

SA DEPARTMENT of HEALTH'S RESEARCH TRANSFER DISCUSSION PAPER

The Public Health Association of Australia Inc (SA Branch)

1. The relationship between research and policy is fundamental to improving health outcomes PHAA SA welcomes the opportunity to respond to the Department's Discussion Paper. A relationship between research and policy, whereby local policy and practice benefits from relevant research findings and work in progress, is important for both:

- SA's public health effort, if it is to be cost-effective, equitable and empower communities to promote and protect their health; and
- The work of the PHAA SA, an NGO that aims to promote effective public health effort in this state.
- A Strategic Research/Policy Framework is an important foundation for an improved relationship

There is no doubt that in Australia, as in other parts of the world, research does have an appropriate and timely impact on health policy and practice; experience suggests this can happen very quickly and relatively easily in the area of new and emerging forms of communicable disease such as HIV/AIDS and SARS, where (inter alia) the time-frames are short and the threat is across all levels of society. Where the time-frames are far longer, and the risks as well as the outcome borne more heavily by relatively disadvantaged groups in our community (as is the case with much chronic disease), the relationship between research and policy/practice appears to be far more problematic.

PHAA therefore agrees that the development and implementation of a strategic framework is an important step towards ensuring that policy and practice in the SA health sector benefits from research.

The work to develop a South Australian Strategy is well positioned to take advantage of the dynamic and current debate at national and international levels concerning this issue, and the now considerable body of theory and practice that is evolving in this area. The exact detail of SA's own Strategy is best refined and customised through a process of consultation with interested parties, if it is to be effective.

The Department is to be commended for initiating this process.

3. Avoid basing the Strategy on a flawed understanding of the research/policy relationship

The Discussion Paper suggests however, that the Department runs the risk of an ineffective Strategy by settling too early on a simplistic, naïve and partial theory as the basis for its development; the "Two-Communities Theory", which posits that the problematic relationship between research and policy is the result of different 'cultures' in the world's of research and policy.

Settling on this simplistic theory too early in the process of Strategy development will inevitably result in an ineffective framework because it will be based on the assumption

that policy makers will increase their use of research if strategies are implemented to "bridge" or "link" these two communities. Many of the current proposals and ideas contained in the discussion document aim to do simply this.

There is nothing inherently wrong with better links between the two communities of research and policy; advantages should flow, however they will not necessarily include increased and appropriate uptake of research findings in policy and practice.

4. Build an enhanced theoretical framework for the Strategy

PHAA urges the Department to put more effort at the outset into a more sophisticated and enhanced understanding of the relationship between policy and research, beyond the Two-Communities Theory.

A useful starting point is Brendan Gibson's PhD thesis *From Transfer to transformation: Rethinking the Relationship between Research and Policy*. Dr Gibson's thesis provides good evidence from the Australian context (arguably more relevant than the oft-quoted North American and European work) that the:

"notion of 'research transfer' between '2 communities' is a flawed way of understanding the research-policy relationship."

He examines 3 other theories which are all partially successful in increasing our understanding and which lead to different strategies:

- "The Advocacy Coalition Framework understands the relationship in terms of a power struggle between competing coalitions that use research as a political resource in the policy process;
- The Policy Making Organisations Framework understands the relationship in terms of institutional and political factors that determine the way data are selected or rejected from the policy process; and
- Foucault's Governmentality Framework understands the relationship in terms of a construct of power/knowledge that is created through discourse between 'regimes of truth' and 'regimes of practices' found in health policy and research."

Dr Gibson's work suggests that far from a simple process of knowledge transfer, when research influences policy it is a problem or "policy-driven process": the research output is

"transformed into knowledge for policy by being invested with meaning and power. This process of transformation occurs through social and political action that mobilise ideal structures (eg "drug harm minimisation", WHO guidelines etc), and material structures (eg. Medical journals and government advisory bodies) to resolve meta-policy problems (eg. how to define complex health problems in ways that make them amenable to empirical research and practical action...Rethinking the relationship between Research and Policy involves building an enhanced theoretical framework for understanding this complex social interaction and is essential to success of future efforts to make health policy that is effective, just and emancipatory."

Dr Gibson's work has practical implications for a government health authority that is about to put resources into action aimed at optimising the likelihood that local policy and practice will benefit from local, national and international research findings and work-in-progress. The machinery and processes adopted will go beyond strategies to simply bridge or link the local research and policy communities.

For example, it implies that the Department should:

- STEP 1 - Establish priority areas (policy and/or program) for a tangible program of work to ensure SA policy and practice benefits from research output;
- STEP 2 - Within each priority area, clarify the critical research questions for which SA's policy practitioners agree that, if answers could be found or understanding furthered, progress could be made;
- STEP 3 - Resource and support processes and structures that operate at arm's length from government, bringing together a mix of relevant research, policy and program managers, clinical, consumer, and community groups (assisted to link nationally and internationally with other credible and relevant bodies and agencies) to oversee systematic work to find answers to the priority questions posed.

PHAA would make the point that Steps 1 and 2 in this process are critical and often poorly dealt with. Unless policy practitioners are clear themselves about areas of uncertainty, where research may be able to add value and how, they are unlikely to respond to research output or work-in-progress.

It may be worthwhile the Department inviting Dr Gibson back to SA, to facilitate or participate in a workshop to "flesh out" the practical implications of his approach for the development and implementation of the SA strategy.

PHAA SA would be pleased to work with the Department on such an initiative

5. Look towards other sectors for insight and inspiration

The Environment sector also holds some interesting and relevant lessons for the SA Dept of Health's efforts to promote policy that keeps up with developments in knowledge. G.A. Bradshaw and J.G. Borchers' *Uncertainty as Information: Narrowing the Science-policy Gap* makes the point that one of the most difficult aspects of translating research into policy is scientific uncertainty:

"Whereas scientists are familiar with uncertainty and complexity, the public and policy makers often seek certainty and deterministic solutions... This now-familiar pattern wherein policy lags behind science has been characterised as either a cautious response to uncertain predictive capabilities or dangerous procrastination fuelled by political and economic exigencies... Critics argue that scientists know too little... to warrant anticipatory policy formulation and assert that current information and levels of certainty fall short of scientific standards for decision making. Others maintain that science is not the issue, and that indecisiveness of policy makers reflects a shortfall of political power."

They assert that

"policy is most effective if scientific uncertainty is incorporated into a rigorous theoretical framework as knowledge, not ignorance. The policies that best utilise scientific findings are ...those that accommodate the full scope of scientifically based predictions."

They propose a realignment of "the definition of scientific uncertainty as perceived by the public and policy makers with that of the (research) community. This means scientific uncertainty must be regarded in the policy arena as it is in the (research community): as information for hypothesis building, experimentation, decision making."

This implies that the SA Dept. of Health's Strategy would recognise that:

1. Science and knowledge are intrinsically uncertain with new information continually altering our perceptions and beliefs;
2. decisions based on scientific information must be made in a context of uncertainty; and
3. faster and better science (research) as an adequate basis for policy formulation is inconsistent with the nature of scientific enquiry and resilient policy formulation.

At a practical level this has implications for the Department's policy making processes and how "open" and inclusive they are of the entire envelope of relevant research-generated knowledge (including uncertainty). This also implies that policy inaction in some areas may not be justified by simple recourse to the fact that current research findings fall outside the framework for accepted levels of evidence.

6. Consider the strategic role of the public in the research/policy relationship

Bradshaw and Borchers propose an approach to bridging the science-policy gap which, over time promises to align researchers', the public's and the policy-makers' understanding of uncertainty as knowledge rather than ignorance; directly enhancing public confidence and understanding of research findings and work in progress by communicating directly with the public. They note the innumerable examples of the effects of this communication on change or adjustments in policy via the public.

In other words,

...an effective pathway for research to shape policy is not necessarily by direct communication between researchers and policy makers, but from researchers to the general public/community groups...

their views often being of more interest to politicians and policy makers than the views or researchers (given the way electoral politics increasingly drives policy pronouncements and program delivery).

This point is made clearly by R. G. Poulos and A. B. Zwi in their recent letter to the MJA Evidence-based policy making? They claim the role of other key players such as the public has tended to be overlooked when considering ways of bridging the gap between evidence and policy. Poulos and Zwi are part of a consortium which has received an NHMRC capacity-building grant in population health research to explore the role of the public as an audience with which researchers might effectively interact directly to improve uptake of evidence (and the role of journalists in facilitating this).

The line of argument taken by Poulos and Zwi implies that if the Department wishes to increase uptake of research findings in policy and practice in SA, it might profit from investing in strategies to ensure more systematic and effective communication direct from the research community to the general public and communities of interest, and strategies to strengthen their capacity to interact with policy-makers on health-related matters.

These strategies might operate at multiple levels and take a variety of forms: they would need to be developed in consultation with the interested parties. There may even be an opportunity for a SA initiative in this area to partner with NSW to evaluate the outcomes of the various strategies implemented.

7. Some other suggestions to promote a focus on the research/policy relationship

PHAA SA would also put forward for the Department's consideration the following suggestions that may help ensure local policy and practice benefits from research findings and work-in-progress in a timely manner:

A periodic process whereby the managers of every program or policy domain in the SA health sector are assisted to specify the priority questions for research and evaluation for further refinement through a process of discussion with relevant members of the research community (in recognition of the fact that, in the current context of health service management and Departmental pressures, unless policy makers and program managers are aware of their own research needs and their significance, they will not respond readily to the available research findings);

A requirement that all policy proposals and program initiatives in the future be accompanied by 2 public statements; one that sets out the research findings and/or work-in-progress which informs the proposal/initiative in question, and a second statement that sets out any priority research and evaluation questions that require further exploration in parallel with the implementation of the specific initiative;

An annual joint award by the Departmental Secretary and University Vice-Chancellors, for the SA health policy or program initiative in the preceding year that best demonstrates the benefits flowing to policy and practice from research findings and/or work-in-progress; and

In the same way that the AIHW has negotiated for its agency reports and publications to be eligible for inclusion in DEST annual returns, the SA Department of Health to negotiate for significant Departmental evaluations and research reports to be eligible for inclusion in DEST annual returns ; particularly those undertaken by academics under contract to the Department, and meeting certain conditions to be specified eg

independent peer review (in recognition that this would encourage significant involvement of academics and the research community in relevant aspects of the Department's work program where they are currently reluctant to put themselves forward because it detracts from their contribution to DEST annual returns).

PHAA SA is pleased to be able to contribute to the Department's efforts in this area, and would welcome the opportunity to work with the Department on the further development of a Strategic Framework for SA.