

## PARALLEL SESSION 5

Friday 12 November 2010: 16.30–18.00

# 5.1. Workshop: Advocacy in public health, experiences and challenges

*Chair: Johan Lund*

Norway

Organizer: EUPHA section on Injury Prevention and Safety Promotion

During the past years the international literature in the injury field has been growing with regards to evidence-based efficient preventive measures. Policy and decision makers have been given, or can read about evidence-based recommendations on where to invest in prevention activities. Even if evidence of cost-efficient measures is produced, there often seems to be a lack of political and administrative will to act. The world of scientific researchers is rather different to the world of the policy makers, the latter characterized by tight timeframes to decide on various problems, engagement by stakeholders with various and sometimes conflicting interests, and to some extent the need for being re-elected. The scientific world, on the other hand, might vary with regard to freedom, capacity and interests in making research in controversial areas, and to advocate the results of the research to the decision makers. There might also be some lack of public confidence in the scientific model due to inherent failures in the system, as scientists faking results or hyping the research results in media for commercial gains.

The main aim of this workshop is to highlight the processes of decision making in public health, both on a national and a European level, in order to strengthen the capacity to turn evidence-based knowledge into action.

This workshop will cover the following themes:

- (i) A case study from Norway on how evidence-based cost-effective knowledge on prevention of hip fractures did not succeed in getting sufficient funding
- (ii) Advocacy on a European level on child safety, experiences from 10 years of work in European Child Safety Alliance
- (iii) The impact of evidence-based knowledge in the decisions of health policy-makers
- (iv) The mechanisms behind the lack of public confidence in the scientific model, and how to increase the credibility of scientific research.

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### **Evidence-based cost-efficient knowledge on prevention of hip fractures not enough for getting national investments, a case study from Norway**

Johan Lund

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#### **Background**

In 2000, Norwegian Safety Forum, a non-governmental organization, proposed a nation-wide 5 years intervention on hip fractures in the elderly. It was based on evidence-based cost-effective interventions from both Norway and abroad. The annual cost was calculated to 600 000 Euro. The aim was to reduce the number of hospitalized hip-fractures by 10% by the end of intervention period, and that about 100 municipalities would have established targeted preventive work on elderly safety. The savings of medical treatment and rehabilitation of the prevented hip fractures was

assessed to be 5–10 times higher than the investments for prevention.

#### **Methods**

During the next years, applications for funds were submitted to: Ministry of Health, Directorate for Health, national funds for public health, and insurance companies.

We got meetings with the State secretary for health, and the Health and Welfare Committee in the Parliament, arguing for making cost-effective investments in a nation-wide campaign for hip-fracture prevention.

#### **Results**

After 4 years of applications and meetings, we only got ~60 000 Euro annually from the Directorate of Health and two insurance companies. The reduced amount of funding allowed a limited campaign to be launched in 15 municipalities. Preliminary results indicate reductions in hip-fractures compared with municipalities with no campaign.

#### **Conclusions**

Evidence-based cost-effective documentation on hip-fracture intervention was not sufficient in getting enough funding. It might be that we applied for too much money. There is a need either to increase the national funds for prevention, or to learn more efficient methods in advocacy.

### **Advocating for child safety in Europe—lessons learnt from 10 years of experience from the European Child Safety Alliance**

Morag MacKay

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#### **Background**

Injury remains a leading cause of death and disability for children in Europe, with over 40 000 children dying each year. This is despite the fact that there are evidence-based actions that could reduce this burden. The European Child Safety Alliance (ECSA) has for the past 10 years worked in various capacities to increase uptake, implementation and monitoring of what works. This presentation will provide examples of activities undertaken and share lessons learnt.

#### **Methods**

Advocacy approaches to child safety that ECSA has used include:

- Advocating for specific changes as part of direct advocacy campaigns (e.g. child resistant lighters, fire safe cigarettes, water safety)
- Educating decision makers (e.g. Child Safety Report Cards, water safety guidelines)
- Educating stakeholder groups such as researchers, programme managers (e.g. campaigns, Good Practice Guide, articles/presentations)
- Capacity building (e.g. position statements, high-level political meetings)

#### **Results**

Ten years of experience have demonstrated that advocating for child safety is a slow and difficult process, with the added challenge that not all answers that policy makers want are available or easily accessible and it is often easier for them to stay with the 'status quo' or invest in ineffective practice. There is also a gap between demonstrating that a strategy works and understanding the details of why and how it worked. The

policy development environment is not straight forward and often leadership, infrastructure and capacity do not support an evidence-based approach. It is clear that communication is a key to success and to be effective it requires a good understanding of the policy environment and policy makers' needs. Effective advocacy tools, finding the right messenger and message and working to create win-win situations also increase likelihood of success.

#### Conclusions

Ten years of experience indicate that there is a need for better data and more targeted research (e.g. demonstration research, case studies). There is also a need to increase researcher capacity to produce and communicate policy relevant information, which could be addressed in part by including policy development and evaluation as part of research training. On the policy side, there is a need to change the system drivers to reward evidence-based policy

### Which impact has evidence-based knowledge on decisions made by health policy makers?

Simon Innvæ

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#### Background

The empirical basis for theories and common wisdom regarding how to improve appropriate use of research evidence in policy decisions is unclear. One source of empirical evidence is interview studies with policymakers. The aim of this systematic review was to summarise the evidence from interview studies of facilitators of, and barriers to, the use of research evidence by health policy-makers.

#### Methods

We searched multiple databases, including Medline, Embase, Socio. le, PsychLit, PAIS, IBSS, IPSA and HealthStar in June 2000, hand-searched key journals and personally contacted investigators. We included interview studies with health policy-makers that covered their perceptions of the use of research evidence in health policy decisions at a national, regional or organizational level. Two reviewers independently assessed the relevance of retrieved articles, described the methods of included studies and extracted data that were summarized in tables and analysed qualitatively.

#### Results

We identified 24 studies that met our inclusion criteria. These studies included a total of 2041 interviews with health policy-makers. Assessments of the use of evidence were largely descriptive and qualitative, focusing on hypothetical scenarios or retrospective perceptions of the use of evidence in relation to specific cases. Perceived facilitators of, and barriers to, the use of evidence varied. The most commonly reported facilitators were personal contact (13/24), timely relevance (13/24), and the inclusion of summaries with policy recommendations (11/24).

The most commonly reported barriers were absence of personal contact (11/24), lack of timeliness or relevance of research (9/24), mutual mistrust (8/24) and power and budget struggles (7/24).

#### Conclusions

Interview studies with health policy-makers provide only limited support for commonly held beliefs about facilitators of, and barriers to, their use of evidence, and raise questions about commonsense proposals for improving the use of research for policy decisions. Two-way personal communication, the most common suggestion, may improve the appropriate use of research evidence, but it might also promote selective (inappropriate) use of research evidence.

### Making science believable again

Tamsin Rose

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#### Issue

The main reason to disseminate the results of research is for it to be used in reaching decisions and making changes. The goal is therefore utilization. But it is a very crowded marketplace of information and ideas, new research has to compete with old knowledge and countervailing opinions, often put forward in defence of economic interests.

#### Description

Popular culture is awash with scientific information, much of it inaccurate, out of context and irrelevant. There has also been a dramatic rise in anti-science movements, examples include the rejection of evolutionary theory, the reality of man-made climate change, relationship between the HIV virus and AIDS, claims of a link between vaccinations and autism. Part of this lack of public confidence in the scientific model has been due to inherent failures in the system—the scandals of scientists faking results (e.g. on cloning), the corruption of the peer review process of academic journals by corporate interest, the medicalization of life conditions (social anxiety, insomnia, male pattern baldness etc) and the hyping of research results in the media for commercial gain (e.g. news articles placed by PR companies 'blueberries are the new superfood so stock up on blueberry juice drinks'). Health has been at the heart of many of these controversies.

#### Lessons

For the public health community this is a challenge—how to increase the credibility of scientific research and communicate effectively so that decision-makers and the public can distinguish between good science and propaganda. There are several opportunities for change: tightening up the rigour of the peer review system for scientific publications, greater transparency about research and clinical trials being carried out, who funds them and full publication of results. Regulatory authorities also have a key role in identifying the robust evidence that is used for policy-making and communicating this clearly.

## 5.2. Workshop: Future research priorities in European HSR and their use in European Policy and Practice

*Chair: Peter Groenewegen, The Netherlands*

Organizer: NIVEL—Netherlands Institute for Health Services Research, Johan Hansen

The project 'HSR Europe' aims at identifying, evaluating and improving the contribution of Health Services Research (HSR)

to the health policy process inside and outside of Europe. As a European Commission funded (FP-7) Support Action, the project contributes to future Research Framework Programmes and to informed policymaking processes.