

The Use of Evidence in Health Policy

GETTING RESEARCH INTO HEALTH POLICY AND PRACTICE

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Introduction

- EBHP is now widely applied and encouraged
- GRIP Health – dual aims of understanding and optimizing EBHP
 - What is currently counted as ‘good’ evidence
 - In principle
 - In practice
 - Ways to strengthen research evidence use

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Health Policy Goals

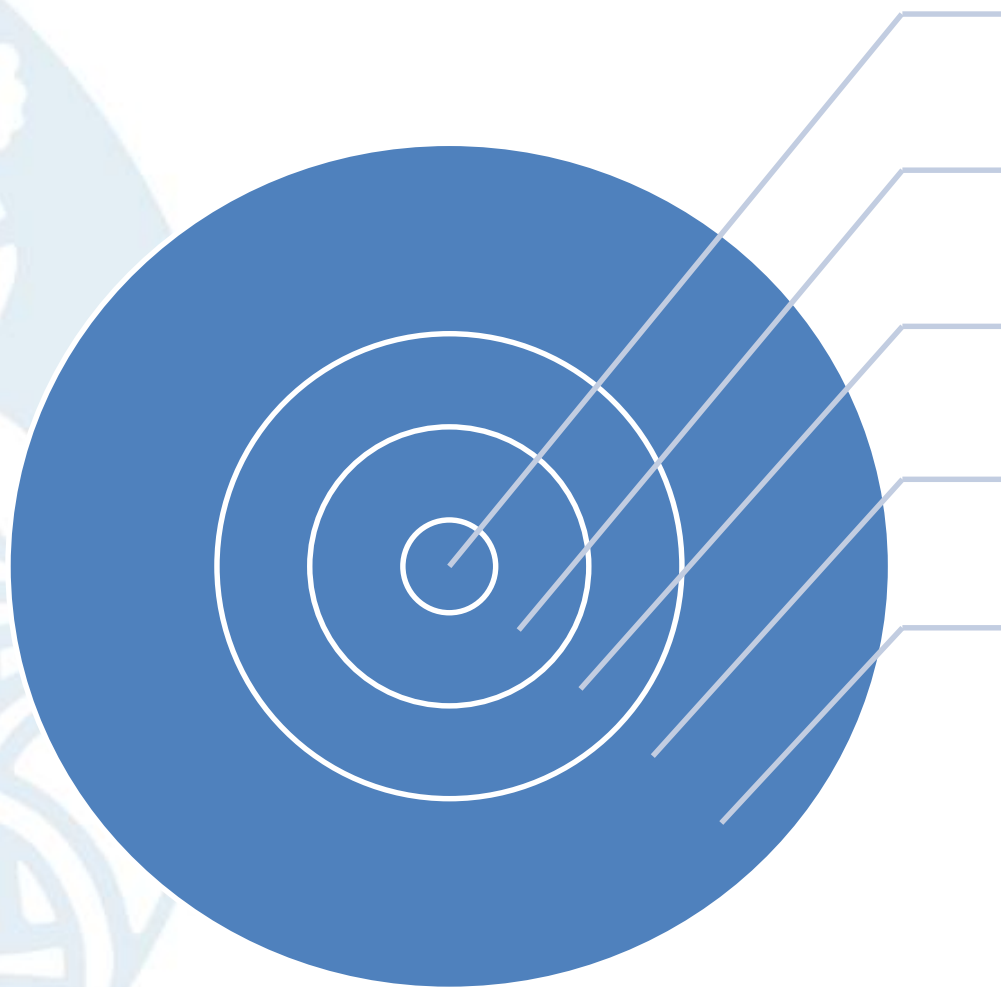
- Ultimately, to solve the problem of ill-health
- What causes ill-health?
- Answer depends upon the frame of understanding

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Aetiological

Biological/
Physiological

Individual
Explanations

Micro-Social
Explanations

Macro-Social
Explanations

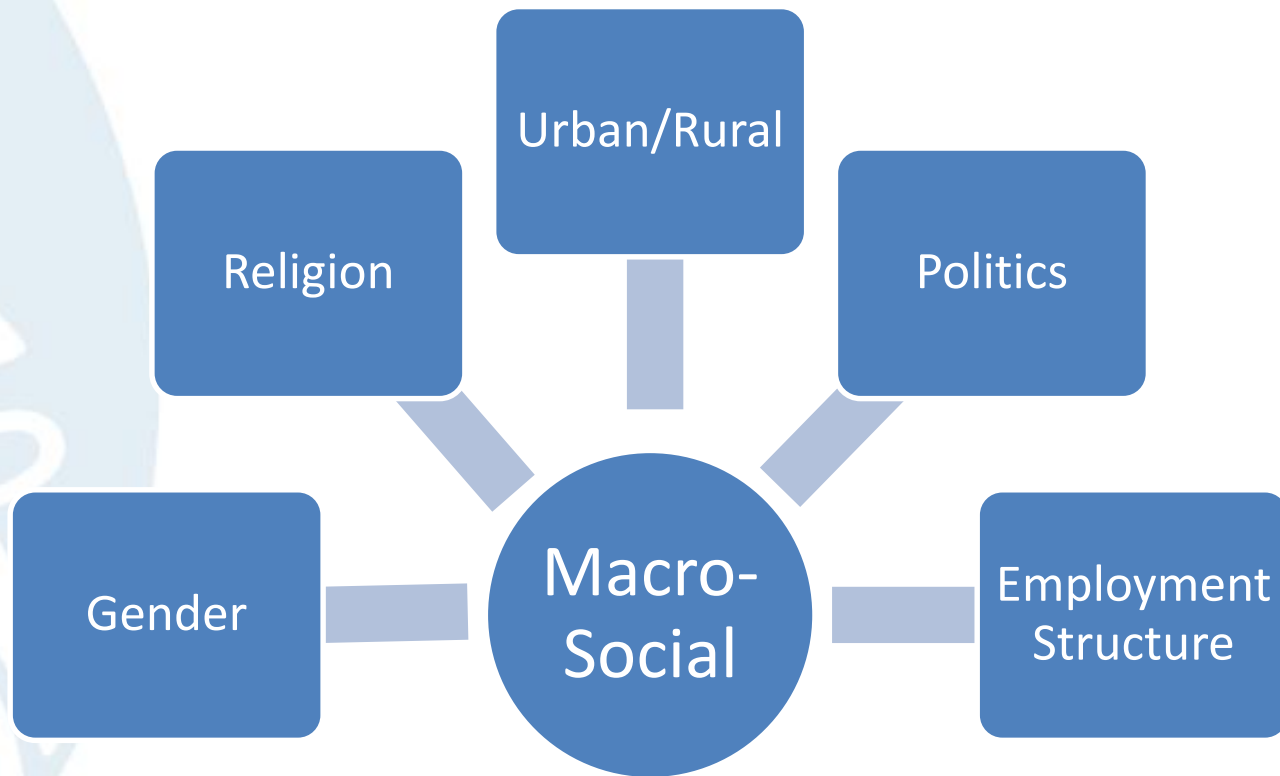
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Contrasting Explanations



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Within Health Policy

- Current primacy of (RCT) experimental methods, hierarchy of evidence
- Experimental methods provide knowledge surrounding specific aspects of health policy (esp. treatment options)
- However, other explanations might be more useful in ameliorating ill-health
 - Public health vs. health policy
 - Policymakers also have other criteria to think about

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Optimizing the Process

- Problems with current calls for methodological pluralism
 - Research questions address different problems
 - Research questions are embedded with ontological positions
- Different communities have different needs, and may need different forms of evidence
- Good governance: must be done in ways that correspond to the goals of policy actors
- Selection of appropriate evidence
 - Matching up bodies of evidence with different aspects of the policy problem

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Pragmatic Evidence

- Classical American pragmatist tradition (Peirce, Dewey)
- Research/'science' occurs at the intersection between theory and practice (Dewey, 1938), doing and making are linked
 - Similarly, EBHP occurs at the intersection between theory (research/evidence) and practice (policy process)
 - The practice/needs of policy makers, and the nature of evidence are both fundamental
- Understandings of both the policy process and the nature of research/knowledge are needed for success

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Not Further Politicization

- Decision-makers decide on the goals, not the interpretation of the evidence itself
- e.g. the economic impact of introducing social medicine to the United States

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This Approach May Allow

- Acknowledging that decision-makers are key actors, and their decision criteria shape the selection of evidence
- The ability to see beyond natural scientific accounts of ill-health, which can tend to obscure social explanations
- Idealized version (politics intervene) but may help clarify 'the evidence' for policymakers

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