Welcome to the Role and Use of Evidence in Policy.

**Does this sound familiar?**

This cartoon depicts the way that -- all too often -- evidence is used in the policymaking process. Our goal is to do better.

In this course we will be exploring several things:
1. How evidence is used in policymaking;
2. Some ideas about how its use can be improved;
3. And how you as a public health professional can better promote the use of your own work in policy discussions.

**Quick Tips to Navigate**

This course uses audio on most slides; please turn on your computer speakers or plug in your headphones.

There are player controls at the bottom of the screen that allow you to move around in this course, or use the side navigation bar.

You can enlarge the player window by clicking on the icon in the lower right corner.

The audio transcript is available in the Notes tab.
My name is Liz Feder and I'd like to tell you a little bit about myself before we start. I bring a variety of perspectives to the issue of using evidence to influence policy.

- In my first career I was an academic who did policy-oriented work. But, like many academics, I was dismayed by the fact that my work failed to change the world.
- So, I left academia and went to work in the non-profit sector for an organization that was a cross between a think tank and an advocacy organization. We provided technical assistance to the legislature, did policy development, and advocated for policies that would support low-income families. I used evidence to persuade policymakers.
- At the same time, I was also an elected official on a city council of a small city. I was called upon to make decisions on topics I knew little about (sewage and water were my downfall). I had to rely on the evidence that others brought me. I had to judge who was a credible messenger and assess the quality of evidence and make real decisions based upon those judgments.
Perspectives...

So to summarize: I have been a producer, a purveyor, and a user of evidence in policymaking and bring those multiple perspectives to the task.

Today, I work as an intermediary or knowledge broker (a term we’ll discuss later in the course), helping researchers and policymakers understand each other better in the hopes of improving the use of evidence in the policymaking process.
This is a brief overview - or roadmap - of the topics we will be covering.

1. We'll start out with some terms and concepts... What is evidence-based health policy? What is the evidence-based health policy agenda? Then I'm going to talk a little bit about the Evidence-Based Health Policy Project. We'll look at the purpose and goals of the project, and I invite you to avail yourself of my services.

2. We'll look at some of the ways in which evidence is typically used in the policy making process. What do we mean when we talk about “evidence use”? We'll also discuss what it looks like when policy decisions are made despite evidence. You will explore situations where policy is in place that doesn't match the evidence surrounding an issue.

3. How evidence is used can vary depending upon the political process. So we'll look at some theoretical models of the policy process and what they imply about the use of evidence, and the best ways to get evidence into the policy process.

4. Next, we'll look at how to improve evidence use. We'll look at how knowledge brokering can be a solution, and we'll look at the Evidence-Based Health Policy Project just so you can see where it fits into the models we've discussed. Then we will summarize very quickly what we know from the empirical literature, about ways to improve evidence use.

5. And finally, we'll conclude with some examples and advice about how to frame messages for policy makers and the public.

6. The last part of the course will be an activity for you to incorporate what you've heard and practice what you've learned.
Concepts and Terms

What is Evidence-based Health Policy? What are its practitioners trying to accomplish?

What are some of the assumptions underlying these definitions and goals?

Click on each tab to learn more.

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<th>Concepts and Terms</th>
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| **Definition:**    | Definitions of the term “Evidence Based Health Policy” range from the narrow to the quite broad.  
                    The most common, narrow definition sees evidence based policy as a particular methodology. The term developed from the concept of “evidence based medicine” in which research findings from random controlled trials are used to support clinical decisions. |
| ![Diagram](image1.png) |  |
| **Wikipedia:**     | Broadening this definition slightly is the application of this methodology to the realm of public policy. Wikipedia states that “Evidence-based health policy is public policy informed by rigorously established objective evidence. It is an extension of the idea of evidence-based medicine to all... |
| ![Diagram](image2.png) |  |
### Concepts and Terms

(Interaction)

| areas of public policy. An important aspect of evidence-based policy is the use of scientifically rigorous studies such as randomized controlled trials to identify programs and practices capable of improving policy relevant outcomes.”

This methodology promotes a specific form of evidence: systematic reviews and meta-analyses.

### Guidelines for What Works:

This movement is sometimes seen as the translation of systematic evidence into guidelines for “what works” and ultimately into evidence-based programs of interventions.

Here are several examples of intervention programs that the Department of Health and Human Services have implemented.

### The Coalition For Evidence-Based Policy

The Coalition For Evidence-Based Policy notes that government at all levels spends billions of dollars on programs of unknown effectiveness. They assess and attempt to promote evidence around all social policies, including education, poverty reduction, and crime prevention.

They too, have faith in the methodology of randomized controlled trials, asserting that, “evidence of effectiveness generally cannot be considered definitive without ultimate confirmation in well-conducted randomized controlled trials.”

### A Broader Definition

In a more encompassing definition, Philip Davies defines evidence-based health policy as an
### Concepts and Terms (Interaction)

#### A Broader Definition

An approach that “helps people make well-informed decisions about policies, programmes and projects by putting the best available evidence from research at the heart of policy development and implementation.”

(Davies, 2004)

#### Different Questions

What is different about this definition? Basically, it is the recognition of a broader range of research methods and research questions.

A broader range of research questions means a new approach. This approach asks not just, “what works?” but “what is the nature of the problem?” “why does the problem occur?” and “what are different ways the problem might be addressed?”

#### Diverse Range of Evidence

It also recognizes a much more diverse range of what constitutes evidence. What counts as “good evidence” includes research and evaluation studies, but also extends to monitoring data, expert knowledge, and information from stakeholder consultations.
The Evidence-Based Policy Agenda

Fundamentally, the evidence-based policy agenda is to put science and social science at the heart of policymaking.

Historical Perspective...

There have been boom and bust cycles for this evidence based policy agenda.

During the Progressive Era in the US, after WWII, and again in the 1960s, there was an increased appetite for social knowledge to achieve social policy objectives and direct
government policy. During the 1970s and 1980s a backlash developed to this idea, expressing skepticism about the ability of research to provide answers to complex social problems and dubbed such attempts, “social engineering”.

Such cycles are historically complex, but perhaps part of the explanation lies in different positions researchers can take toward the goal of influencing public policy.

*Note:* Historical images from Wikipedia Commons  [http://commons.wikimedia.org/wiki](http://commons.wikimedia.org/wiki)

### The Researchers’ Position

Research can play an important and positive role in informing and supporting policy -- and improving decision-making and service delivery is the mainstay of the evidence-based policy agenda.

This describes best a situation where there is general agreement - or consensus -- between policymakers and researchers on the issues of concern and ways to address them.

But, there are other potential roles for researchers to play in relation to influencing policy.

Researchers may use evidence to point out the shortcomings and failings in current approaches and maintain a critical stance toward government or institutions. Researchers tend to pursue this stance not through academic journals, but through articles and opinion pieces in the general media.

Or, in the broadest definition of evidence-based policy, researchers go beyond challenging the
way things are done, to challenge prevailing paradigms of thinking about either problems, or solutions, or both. For instance, Richard Davidson’s (and others’ work on positive psychology) shifts the framework of thinking about mental health away from depression and dysfunction and toward happiness and compassion. Or thinking about improving health by acting on determinants way upstream such as poverty or other forms of social capital turns our attention in an entirely new direction to find solutions.

**Take a moment and reflect...**

In each of these stances, it is important to consider some important ethical considerations.

- Where is the line between informing policy and influencing policy?
- When have researchers become advocates?
- Does this matter? Why?
What is Evidence-Based Health Policy?

Before we go any further, this is a good time to step back for a moment and define some terms and consider several concepts.

Criticisms of the Evidence-Based Policy Agenda

Let us turn our attention now to some general criticisms of the evidence-based policy agenda.

One criticism is that practitioners of evidence-based policy rarely go beyond providing
technical answers to help decide among options which will implement already existing values. This criticism, as we have seen, is not really applicable to those who take a critical or paradigm-challenging stance toward policy.

Another criticism is that the evidence-based policy agenda assumes that evidence can offer objective answers to inherently political or values-based policy decisions.

Finally, there is the assumption that policy making can become more rational, when in fact - according to this way of thinking - the process is inherently flawed; politics - not evidence - drives policy.

These criticisms are all valuable.

We need to manage our expectations of how much evidence can transform policy, but this doesn't mean that research has nothing important to offer to the process.

Even when it's ignored, it provides an important watchdog function on our public officials and informs the discourse.

**Background & Purpose of the Evidence-Based Health Policy Project**

Now that you have an understanding of the evidence-based health policy agenda, and some of the criticisms, I’d like to take a few minutes and introduce you to the Evidence Based Health Policy Project.
The Evidence Based Health-Policy Project

This is a formal partnership between the UW Population Health Institute (where I am employed), the LaFollette School of Public Policy, and the Wisconsin Legislative Council.

The Legislative Council is a professional staff agency of the legislature which is responsible for doing legal research for the legislature, staffing legislative committees, and drafting legislation of interim committees.

We also have a six member legislative advisory board made up of three members from each chamber - two from the majority and one from the minority party, so some portion of this group changes with elections.
The role and use of evidence in policy

Part 1 Getting Started

Purpose & Goals

The project’s goal is to support evidence-based decision making by connecting academic researchers, legislators and other decision-makers to work together on real-life solutions.

Two Parts of the Project

And to do this we have two parts of the project;

We provide policymakers with high-quality information for evidence-based decision-making; and we worked to increase the
involvement of the UW Faculty in research and teaching on issues of State Public Policy.

What We Do

Toward this end, we produce several briefings each year at the State Capitol. The target audience for our briefings is legislators and executive branch staff, but they are also attended by members of provider and advocacy organizations, industry, and the general public.

We decide on the topics for these briefings with our team and in regular consultation with our legislative advisors. Our goal is to be responsive to legislative needs, so we ask them what issues are coming up in legislation or what issues they could use some assistance with. Additionally, we suggest areas that we think are emerging as important that they might not have on their radar screens.

But - the point is that don't simply tell decision makers what they need to know -- we set priorities and arrive at the programming through collaboration and conversation. I really want to emphasize that this is very much a two-way communication process. As we get into discussing some models a little later in this course, you'll see why that two-way communication is so critical.
We see the Evidence-Based Health Policy Project very much in the context of the Wisconsin idea. I’m sure you all know a great deal about that. The idea goes back 100 years and is today usually understood as, “the boundaries of the University are synonymous with the boundaries of the state.”

Note: LaFollette image from Wikipedia Commons

Solving Problems & Improving Lives
The Wisconsin Idea is the commitment to apply the work of the university to solve problems and improve the lives of the people of Wisconsin. Some notable early achievements of this collaboration include:

- The regulation of utilities
- Workmen's compensation
- and University Extension Services.

Please continue to the next segment

Please continue with the next segment of this course, where we'll review some interesting examples of policy that has been implemented despite contradictory evidence. We'll also discuss ways that evidence is used.