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MAKING EVIDENCE MORE RELEVANT & USEFUL FOR POLICY: RESPONDING TO THE POLICY CONTEXT

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Context

Context:

- Policy making - messy, complex and context-dependent
 - Evidence-based -> evidence-informed policy making
 - Two communities -> network approach
- Limited evidence of how to improve evidence use in context

Aim:

- To identify strategies to make evidence more relevant and useable for primary care policy making.

Method

Visit to:

- The National Primary Care Research & Development Centre, Manchester
- On-Call Facility for International Health Care Comparisons, London
- 17 interviews with policy-makers and academic researchers

Key Findings- why context matters?

“I think... to be less pointy-headed towards what evidence is and how it influences policy, to have a more explicit understanding [of the] dirtiness of the policy-making process and all of the issues we have spoken about -..the importance of individual relationships and importance of recognising the multiple drivers and how evidence should be used to influence the other drivers rather than pretend its on its own – [evidence] should not be seen in isolation- I think those are the key messages”

(Interview 2)

Reflections on L & E - APHCRI & England

APHCRI Model of L & E

- Establishing relationships
- Not addressing contextual factors
 - context of evidence
 - context of policy-makers
 - networks as part of the context of policy- making
- Still Premised on two communities
 - Limited opportunity to build capacity – interdependent interactions & relationships
 - Psychological safety
 - Commitment to communication
 - Commitment to evidence-informed policy-making

England L & E

- Opportunities exist for interdependent interactions via:
 - Financial & organisational arrangements
- E.g., Funded initiatives - Policy Research Programme, NPCRDC, On-call Facility & government reviews
- Encouraged networks embedded in policy & research context via:
 - Learning environments
 - Workforce development
 - Resource infrastructure

Implications for APHCRI's L & E Model (2)

APHCRI to have a strategic leadership role to:

1. CO-CREATE LEARNING ENVIRONMENTS ORIENTED TO USING EVIDENCE FOR PRIMARY CARE POLICY MAKING

- Advocating government reviews of evidence use
- Developing and hosting workshops for policy stakeholder networks that facilitate:
 - psychological safety for all;
 - a commitment to ongoing communication; and
 - commitment to using evidence to inform policy making

APHCRI to have a strategic leadership role in:

(2) FACILITATING OPPORTUNITIES FOR BUILDING AND SUSTAINING A WORKFORCE THAT IS ORIENTED TO USING EVIDENCE FOR PRIMARY CARE POLICY MAKING

- Working with actors who 'embody the evidence' to mount arguments
- Developing workshops to build the confidence and networks of primary care researchers
- Hosting workshops to explore, understand and develop mutual respect for differing beliefs, values, interests, assumptions and positions

APHCRI to have a strategic leadership role in

(3) ENCOURAGING FLEXIBLE MODELS OF RESOURCING EVIDENCE INFORMED PRIMARY CARE POLICY MAKING

- Advocating establishment of a 'whole of government'/COAG endorsed 'Policy Research Program'
- Advocating funding mechanisms to enable reciprocal 'placements'
- Advocating funding mechanisms to support multiple evidence commissioning models