Translating research into policy: Is "advocacy" a dirty word?

Lisbon Addictions Conference, 2019

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Impact and Translation

- "Impact" now essential
  - Engagement and Impact (EI); Research Excellence Framework (REF); Impact
  - Impact defined as 'an effect on, change or benefit to the economy, society, culture, public policy or services, health, the environment or quality of life, beyond academia'
  - Beyond academic…. Real world change, making a difference
  - Impact is achieved through research translation

- 'Research translation'
  - Knowledge transfer
  - Knowledge translation
  - Dissemination
  - Research influence
  - 'Benchtop to bedside'
  - Knowledge utilisation
  - Technology transfer
  - Bridging the 'know-do' gap
  - Research impact
  - ?Advocacy

Research translation into policy

Five classes of translation strategies:

1. How research gets done
   – Selecting the right question
   – Engaging multiple stakeholders
   – Conducting high quality research

2. How research gets disseminated beyond academia
   – Bulletins, one-page summaries of results; briefings to Ministers, advisors, bureaucrats
   – Media announcements; social media; "actionable" messages

3. Knowledge brokers (linkage-exchange)

4. Dialogue methods - roundtables, forums, summits

5. Expert influence (osmotic, long-term)

Do any of these work?

Very limited evidence

- Moore et al (2011) systematic review, N=106 papers of relevance; 59 were descriptive; 42 conceptual; 5 intervention studies

  – largely non-significant findings, or change in knowledge, but not action

- Sarkies et al (2017) 19 studies across diverse range of translation strategies (knowledge brokerage, policy briefs, workshops, literature reviews/rapid reviews, and multi-stakeholder dialogue)

  – "paucity of evidence"

- Bornbaum et al (2017) systematic review of knowledge brokerage

  – effectiveness could not be ascertained, limited research and low methodological quality

Moore et al., (2011) What works to increase the use of research in population health policy and programme: a review. *The Policy Press*, 7, 277-305

Sarkies, M. N., et al (2017). The effectiveness of research implementation strategies for promoting evidence-informed policy and management decisions in healthcare: a systematic review. *Implement Sci, 12*(1), 132

Bornbaum, C. C., Kornas, K., Peirson, L., & Rosella, L. C. (2015). Exploring the function and effectiveness of knowledge brokers as facilitators of knowledge translation in health-related settings: a systematic review and thematic analysis. *Implementation Science, 10*(1), 162. doi: 10.1186/s13012-015-0351-9

Why is it so hard to get policy impact?

Here I argue it is because:

- we misunderstand and over-value the role of evidence

- we misunderstand policy

- we are struggling with the rightful place for researchers and notions of "advocacy"

These are intertwined….

Research evidence

- Expert knowledge has been seen as the basis for policy decisions

- Governments should do what works

- Provides a rational basis to design policy. Argues that it steps away from morality or ideology

- Assumes a technical-rational model of policy making.

BUT:

- Policy as complex, dynamic processes, political, driven by systems of beliefs

- Research is only one input

- Policy as part of democratic processes, and intimately connected to values

Policy processes

- Policy process theories (eg Kingdon, Weiss, Sabatier)

- Policy is about 'systems': institutions, actors, policy subsystems, whereas "research translation" focusses on individuals

- Policy has features of: ambiguity and unclear preferences

  – More evidence does not help to adjudicate between unclear preferences

  – Cannot separate facts from values

  – Tackling, eg, decriminalisation of drug use involves working with values and core beliefs of policy makers

- Impact requires a profound level of engagement with the 'system'

  – "Policy entrepreneur" (Kingdon); "Policy broker" (Sabatier)

- Does this take us beyond research translation to …. advocacy?

Advocacy

- Definitions of "advocacy"

    - "Persuading decision makers of the need for change through identifying desired public health outcomes and effective and feasible methods of achieving that change." (Moore, 2013)

    - A "combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme". (WHO, 1995)

- Entirely consistent with research translation, yet:

    - "Fraught, politicised activity" (Chapman, 2001)

    - "Fundamental" vs "disparaged" (Haynes, 2011)

    - "Disciplinary duty" or "political propaganda" (Smith & Stewart, 2017)

Chapman, S. (2001) Advocacy in public health: roles and challenges. *Int J of Epi*, 30: 1226-1232
Chapman, S. (2007) *Public Health Advocacy and Tobacco Control: Making Smoking History*. Oxford: Blackwell Publishing
Haynes et al (2011) From "our worlds" to the "real world": Exploring the views and behaviours of policy-influential Australian public health researchers. *Soc Sci Med*, 72:1047-1055
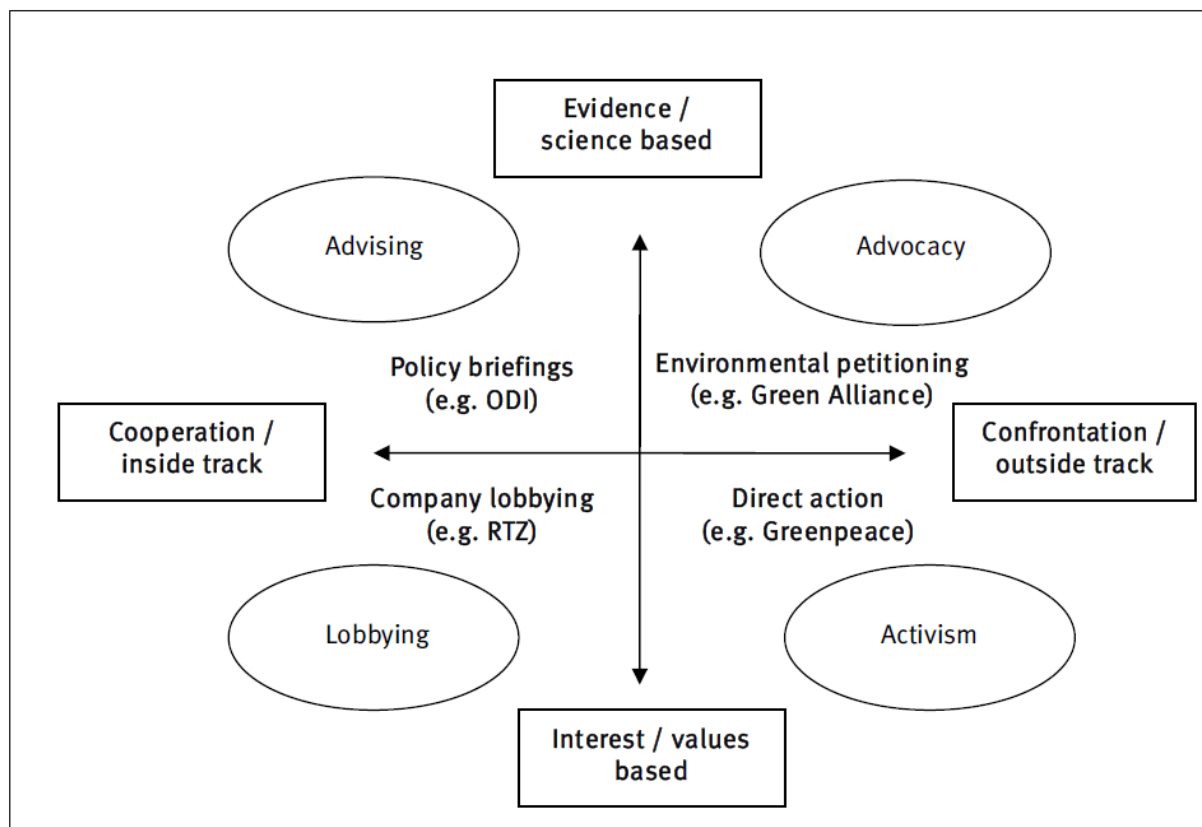Smith, K & Stewart, E.(2017). Academic advocacy in public health: Disciplinary 'duty' or political 'propaganda'? *Soc Sci Med, 189*, 35-43

Advocacy

- Is advocacy knowledge translation?

- Differentiation of concepts: advice, advocacy, lobbying and activism....

Advocacy, advising, activism and lobbying

Figure 1: Tools and organisations on the cooperation/evidence axes

Start, D., & Hovland, I. (2004). *Tools for policy impact: A handbook for researchers*. London: Overseas Development Institute.

Academic as advocate

- Advocacy **is** research translation

- Skills of ethical/responsible/academic advocacy
  - Respect the evidence
  - Metaphors, framing, memorable statements (the "non-urinating section of the swimming pool")
  - Social media
  - Killer facts, sound bites

- Works within the context of policy processes (systems), a "policy entrepreneur"

- Not a dirty word!!

Chapman, S. (2015). Reflections on a 38-year career in public health advocacy: 10 pieces of advice to early career researchers and advocates. *Public Health Research & Practice, 25*(2), e2521514.
Smith & Stewart (2017). Academic advocacy in public health: Disciplinary 'duty' or political 'propaganda'? *Soc Sci Med, 189*, 35-43

Concerns about advocacy

- Practical issues
  - Rewards in the academy
  - Skills and time available
  - Credibility (both academic & policy credibility)
  - Not equipped

- Ethical issues
  - Stepping beyond the data?
  - Driven by values that are made not explicit?
  - Elitist and undemocratic? (whole other paper!)

Key pointers

- Remember research is not 'objective'; research is shaped by values and ideology. You have values.

- Are you best placed?
  - Academic as advocate cf other advocates who can argue from evidence/experience/anecdote

- Forming & working with coalitions, alliances, partners

- Personal risk; personal choice ("grow a rhinoceros hide")

- Its complicated!

Summary

- Impact through research translation – 5 classes of strategies
    1. How you do the research
    2. Disseminating the research
    3. Knowledge brokerage
    4. Dialogue methods
    5. Expert influence

    – Limited "evidence" re effectiveness, but absence of evidence does not mean it doesn't work

- Three issues:
    1. we misunderstand and over-value the role of evidence
    2. we misunderstand policy
    3. we are struggling with the rightful place for researchers and notions of "advocacy"

- Policy processes, systems, values & beliefs
  - Advocacy as research translation
  - Different from activism, advising and lobbying
  - Policy as democratic - acknowledge the privileging of 'research evidence'
  - Acknowledge your values

Thank you

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Policy as a democratic process

- Governments need to act in ways which accord with what the people want (expression of collective will). Policy works when people have trust in the government and their policy actions

- In line with democracy …. doing what the people want ("the will of the people")

- Isn't that a problem right now? (Trump, Brexit, "Alternative facts" and "fake news")

BUT:

- Delegation of policy to experts promotes citizen ignorance

- The exclusion of non-experts from policy deliberation, "threatens the foundation of democracy itself" (Mansbridge et al p.14)

- Expert disrespect of citizen engagement "provokes a reciprocal disdain of experts on the part of citizens" (Mansbridge et al., 2010 p. 14)

- Self-perpetuating vicious cycle

Strategy 2: Dissemination: Access to research

"In your most recent policy decision… where did you access research?"

1.	Consult an expert (phone)	100%
2.	Consult technical report / bulletin	100%
3.	Access the internet (Google)	57%
4.	Use statistical data (eg household survey)	57%
5.	Consult other states	50%
6.	Use academic literature	35%
7.	Use internal expertise	28%
8.	Use government policy documents	14%
9.	Employ a consultant	14%

Ritter, A. (2009). How do drug policy makers access research evidence? *International Journal of Drug Policy, 20*, 70-75

Strategy 3: Knowledge brokers

- Intermediaries between researchers and end-users. "All the activity that links decision-makers with researchers, facilitating their interaction" (Lomas, 2007).

- KB roles:
  - Knowledge management (eg create tailored product, comms, info sharing)
  - Linkage & exchange (eg connect with stakeholders, network facilitation)
  - Capacity building (eg facilitate org change, promote reflective practice)

Bornbaum et al (2015) Exploring the function and effectiveness of knowledge brokers… *Implementation Science*, 10:162
Lomas, J. (2007) The in-between world of knowledge brokering. *BMJ*, 334: 129-132
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Knowledge brokers (contin)

- Attributes of KB's:
  - Entrepreneurial (networking, problem-solving, innovating)
  - Trusted and credible
  - Clear communicator
  - Culturally astute

- Individuals or Organisations as KB's (The Sax Institute; "Media & Comms" to "Technology Transfer Office" (TTO)

- Issues
  - Specific or general knowledge
  - Evaluation of different models lacking
  - Academic incentives low
  - Funding

Strategy 4: Dialogue methods

- Roundtables
  - Detailed discussion of problems, and 'how to' questions
  - Interactive, multiple perspectives
  - Safe place, neutral facilitator, Chattam House rules
  - Nominated as best/preferred mechanism (over KB and others) ANZSOG survey

- Summits? NSW Drug Summit 1999

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http://www.anzsog.edu.au/userfiles/files/Publications/ANZSOG_20071000_Enhancing_ANZSOGs_Contribution_to_Better_Government.pdf

Strategy 5: Expert influence

- Expert influence – like aspects of knowledge broker role

- Engagement for the long haul

- Cultivate relationships with decision-makers

- Activities
  - Committee membership
  - Submissions to government
  - Evidence at parliamentary enquiries etc.
  - Being accessible, available

- 'Accidental'

Title: "issues and challenges"

- How can we better translate our research findings into policy?

- How do KT skills align with research skills?

- How is KT work funded and rewarded?

- How can KT be achieved given complex policy systems?

- Are you a "knowledge broker" (KT) or a "policy entrepreneur"?

- Is advocacy KT?

- How do we manage expectations (will we all be KBs & advocates?)

- How can we rethink the relationship between scientific evidence and other types of policy relevant knowledge?

- What about democracy in policy development?

Policy as a democratic process

- How can academic advocates respect the democratic process?

- Governments need to act in ways which accord with what the people want (expression of collective will). Policy works when people have trust in the government and their policy actions

- How to connect research translation and advocacy to meaningful, inclusive, democratic, policy development processes