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External factors affecting decision-making and use of evidence in an Australian public health policy environment

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ABSTRACT

This study examined external factors affecting policy and program decision-making in a specific public health policy context: injury prevention and rehabilitation compensation in the Australian state of Victoria. The aim was twofold: identify external factors that affect policy and program decision-making in this specific context; use this evidence to inform targeting of interventions aimed at increasing research use in this context. Qualitative interviews were undertaken from June 2011 to January 2012 with 33 employees from two state government agencies. Key factors identified were stakeholder feedback and action, government and ministerial input, legal feedback and action, injured persons and the media. The identified external factors were able to significantly influence policy and program decision-making processes: acting as both barriers and facilitators, depending on the particular issue at hand. The factors with the most influence were the Minister and government, lawyers, and agency stakeholders, particularly health providers, trade unions and employer groups. This research revealed that interventions aimed at increasing use of research in this context must target and harness the influence of these groups. This research provides critical insights for researchers seeking to design interventions to increase use of research in policy environments and influence decision-making in Victorian injury prevention and rehabilitation compensation.

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1. Introduction

Internationally there is growing interest in increasing research evidence-informed decision-making in public health policy and practice (Nutbeam and Boxall, 2008; Rychetnik et al., 2012). Public health research is expected to contribute to improved public health outcomes by providing research evidence that can enhance decision-makers understanding of public health issues, potential solutions, their costs and benefits and the likelihood of effectiveness (Brownson et al., 2009; Killoran and Kelly, 2010). However it is estimated that only 8–15% of efforts to translate research into health policy and practice are effective (Best and Holmes, 2010). It is also argued that research relevant to public health policy issues is lacking (Carter, 2010; Green et al., 2009). Many factors can act as barriers to use of research in public health policy decision-making (Mitton et al., 2007; Orton et al., 2011). It is recognised that there is a need to build capacity in both public health policy *and* academic research environments to increase and support research evidence informed decision-making in public health (Haynes et al., 2012; Martin et al., 2011).

While there have been many interventions, tools and strategies employed to increase use of research in public health policy decision-making; evidence of their effectiveness is limited (Grimshaw et al., 2012; Orton et al., 2011). To increase the likelihood of achieving intended outcomes and to effectively contribute to the evidence base, interventions aimed at increasing use of research must be informed by theory guided context-specific research (Dobrow et al., 2006; Greenhalgh et al., 2004). Such research evidence can inform intervention design and implementation, ensuring that particular factors affecting use of evidence in a specific public health policy context are addressed (Glasgow and Emmons, 2007; Michie et al., 2011).

Public health systems are diverse and complex. Public health policy decision-makers are faced with the challenging task of developing and implementing policies and programs that are effective at the health system, or population level (Brownson et al., 2009; Rychetnik et al., 2012). Public health policy development is affected by individual level factors, organisational level factors and

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also by factors external to and not in the control of individual decision-makers or organisations (Damschroder et al., 2009; Lavis et al., 2012). There is a substantial body of knowledge around factors that affect use of research in health policy contexts, the majority of which is focused at the individual and organisational level (Mitton et al., 2007). However, more research is needed to inform research translation interventions in specific public health policy environments (Grimshaw et al., 2012; Orton et al., 2011).

Workplace and transport injury and illness prevention and rehabilitation are significant public health policy issues internationally and in Australia. Public injury and illness compensation schemes run by Australian state governments have played a central role in supporting the recovery of those injured, ill and disabled due to a workplace or transport incident. In 2009 in Australia alone approximately 638,400 residents suffered a work-related injury or illness, estimated to cost in excess of $60 billion (Safe Work Australia, 2012a, 2012b). The cost of transport injuries in Australia is estimated to be $27 billion per annum (Australian Government Department of Infrastructure and Transport, 2011). In 2008/09 there were 53,406 persons hospitalised due to land transport injury in Australia (Australian Institute of Health and Welfare, 2012). Whilst there have been great achievements in reducing rates of workplace and transport fatality, injury and illness and improving rehabilitation and recovery outcomes in Australia, many challenges remain. Workplace and transport injuries that were the main focus of prevention and compensation policy and programs in the past have decreased and/or plateaued. Complex health issues such as stress and mental illness, that lack evidence of effective system level solutions, are emerging (International Labour Organization, 2010).

Research has demonstrated that people receiving compensation for injury and illness can experience worse health outcomes than those not receiving compensation (Gabbe et al., 2007; Murgatroyd et al., 2011). Other research has shown that compensation policy change at the macro, or legislative level, can lead to improved health outcomes (Cameron et al., 2008; Cassidy et al., 2000). These findings suggest that there is a critical need to explore the factors that affect policy and program decision-making in the injury prevention and rehabilitation compensation (IP&RC) policy context; as the policy decisions made can have unintended consequences, affecting health outcomes both positively and negatively. To facilitate and support increased use of research in workplace and transport IP&RC policy and program decision-making, there is first a need to understand the factors that affect decision-making in this context.

This study sought to: identify external factors that affect policy and program decision-making in workplace and transport IP&RC in Victoria, Australia; and describe how these factors could be targeted and tailored for in the design and implementation of interventions aimed at increasing research use in this context. The focus of this study was on factors that affect decision-making generally; in contrast to factors that affect use of research evidence specifically. Understanding how external factors affect 'everyday' decision-making in this context is necessary to understanding how use of research evidence can be contextualised within broader decision-making processes in this context.

This study forms part of a larger study also examining organisational factors that affect decision-making generally and organisational and individual factors that affect use of research evidence specifically in the Victorian workplace and transport IP&RC context.

2. Methods

2.1. Context

The Victorian WorkCover Authority and the Transport Accident Commission (referred to here as Agency 1 and Agency 2, respectively) are state government statutory authorities responsible for workplace and transport IP&RC in the Australian state of Victoria (Australia's system of government is a federation with six states; elected federal and state governments and their ministers manage portfolios and related departments and authorities). As such, they play a significant role in the public health system; managing the public insurance schemes that pay compensation for the costs of workplace or transport injury treatment and rehabilitation (Personal Injury Education Foundation, 2011).

These Agencies have the specific mandate of administering the *Transport Accident Act, 1986* (VIC), the *Occupational Health and Safety Act, 2004* (VIC) and the *Accident Compensation Act, 1985* (VIC) and other related pieces of legislation. The Agencies are involved in the development and revision of such legislated Acts and related Regulations, which are then subject to the Victorian parliamentary process to be ratified. They also develop policies and programs that inform, guide and support the interpretation and implementation of these Acts and Regulations, which are approved within the Agencies. For example, this includes but is not limited to: the development of policies regarding which types of injury and rehabilitation treatments and services will be compensated; policies regarding best practice workplace safety approaches; and the development of targeted programs to improve health, safety and rehabilitation outcomes for particular groups of workers and injured persons.

These agencies have both a public health and financial imperative. They must balance the challenging task of preventing injury and compensating individuals for the costs of workplace and transport injury and illness treatment and rehabilitation, whilst at the same time maintaining and sustaining a viable public insurance scheme (Transport Accident Commission, 2012; WorkSafe Victoria, 2012).

The two agencies also have important differences. Agency 1 is primarily focused on workplace injury and illness prevention and return to work after injury or illness. Agency 1 is responsible for enforcement of the OHS Act and Regulations, through workplace inspectors, legal review and public prosecution. Agency 2 is focused on effective rehabilitation for those injured in a transport accident. Injury prevention policy and program development and enforcement for Agency 2 are undertaken in partnership with the Victorian Police, VicRoads (the transport licensing and registration state government authority) and the Department of Justice (Personal Injury Education Foundation, 2011).

The way that compensation claims are managed by these Agencies also differs. Agency 1 contracts out their insurance claims management to private insurers. Agency 2 undertakes claims management in-house (Personal Injury Education Foundation, 2011).

2.2. Sampling and recruitment

Monash University Human Research Ethics Committee approved this study. Potential participants were identified through review of organisational charts. Employees from business units whose work actively involved the development, implementation and/or evaluation of strategy, policy, programs and projects were included.

Representation was sought from senior managers, managers and non-managers. A minimum of four participants from each of these role levels, in each Agency, were sought from the potential participant pool as it has been argued that qualitative data saturation can be achieved with approximately 12 participants (Guest et al., 2006).

Invitations to participate were sent from internal HR representatives via email to a sample of eight individuals at each role level,

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