

# Studying 'evidence use' in health policy in Germany and England: an institutional approach

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GETTING RESEARCH INTO HEALTH POLICY AND PRACTICE

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# About myself

- Lecturer in Health Policy at the LSHTM
- Research interest in relationship of evidence / science / knowledge and policy & politics
- Doctoral thesis examined the role of piloting and evaluation in health policy in England
- Background in comparing health policy cross-nationally
- I teach health policy; financing healthcare; health systems; evidence based policy



# Overview

- Exploratory study derived from GRIP-Health project, which studies how policy-makers can be encouraged to make better use of research evidence
  - Focus on ‘politics’ and context of decision-making
  - Pitched to a public health board of the ERC
- Analysis of institutions as one approach to studying the process of evidence use in different country contexts (high, middle, low income)



# Aims

- To understand the conditions for evidence use in ministries of health in different countries and the structures that help or hinder it
  - To move beyond the analysis of formal infrastructure, such as government agencies (e.g. NICE), ‘push’ and ‘pull’ mechanisms, and a focus on actors and networks
- Explore how/whether institutional analysis can contribute to understanding the research and policy relationship



# What do we mean by 'evidence use'?

- What constitutes 'evidence' is contested
  - Different sources of evidence; methodological debates about rigour, generalisability and 'truth claims'; complex relationship of evidence and values; contested scientific rationality
- What constitutes 'evidence use' is contested
  - Use by whom? In which way? For what purpose?
  - Unclear concepts of misuse, non-use, selective use, impact
- Evidence use in the GRIP project
  - Assumes that research evidence makes a beneficial contribution to policy and policy outcomes



# Institutional analysis

- Well established in international comparisons and political science
  - Used to explain observed differences between (political and health) systems
  - Used to explain influences on policy processes
- Focuses on the ‘norms, rules, procedures’ that shape policy processes (political science, institutional sociology, public administration)
- Principally derived from high income country studies
- Untested in relation to evidence use as a particular set of practices in policy processes

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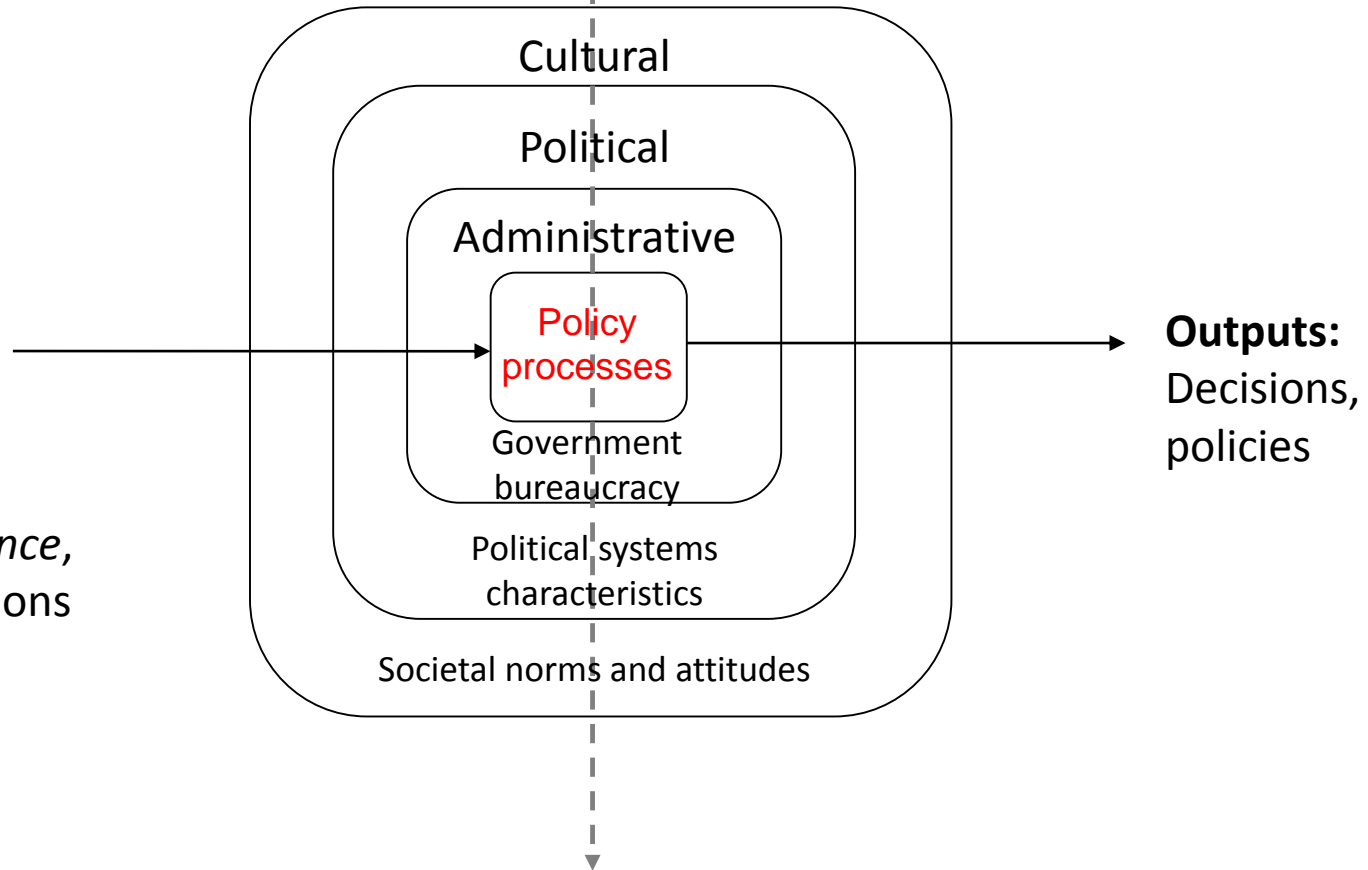
# Institutional analysis

- Unit of analysis:
  - Policy processes
- Level of analysis:
  - Government bureaucracy, especially ministries of health and their agencies
- Layers of analysis relevant to institutions
  - Administrative – Government bureaucracy
  - Political – Political systems characteristics
  - Cultural – Societal attitudes and norms
- Requires working hypotheses to inform selection of comparators (processes, policies, countries)



# Analytical framework

**Inputs:**  
Preferences,  
values,  
knowledge,  
*research evidence*,  
previous decisions



**Outputs:**  
Decisions,  
policies

**Institutions:**  
Norms, rules,  
procedures





# Next steps

- Identify variables to inform country selection
- Develop hypotheses about the relationship between institutions, policy processes and evidence use
  - Individual institutions or clusters
- Select policy processes for comparison
  - Types of processes (e.g. legislation; regulation)
  - ‘Tracer’ policies (e.g. Tobacco, alcohol misuse)
- Operationalise ‘institutions’ for empirical research
  - Case study research; interviews, documentary analysis



# Comparison Germany - England

- Developing hypotheses about the role of institutions in mediating the evidence and policy relationship
  - Different „policy styles“, politico-administrative practices/cultures, institutional configurations
  - Different arenas of decision-making, e.g. bureaucracy vs. party political debates
  - Different degrees of (de)centralisation, e.g. corporatism, federalism vs the unitary state
  - Specifically created institutions to facilitate decisions informed by research (e.g. NICE, IQWiG/GBA)



# Comparator topics

- Tobacco control
- Nationaler Krebsplan – Cancer strategy
  - Cancer screening (e.g. HTA, emerging diagnostics)
  - Therapeutical assessment (e.g. HTA, industry)
  - Cancer registries (e.g. federal states, data protection issues)
- Neuer Pflegebedürftigkeitsbegriff (pilot)
  - Conceptualising need for long-term/social care
  - Developing a new assessment tool

