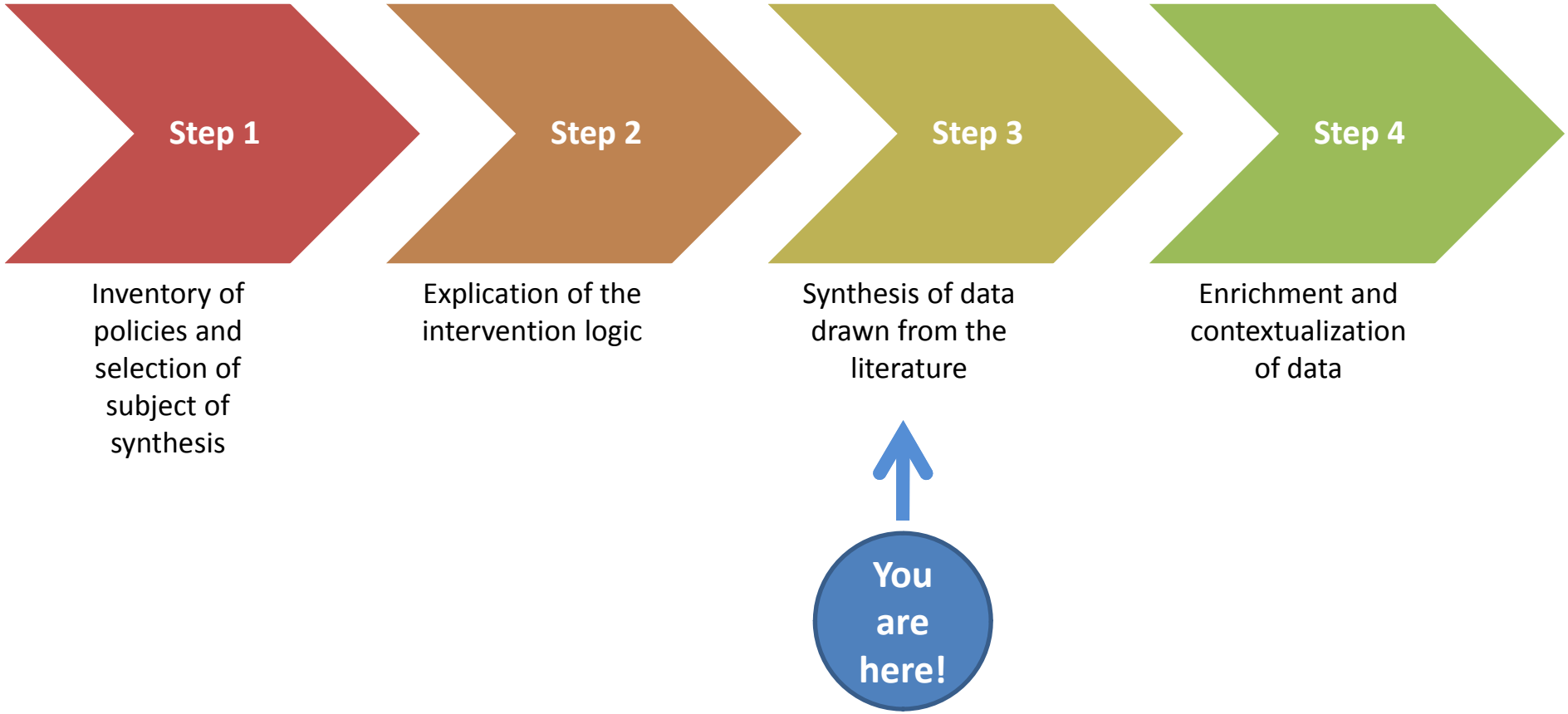
Your mission

Produce a policy analysis to inform the government about this option

Step 3.

Collection and analysis
of data drawn from the literature

A synthesis in four steps



Dual challenge:

A literature review that is **rigorous** and **adapted to public policies (PP)**

Not a systematic review

= SIMPLE OVERVIEW =

Details: consult the document

What are your usual sources of data?

- Scientific literature
  - Including qualitative data?
- Grey literature

  e.g.: Research reports, theses, documents produced by governments or NGOs, statements by professional associations, opinion polls., etc.

The documentary search

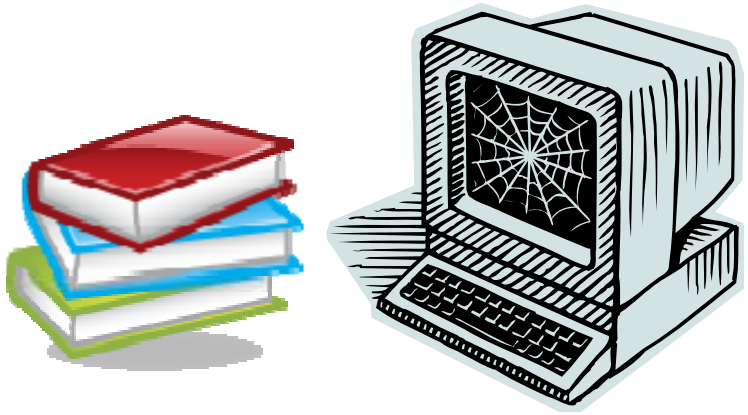
RIGOROUSNESS

Describe the process (record): transparency and reproducibility

Inclusion and exclusion criteria

e.g.: content, countries, period, language

No convenience sampling



ADAPTATION for public policies (PPs)

Openness: Do not document only effectiveness, decision makers need more

Scientific literature

AND grey literature

Websites; in particular:

– *Governments and NGOs*

– *Public health and other affected sectors*

– *Québec, Canada and international*

Several disciplines

e.g.: public health, political science, sociology, anthropology, economics, ethics, law...

List of databases

Appraisal of the quality of data

RIGOROUSNESS

- Describe the principal **characteristics** of the documents selected

e.g.: type, source, design, authors' affiliations, potential sources of bias

ADAPTATION for PPs

- The hierarchy of evidence excludes relevant evidence regarding PPs
- Sort documents according to their **relevance** (contribution to the knowledge synthesis)

Data extraction

RIGOROUSNESS

Extraction table

ADAPTATION for PPs

Type of **data to extract**

Refer to analytical framework

Data synthesis

RIGOROUSNESS

Use **all** the data extracted

No selecting for convenience

ADAPTATION for PPs

Narrative Synthesis

Limited resources? A few shortcuts

Automatic documentary searches in PubMed, by topic. Ontario Public Health Standards website:

http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/litss.html

PubMed = one database among others…

Limit the number of documents to be analyzed

- Existing literature reviews + documents published subsequently
  - *See list of alternative resources*
  - An existing review will never cover *all* the aspects that interest us
  - Can be complemented by deliberative processes

Limited resources? A few shortcuts

Limit the number of documents to be analyzed (continued)

- Narrow the inclusion criteria
  - In particular, by country, time period

- Begin reading + saturation criterion
  - To avoid bias: Read documents in a neutral order, e.g., reverse chronological order and, alphabetically, by author

- Ignore the grey literature (Warning !!!)
  - Suggested in rapid review methods
  - But results in loss of much relevant data
  - Can deliberative processes compensate for this?

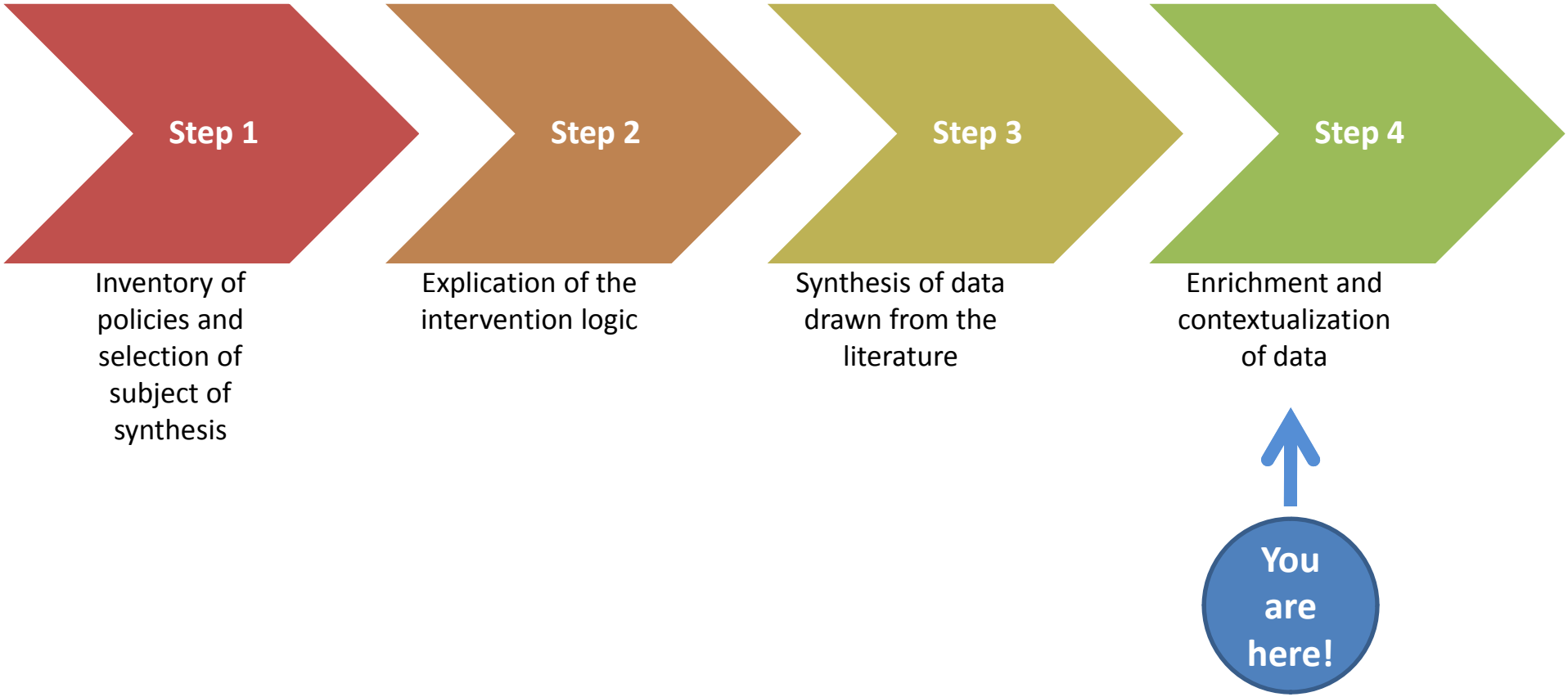
Shortcuts - Warnings

- The result is always less optimal than with a full literature review
- Remain transparent about the process followed
- Indicate the limitations and biases introduced

Step 4.

Enrichment and contextualization

A synthesis in four steps



You have FINALLY completed your literature review.

But you are still concerned about certain things...

For example...

Data robustness?

The « evidence » is limited or is not robust.

Issues are not well-documented?

There are perhaps certain issues that are not identified or addressed in the literature.

Transferability?

You do not know if the knowledge from the literature is applicable to your own context.

A deliberative process

can enrich and contextualize your literature review

Deliberation

1. Act of reflecting, of examining a question, discussion
2. Decision made during the course of this examination
3. Thoughtful examination preceding a decision
4. Mandatory consensus required for any decision handed down by a trial court

*Larousse En-ligne: http://www.larousse.fr
[Translation]

The ladder of deliberation

Choose a policy option

Formulate recommendations

Formulate value statements

Identify or clarify issues

Our proposed method

A deliberative process

1. The objective is to identify and clarify issues

2. A meeting (by invitation) with a group of 10-20 key informants (e.g.: experts, professionals, decision makers, and civil society actors) which can extend over 1-2 days

3. A summary of the literature review is submitted to them before the meeting (ideally 2-3 weeks ahead)

4. The meeting is led by a moderator and follows certain procedural rules (e.g.: Chatham House Rule)

CHATHAM HOUSE Rule

"When a meeting, or part thereof, is held under the Chatham House Rule, participants are **free to use the information** received, but **neither the identity nor the affiliation of the speaker(s),** nor that of any other participant **may be revealed**."

A deliberative process

1. The objective is to identify and clarify issues

2. A meeting (by invitation) of a group of 10-20 key informants (e.g.: experts, professionals, decision makers, and civil society actors) which can extend over 1-2 days

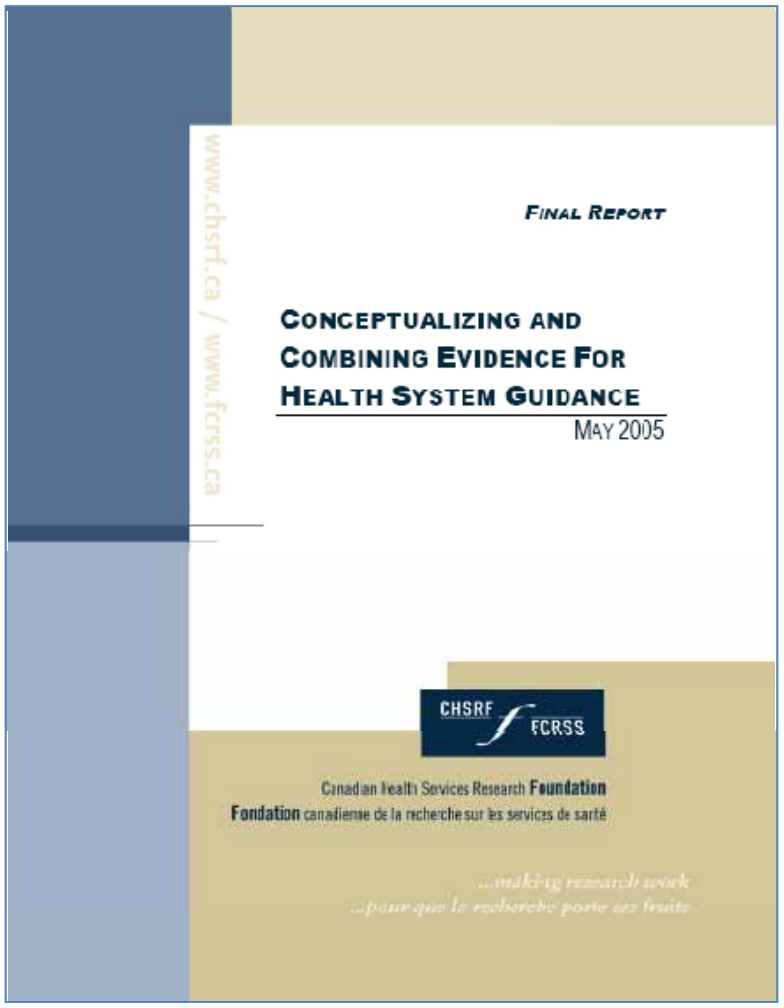
3. A summary of the literature review is submitted to them before the meeting (ideally 2-3 weeks ahead)

4. The meeting is led by a professional moderator and follows certain procedural rules (e.g.: Chatham House Rule)

5. The participants critically examine the problem, the proposed option and its implications (i.e. effectiveness, unintended effects, equity, cost, feasibility, and acceptability)

6. A thematic analysis of the meeting will be produced and transmitted to the participants

Who is talking about them?



PERSPECTIVES ON EVIDENCE, SYNTHESIS AND DECISION-MAKING

Moving Forward on Both Systematic Reviews and Deliberative Processes

Aller de l'avant avec les examens systématiques et les processus de délibération

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Abstract

Systematic reviews are increasingly seen as helpful "knowledge support" for managers and policy makers, and deliberative processes are starting to be seen as promising, locally contextualized "decision support." Increases to the flow of systematic reviews should be complemented by efforts to facilitate the retrieval, and adapt the presentation, of the available stock of systematic reviews. Research and other evidence should be combined in transparent ways to facilitate cross-context learning. The challenge for managers and policy makers in moving forward will be to avoid the confusion that comes from the branding of both systematic reviews and deliberative processes.

Health Research Policy and Systems

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Guide

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SUPPORT Tools for evidence-informed health Policymaking (STP) 14: Organising and using policy dialogues to support evidence-informed policymaking

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Abstract

This article is part of a series written for people responsible for making decisions about health policies and programmes and for those who support these decision makers.

Policy dialogues allow research evidence to be considered together with the views, experiences and tacit knowledge of those who will be involved in, or affected by, future decisions about a high-priority issue. Increasing interest in the use of policy dialogues has been fuelled by a number of factors: 1. The recognition of the need for locally contextualised 'decision support' for policymakers and other stakeholders 2. The recognition that research evidence is only one input into the decision-making processes of policymakers and other stakeholders 3. The recognition that many stakeholders can add significant value to these processes, and 4. The recognition that many stakeholders can take action to address high-priority issues, and not just policymakers. In this article, we suggest questions to guide those organising and using policy dialogues to support evidence-informed policymaking. These are: 1. Does the dialogue address a high-priority issue? 2. Does the dialogue provide opportunities to discuss the problem, options to address the problem, and key implementation considerations? 3. Is the dialogue informed by a pre-circulated policy brief and by a discussion about the full range of factors that can influence the policymaking process? 4. Does the dialogue ensure fair representation among those who will be involved in, or affected by, future decisions related to the issue? 5. Does the dialogue engage a facilitator, follow a rule about not attributing comments to individuals, and not aim for consensus? 6. Are outputs produced and follow-up activities undertaken to support action?

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Getting evidence into policy: The need for deliberative strategies?

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ABSTRACT

Getting evidence into policy is notoriously difficult. In this empirical case study we used document analysis and key informant interviews to explore the Australian federal government's policy to implement a national bowel cancer screening programme, and the role of evidence in this policy. Our analysis revealed a range of institutional limitations at three levels of national government: within the health department, between government departments, and across the whole of government. These limitations were amplified by the pressures of the 2004 Australian federal election campaign. Traditional knowledge utilisation approaches, which rely principally on voluntarist strategies and focus on the individual, rather than the institutional level, are often insufficient to ensure evidence-based implementation. We propose three alternative models, based on deliberative strategies which have been shown to work in other settings: review of the evidence by a select group of experts whose independence is enshrined in legislation and whose imprimatur is required before policy can proceed; use of an advisory group of experts who consult widely with stakeholders and publish their review findings; or public discussion of the evidence by the media and community groups who act as more direct conduits to the decision-makers than researchers. Such deliberative models could help overcome the limitations on the use of evidence by embedding public review of evidence as the first step in the institutional decision-making processes.

Introduction

Getting evidence into policy and practice is harder than the rhetoric suggests. For example Pawson (2006) states that in Britain "much of the recent governmental head-nodding to evidence-based policy is mere lip service" (p. 175), while in Australia, Banks (2010) notes "The truth is, that while there has been much talk about evidence-based policy, far less attention has been paid to how we actually go about it and how we might do it better" (p. 3).

The role of evidence in policy-making is complex, and even the definition of evidence is contestable (Dobrow, Goel, & Upshur, 2004; Head, 2008). Majone (1989) argues that "evidence is not synonymous with data or information. It is information selected from the available stock and introduced at a specific point in the argument in order to persuade a particular audience of the truth or falsity of a statement" (p. 10). This definition raises questions about who determines what information is considered as evidence, on what basis these decisions are made, and how evidence is actually used in the decision-making process.

Policy emerges from the interaction of different forms of evidence, filtered and shaped by the institutional processes of decision-making. Head (2008) argues that evidence is perceived through three distinct lenses: systematic or scientific research, drawing on knowledge from different disciplines; programme management experience or practice, based on organisational knowledge; and political judgement, involving persuasion, strategising and building coalitions of support. In contrast, for Lin (2003) policy is formed out of the competition between three rival rationalities: the technical, based on the formal scientific assessment of evidence; the cultural, focusing on the values and ethics of participants in the policy process; and the political, concerned with power sharing and the creation of legitimacy. Both views break with any linear notion of knowledge utilisation and emphasise how policy-making is the management of rival value sets and notions of evidence. This conflict is channelled and managed through institutions, such as the legislative, judicial and executive arms of

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How We Move Beyond a Policy Prescription to Action

COMMENTARY

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ABSTRACT

In response to "Evidence-Based Policy Prescription for an Aging Population," by Chappell and Hollander, this paper proposes that efforts be made to execute strategies to build the political momentum and public support necessary for concrete action toward achieving the recommended policies. It also suggests the implementation of knowledge translation strategies to assist in disseminating and integrating existing successful programs across the wider health system. Finally, this paper proposes a concerted and robust mobilization of forces in order to move from evidence-based agenda setting into active policy implementation. A key element of this transition involves placing greater emphasis on interest group activation and public policy deliberation. Such a focus would enable consensus between policy makers, decision-makers, interest groups and the public, garnering the political traction necessary to allow for the implementation of healthy public policy that best serves the needs of an aging population.

Who is conducting them?

McMaster
HEALTH FORUM

Institut national de santé publique Québec

What are the risks (real or perceived)?

Project management - Implementing a deliberative process takes time and resources. It can be viewed as potentially more cumbersome than current processes.

Scientific – The implementation of a deliberative process can be perceived as a threat to the independence/scientific autonomy of certain experts or to the scientific objectivity of their work.

Political - Certain issues can be politically sensitive and some decision makers may not welcome the creation of a space for deliberation on these subjects.

Deliberation – Deliberations are driven by complex group dynamics (e.g.: power and interests).

The benefits expected from deliberation

- Adds to the scientific robustness of the synthesis
- Certain issues are better-documented
- Increase the relevance of the synthesis to decision makers
- Support the use of knowledge*

*McMaster Health Forum: http://www.mcmasterhealthforum.org/index.php/stakeholders/stakeholder-dialogues

Small group activity

The deliberative process

Imagine the following scenario...

You have produced a literature review on the banning of energy drink sales to those under 18 years old.

You want to organize a deliberative process to enrich and contextualize the review.

1. **Which aspects** would be better documented by deliberative processes than by the literature?
2. **Who would you invite** to take part in such a process **AND why**?
3. **What issues** are raised by this?

After the 4 steps…

Integrating the different kinds of knowledge gathered

Structure of the knowledge synthesis document

- Transparent description of the process
- Logic model of the policy under study
- Synthesis of data drawn from the:
  - Scientific literature
  - Grey literature
  - Deliberative processes

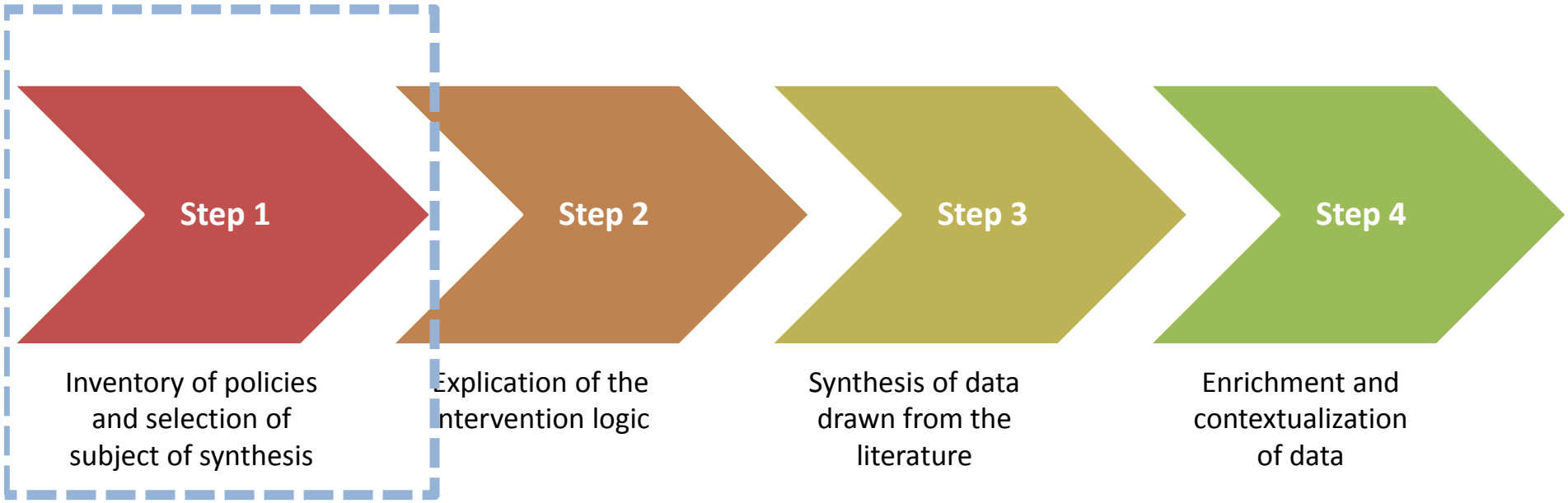
On the 6 dimensions of the analytical framework

Use of the method

- The whole is more than the sum of its parts
- But sometimes you may want to use only parts of the method

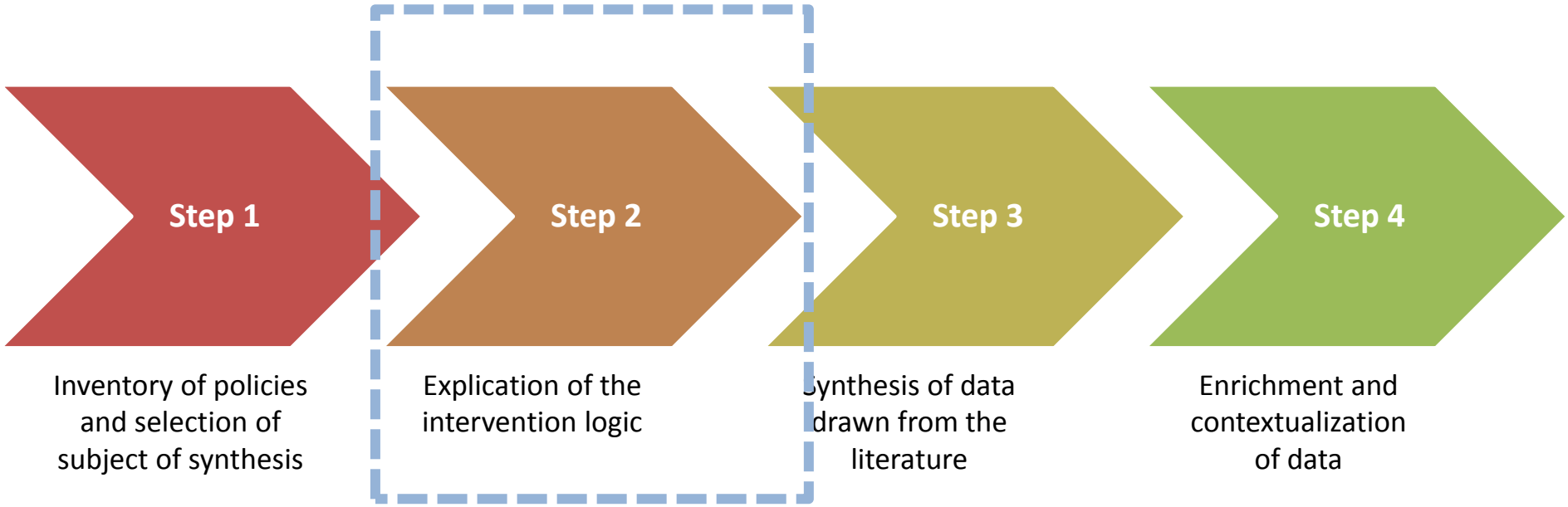
Scenario 1

You want to do a quick scan of potential policy options to address a problem.



Scenario 2

You want to reflect on the potential effectiveness of a policy option.



More scenarios – Logic model

- For communication purposes, you seek to represent simply the way a public policy works

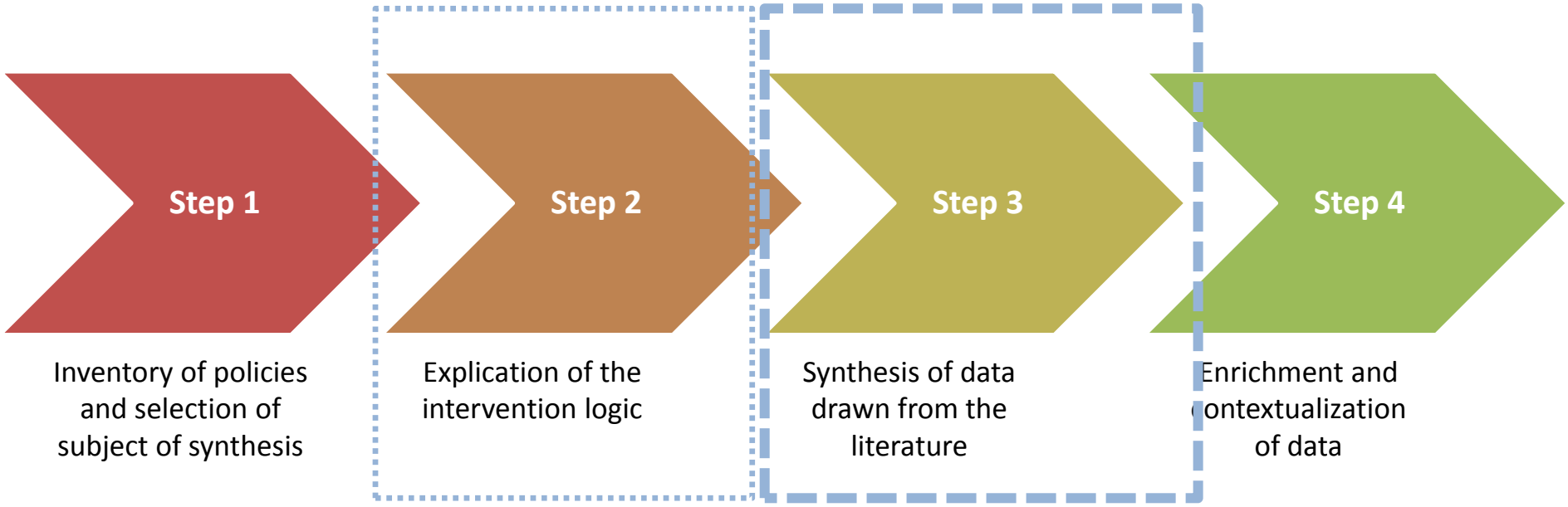
- You wish to facilitate a discussion among various stakeholders about a public policy
  - Joint construction of the logic model

- You are mandated to evaluate a policy's effectiveness, and you wonder where to focus the evaluation

Scenario 3

You are asked to produce a literature review on a given public policy.

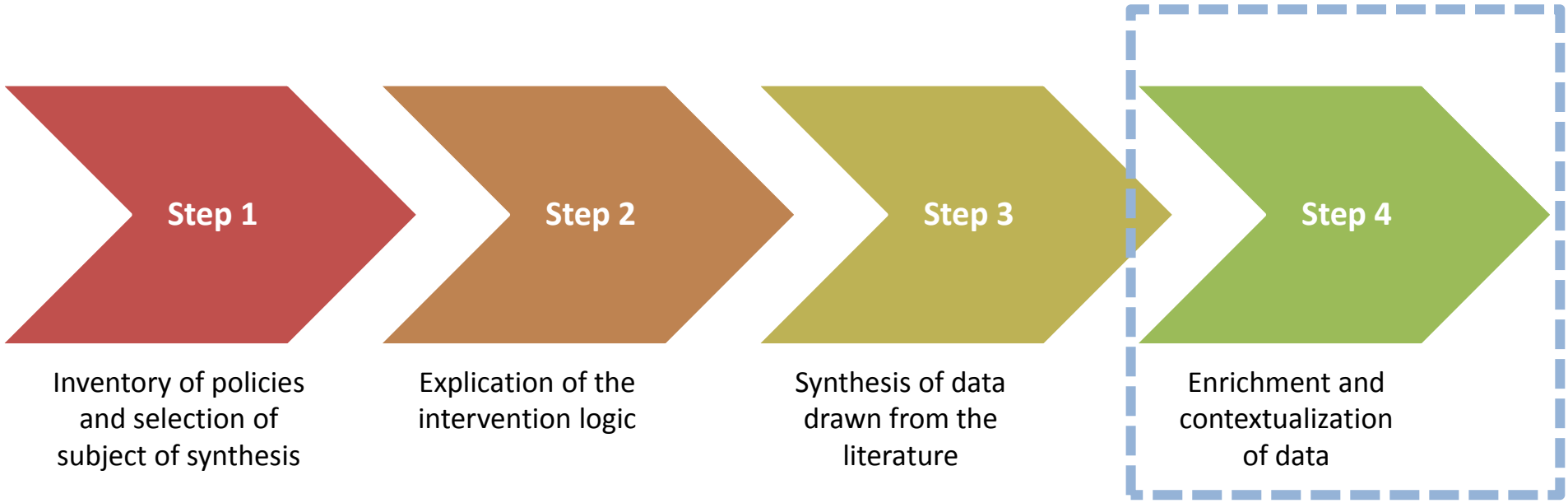
You are looking for an adapted approach.



Scenario 4

A high-quality literature review is released that addresses an important policy issue in your region / province.

You are interested in contextualizing the results of that literature review.

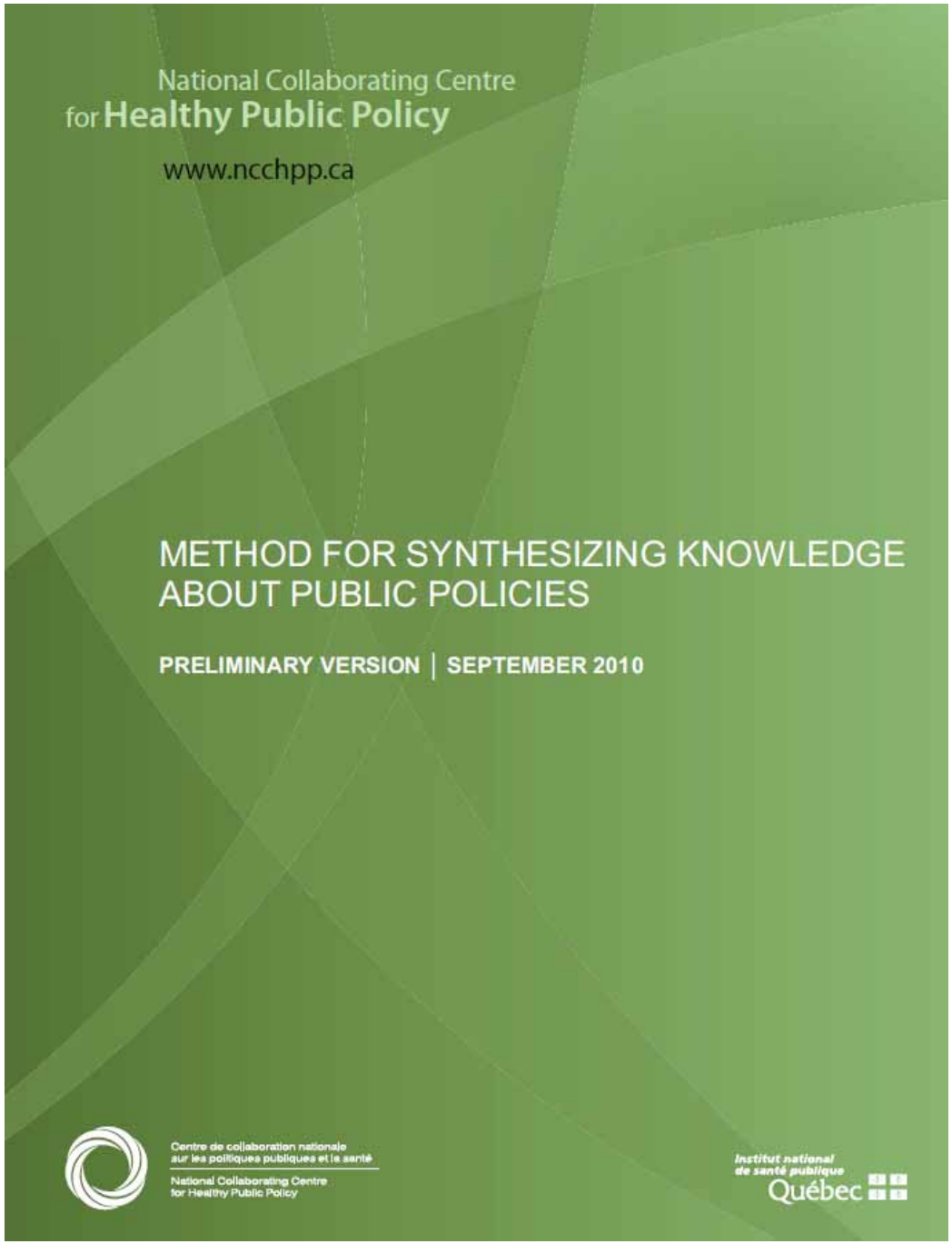


Scenario 5

You are looking for a framework to conduct a policy analysis.

Effects	Effectiveness
	Unintended effects
	Equity
Implementation	Cost
	Feasibility
	Acceptability

List of recap questions



Available at:

http://www.ncchpp.ca/docs/MethodPP_EN.pdf

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