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Accessing evidence to inform public health policy: a study to enhance advocacy

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ABSTRACT

Objectives: Improving population health often involves policy changes that are the result of complex advocacy efforts. Information exchanges among researchers, advocates, and policymakers is paramount to policy interventions to improve health outcomes. This information may include evidence on what works well for whom and cost-effective strategies to improve outcomes of interest. However, this information is not always readily available or easily communicated. The purposes of this paper are to describe ways advocates seek information for health policy advocacy and to compare advocate demographics.

Study design: Cross-sectional telephone survey.

Methods: Seventy-seven state-level advocates were asked about the desirable characteristics of policy-relevant information including methods of obtaining information, what makes it useful, and what sources make evidence most reliable/trustworthy. Responses were explored for the full sample and variety of subsamples (i.e. gender, age, and position on social and fiscal issues). Differences between groups were tested using t-tests and one-way analysis of variance.

Results: On average, advocates rated frequency of seeking research information as 4.3 out of five. Overall, advocates rated the Internet as the top source, rated unbiased research and research with relevancy to their organization as the most important characteristics, and considered information from their organization as most reliable/believable. When ratings were examined by subgroup, the two characteristics most important for each question in the total sample (listed above) emerged as most important for nearly all subgroups.

Conclusions: Advocates are a resource to policymakers on health topics in the policy process. This study, among the first of its kind, found that advocates seek research information, but have a need for evidence that is unbiased and relevant to their organizations and report that university-based information is reliable. Researchers and advocates should partner so research is useful in advocating for evidence-based policy change.

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Introduction

Improving population health often involves promoting and implementing policy changes.[1–7] These policy changes result from a very complex policy process.[8] Policymakers should consider a number of issues, priorities, and stakeholders in their decision-making. These issues may include constituents' needs or opinions, evidence of acceptability or feasibility, health impact, personal interest, local leaders, socio-political considerations, the political dynamics affecting the process, evidence of scientific effectiveness, and efforts of advocacy groups.[9–11] Even though the role of research evidence is one of many influences in this complex policy process,[12] use of such evidence is important because its use can inform policy decisions that will improve public health.

Advocates can play an important role in bringing evidence into the policy process.[13,14] For example, the Susan G. Komen for the Cure, is an organization, which raised considerable awareness about breast cancer, changed the national conversation around the disease, and raised billions of dollars for research.[15] A number of different groups can act as advocates including special interest organizations, corporations and their associations (business interest), academics, professional associations, unions, think tank, and foundations.[16] Advocates use a set of skills to create a shift in public opinion and public policy to mobilize the necessary resources and focus to support and change policy.[14] Simply put, policy advocacy can be defined as intentional activities initiated to influence the policy making process.[17] Information exchange between advocates and policymakers is critical for influencing the policy process and mobilizing these changes. Advocates utilize a number of methods to influence the policy change process in the United States, which include garnering public support, building relationships with decision makers, collaborating with other organizations, and serving as an important resource for policy topics. Through these mechanisms, advocacy groups have been able to influence policy.[16] In these efforts to provide information to decision makers and the public to build support for important policy issues, advocates often look to research to help support their position.[11,18] While it would be ideal for policymakers to independently seek out research evidence in an unbiased way, they are very busy, often working on a number of issues, and therefore rely on advocates to provide information.[5,11,13,18,19] Further, policymakers can use the information provided in a number of ways. The evidence can specifically lead to action, relate to a change in thinking or understanding, or justify a position or action already held or taken.[11,20] Because of the potential impact on policy, it is important that advocates provide accurate, research-based evidence.

Researchers can also play an important role in advocacy, by providing advocates with credible and understandable scientific information on health topics that can then be passed along to policymakers.[5,11,13,18,19,21,22] Information may include evidence on what works well for whom and cost-effective strategies to improve outcomes of interest.[23] However, this information is not always readily available or easily communicated.[8] Both researchers and advocates often find the lack of use of research evidence in policy decision making frustrating, even though policymakers are under increasing scrutiny for their use of evidence.[11] More attention is needed on how researchers can provide advocates with evidence and how advocates can influence evidence use.[11] This is particularly true for state legislators, as they are central players in making decisions that affect health programs within their state.[24–26]

There are many barriers to providing advocates and policymakers with timely access to useful and interpretable scientific findings.[25–28] Although barriers, such as lack of timeliness[18,29] and use of appropriate formats[18,30–32] have been suggested, there is scarce information about these barriers and how to overcome them. Given the importance of advocates in the policy process, a better understanding of how to provide them with useful information is essential.[8] Therefore, it is the purpose of this paper to describe the ways in which advocates seek health information for policy advocacy and to compare and contrast advocate demographics in relation to the way they seek information. This paper is part of a larger study to investigate research dissemination to advocates and policymakers for cancer and other health-related issues.[10,19,33,34]

Methods

Sample

To populate the sample of state-level advocates, the research team identified advocacy groups through a Google search using the keywords ‘advocacy, policy, obesity, physical activity, cancer, nutrition + STATE name (e.g. Alabama)’. State level advocates were included because in the United States, states retain much of the power to make decisions about health care expenditures and because many public health policy efforts are more effective at the state or local level. To ensure variability in the sample, conservative advocacy groups were specifically sought through websites such as policyexperts.org,[35] an online guide to public policy experts and organizations and heritage.org, a web-based resource.[36] A broad range of advocacy group types was sampled; the sample included national organizations, such as the American Cancer Society and American Heart Association as well as state organizations, such as Partnership for a Healthy Mississippi. Using the only health-related search terms listed on policyexperts.org and heritage.org, searches were filtered for health-specific advocates using the terms ‘health and welfare general, Medicaid, Medicare, government health programs, and health care reform.’ Employees of the organizations who worked with government agencies or were responsible for public policy efforts of the organization were identified as the contact person. The first list contained 290 contacts. An attempt to reach the contact person by email or phone was made to ensure accuracy of contact information. If the original contact was no longer with the organization, an attempt was made to connect with a new person. The final sample list included 213 valid contacts.

Survey development

The research team developed survey questions in accordance with the project aims: namely, to better understand how