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Original Research

Capacity for evidence-informed policymaking across Europe: development and piloting of a multistakeholder survey

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ABSTRACT

Objectives: Evidence-informed policymaking (EIP) is increasingly viewed as a complex endeavour that requires integration of research evidence with available resources and the preferences of those affected by the policy. The first technical expert meeting to enhance EIP in the World Health Organization (WHO) European Region identified the scope to develop and conduct a survey to gather insights into the generation, translation and application of research evidence across the region. This article describes the process of developing and piloting a multistakeholder survey (promoted and technically supported by WHO/Europe) on the topic of capacity for EIP.

Study design: Rapid review and pilot cross-sectional survey.

Methods: A survey instrument was developed based on findings from the published literature and refined with input from EIP experts/champions. The online survey was then piloted using various recruitment strategies designed to maximise its reach among the key target groups (senior researchers, knowledge brokers and members of civil society).

Results: The rapid review revealed a clear gap in the evidence base in relation to broader surveys of capacity for EIP, as opposed to evidence-based practice at an individual level. Thirteen responses to the pilot survey were received from individuals in 10 European countries. Reported barriers to EIP included a lack of understanding among policymakers and a lack of interaction with researchers. There were examples of efforts to enhance capacity for EIP, both at region or country level and through membership of international networks and collaborations. However, few examples were given of the application and impact of research evidence on the policymaking process.

Conclusion: This research has demonstrated the feasibility of developing and piloting a multicountry, multistakeholder survey to generate better understanding of evidence use in

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health policymaking. Next steps include incorporating the lessons learned into a revised version of the survey to be implemented with all 53 WHO/Europe Member States.

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Introduction

Evidence-informed policymaking (EIP) is characterised by ‘the systematic and transparent access to, and appraisal of, evidence as an input into the policymaking process’.¹ It involves making use of the best available research evidence, while acknowledging that policies may sometimes be informed by imperfect information.^{2, p.2} The emergence of the evidence-based discourse in health was prompted by wide variations in clinical practice, poor uptake of effective interventions and persistent use of ineffective technologies.³ The assumption is that increasing research usage leads to more effective policy and practice, both in terms of cost and health outcomes. However, it is recognised that getting evidence into policy and practice is not a straightforward or linear process.^{4–7} EIP is increasingly viewed as a complex endeavour requiring integration of research evidence with available resources and the needs, preferences and values of those affected by the policy.⁸

Public health policymaking is particularly complex because it often involves multiple, large-scale changes at various levels that address the needs of diverse groups.^{9,10} It also tends to rely on multiple types of knowledge from a range of sources, including expert opinion, internal evaluations and local best practice, as well as being influenced by factors such as political viability, strategic fit and pressure from stakeholders.¹¹ Although scientific evidence has increasingly become a policymaking input in health sectors across Europe, many policies are still not well-informed by research, even where this is available and accessible.^{2,12} Furthermore, capacities in EIP are often low and wide variation in implementation remains a problem. Some commentators have described a ‘crisis’ in evidence-based approaches, resulting from factors that include the increasing unmanageability of the volume of evidence and statistically significant benefits that may be marginal in practice.^{13,14}

The first technical expert meeting to enhance EIP in the World Health Organization (WHO) European Region took place in January 2015, with the aim of agreeing a set of strategic objectives and concrete actions to strengthen the use of evidence for policymaking. In addition to informing the production of a roadmap on EIP¹⁵ and associated action plan (which was subsequently adopted at the 2016 WHO Regional Committee for Europe),¹⁶ participants discussed the potential to conduct a survey to gather insights into the generation, translation and application of research evidence. This article reports on the results of two studies: (1) developing a survey, based on a rapid review of relevant literature; and (2) piloting the survey to determine whether it was fit for purpose. The longer term aims of this work were to provide a deeper understanding of the application and impact of research evidence within the WHO European Region and highlight areas in

need of capacity building to potentially be addressed by the WHO/Europe in promoting EIP with its 53 Member States.

Study 1: survey development

Methods

A rapid review was undertaken to identify studies that had sought to determine levels of research generation, application of evidence and monitoring of research uptake within and across countries.¹⁷ Searches of the following databases were conducted: ASSIA, CINAHL, Google, MEDLINE, Nexis UK, Open Grey and Web of Science. See [Box 1](#) for details of the search strategy. Additional results were generated by hand-searching the reference lists of studies and seeking suggestions from those working in the field.

Articles deemed potentially relevant were reviewed based on the inclusion criteria: primary research and review articles involving survey methods alone or in combination with other methods; studies undertaken in any setting and studies published between 1990 and 2015. The following were excluded: citations without an abstract; opinion pieces or editorials; studies not involving survey methods (e.g. qualitative methods only) and studies describing the process of validating a survey instrument rather than using it to collect data. The process is summarised in [Fig. 1](#). Data from all included studies were descriptively summarised and narratively synthesised to identify key areas to be addressed in study 2.¹⁸

Box 1 Search strategy

List one: topic area

Health

List two: population

Europe* OR *national OR global

List three: methods

Survey OR questionnaire OR audit OR mapping (exercise OR study)

List four: outcomes

Translational research OR evidence based practice OR evidence informed policy OR knowledge (translation OR transfer OR exchange OR mobilisation) OR evidence (use OR utilisation OR uptake OR implementation OR impact) OR research (use OR utilisation OR uptake OR implementation OR impact)

The asterisks are Boolean operators used to expand the search terms, e.g. searching a bibliographic database for Europe* will generate results that include ‘Europe’, ‘European’, ‘Europeans’.

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