**Barriers to and Facilitators of the use of Evidence in Policy**

Presenter: Kathryn Oliver

Text version of presentation for 2015 KT Conference: KT Solutions for Overcoming Barriers to Research Use

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Slide template: Light blue background with a white strip at the bottom. University of Oxford logo in the bottom left of each slide.

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**Slide 1: Barriers to and Facilitators of the use of Evidence in Policy**

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**Slide 2: Barriers to and Facilitators of the use of Evidence in Policy**

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KT Solutions for Overcoming Barriers to Research Use

Logo for the University of Oxford in the top right: 100 Years of Social Enquiry

**Slide 3: Evidence-based policy research**

Explicitly aims to

1. increase amount of research used in policy
2. to ‘upskill’ policy makers
3. to present joint narratives of how evidence is used in the ‘black box’ of policy

Image of a circular diagram, starting at the top going clockwise: Prioritizing problems (3), Clarifying problems (4), Identifying policy options and relevant evidence (5), Identifying barriers to implementing those options and strategies to address those (6), Reviewing and commenting on identified policy options and implementation strategies (13), Reviewing and commenting on draft policies (16), Implementing policies, Monitoring and evaluating policies (18).

From “SUPPORT Tools for Evidence-informed Health Policymaking (STP) 15: Engaging the Public in Evidence-informed Policymaking,” by A. D. Oxman, S. Lewin, J. N. Lavis, and A. Fretheim, 2009, *Health Research Policy and Systems, 7*(Suppl 1),Figure 2: Engagement of civil society in stages in the policy development and implementation cycle. Copyright 2009 by the Authors. Retrieved from http://www.health-policy-systems.com/content/pdf/1478-4505-7-S1-S15.pdf. SEDL, an Affiliate of American Institutes for Research, reprinted in compliance with Creative Commons Attribution License (http://creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

**Slide 4: Stumbling block**

Policy process models unverified, unvalidated, unhelpful

**If we don’t understand the policy process, how can we influence it?**

Image of a circular diagram as described on slide 3.

From “SUPPORT Tools for Evidence-informed Health Policymaking (STP) 15: Engaging the Public in Evidence-informed Policymaking,” by A. D. Oxman, S. Lewin, J. N. Lavis, and A. Fretheim, 2009, *Health Research Policy and Systems, 7*(Suppl 1),Figure 2: Engagement of civil society in stages in the policy development and implementation cycle. Copyright 2009 by the Authors. Retrieved from http://www.health-policy-systems.com/content/pdf/1478-4505-7-S1-S15.pdf. SEDL, an Affiliate of American Institutes for Research, reprinted in compliance with Creative Commons Attribution License (http://creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

**Slide 5: What we don’t know**

**WHAT** evidence policymakers need or prefer

**WHERE** they get their information from

**HOW** they use it

**WHO** ‘policymakers’ really are

Image of a circular diagram as described on slide 3.

**Slide 6:**

* Updated a systematic review (Innvaer 2002) looking at health policymakers’ perceptions about evidence-use
* Broadened to include all policy areas and all types of study
* 145 studies from over 59 countries, 13 systematic reviews

Screenshot of the article cited below.

From “A Systematic Review of Barriers to and Facilitators of the Use of Evidence by Policymakers,” by K. Oliver, S. Innvar, T. Lorenc, J. Woodman, and J. Thomas, 2014, *BMC Health Services Research, 14*(2) [Screenshot]. Copyright 2014 by the Authors. Retrieved from http://www.biomedcentral.com/1472-6963/14/2. SEDL, an Affiliate of American Institutes for Research, reprinted in compliance with Creative Commons Attribution License (http://creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

**Slide 7:**

Screenshot of the articles cited below.

From “A Systematic Review of Barriers to and Facilitators of the Use of Evidence by Policymakers,” by K. Oliver, S. Innvar, T. Lorenc, J. Woodman, and J. Thomas, 2014, *BMC Health Services Research, 14*(2), [Screenshot]. Copyright 2014 by the Authors. Retrieved from http://www.biomedcentral.com/1472-6963/14/2. SEDL, an Affiliate of American Institutes for Research, reprinted in compliance with Creative Commons Attribution License (http://creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

From “New Directions in Evidence-based Policy Research: A Critical Analysis of the Literature,” by K. Oliver, T. Lorenc, and S. Innvær, 2014, *Health Research Policy and Systems,12*(34), [Screenshot]. Copyright 2014 by the Authors. Retrieved from http://www.health-policy-systems.com/content/12/1/34. SEDL, an Affiliate of American Institutes for Research, reprinted in compliance with Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly credited.

**Slide 8: What type of policy area?**

Image of a horizontal bar graph with the following data:

X axis = Number of studies from 0 to 140 in increments of 20.

Y axis = Policy area:

Total: health-related policy (126 – in red)

Public health (43 – in blue)

Secondary & tertiary care (41 – in blue)

Primary Care (40 – in blue)

Health policy (38 – in blue)

Drugs policy (15 – in blue)

Health promotion (9 – in blue)

Mental health (1 – in blue)

Reproductive and sexual health (1 – in blue)

Total: Other policy areas (35 – in red)

Transport (10 – in blue)

Conservation & environmental management (8 – in blue)

Social care / social work (7 – in blue)

Public policy (5 – in blue)

Criminal justice (5 – in blue)

Employment policy (4 – in blue)

Maternal and child health and wellbeing (3 – in blue)

Food policy (3 – in blue)

Education (2 – in blue)

Agriculture business (1 – in blue)

Economics (1 – in blue)

From “A Systematic Review of Barriers to and Facilitators of the Use of Evidence by Policymakers,” by K. Oliver, S. Innvar, T. Lorenc, J. Woodman, and J. Thomas, 2014, *BMC Health Services Research, 14*(2), Figure 2: Policy focus of study. Copyright 2014 by the Authors. Retrieved from http://www.biomedcentral.com/content/pdf/1472-6963-14-2.pdf. SEDL, an Affiliate of American Institutes for Research, reprinted in compliance with Creative Commons Attribution License (http://creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

**Slide 9: What type of questions were they asking?**

* Mainly surveys asking (academics) about perceptions, attitudes and opinions
* Few studies gathered empirical data about the ways in which evidence was used in the field
* Little data on the effect of evidence-use

Horizontal bar graph with the following data (values are approximate):

X Axis = Number of studies 0-120 in increments of 20.

Y Axis = Focus of the study

Facilitators to use of (115)

Barriers to use of research (103)

Process of research (50)

Research uptake (amount/) (37)

Strategies to increase (20)

Impact of research use (18)

Feasibility of research use (18)

Other evaluation of (4)

Justification for research (3)

From “A Systematic Review of Barriers to and Facilitators of the Use of Evidence by Policymakers,” by K. Oliver, S. Innvar, T. Lorenc, J. Woodman, and J. Thomas, 2014, *BMC Health Services Research, 14*(2), Figure 2: Policy focus of study. Copyright 2014 by the Authors. Retrieved from http://www.biomedcentral.com/content/pdf/1472-6963-14-2.pdf. SEDL, an Affiliate of American Institutes for Research, reprinted in compliance with Creative Commons Attribution License (http://creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

**Slide 10: Why isn’t evidence used?**

**Top 5 barriers**

* Lack of availability and/or access to research
* Unclear, irrelevant, unreliable research findings
* No opportunity, poor timing
* Low policymaker research skills
* Cost

**Top 5 facilitators**

* Improved access and dissemination
* Collaboration between researchers and policymakers
* Clear, relevant research
* Good relationships with policymakers
* Good relationships with researchers

**Slide 11: What are the reported barriers & facilitators?**

* **Contact and collaboration** 
  + Collaboration, timing/opportunity, relationships between policymakers and researchers
* **Organisations and resources**
  + Availability and access to research, cost, managerial support, material and personnel resources, staff turnover
* **Research and Researchers**
  + Clarity, relevance, reliability, format, and importance
* **Policymakers**
  + Research skills, awareness of research, political support and skills
* **Policy**
  + Importance of policy, legal or legislative support, guidelines and policy statements, contextual factors and other pressures on policy makers

**Slide 12: Suspicious yet?**

Image of Benedict Cumberbatch

From “Benedict Cumberbatch” by Melinda Caric, 2012 [Photograph]. Copyright 2012 by Melinda Caric. Retrieved from https://www.flickr.com/photos/mcaric/7140615753/in/album-72157629959811995. SEDL, an Affiliate of American Institutes for Research, reprinted in compliance with Creative Commons Attribution License (http://creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

**Slide 13: What can we learn from this literature?**

3 assumptions often made:

1. There is a ‘gap’ between evidence and policy which needs bridging
2. Policymakers do not usually use evidence
3. More use of (academic) research would lead to ‘better’ policy

Image of a flow chart, Figure 1. Linear Model of Policymaking, described from left to right:

“Prediction and prescription” leads to “Policy maker”.

“Society Centered Focus – Classes – Interested Groups – Parties and voters” leads to “Policy maker”.

“State Centered Focus – Technocrats – Bureaucrats – State Interests” leads to “Policy maker”.

“Policy maker” leads to “Policy Choice”

“Implementation” leads to “Policy Outcome”

Source: Meier, 1991

From *Politics and Policymaking in Developing Countries: Perspectives on the New Political Economy*by G. M. Meier, 1991, San Francisco: International Center for Economic Growth Press. Copyright 1991 by the publisher.

**Slide 14: Assumption 1: the “Gap” between evidence and policy**

Arrow pointing left: Academics

In the middle of the arrows:

Knowledge

brokers?

Hybrid roles

Split careers

Colleagues?

Arrow pointing right: Policymakers

**Slide 15: Assumption 2: Policymakers do not use evidence**

Horizontal bar graph showing types of data that is either “Most Useful”(red) or “Used Regularly”(blue). Data that is used regularly and/or is most useful is towards the top of the graph.

Line 1: Local Data

Line 2: Joint assessment needs

Line 3: Practice Guidelines e.g. NICE

Line 4: Survey/questionnaire data

Line 5: Public health surveillance data

Line 6: Qualitative research studies

Line 7: Health impact assessments

Line 8: Systematic reviews:

Line 9: Experimental or trial data

Line 10: Meta-analyses

Line 11: Summary measures (HLYs or DALYs)

To the right of the graph is the following text.

Not true! Just not always academic research

Source: Oliver (2015) Defining evidence in public health: a survey of policymakers’ needs and preferences. EJPH

**Slide 16: Assumption 2: Policymakers do not use evidence**

Bar Graph titled, “What are the main types of sources of information and evidence”?

Lines of the bar graph are sorted into four different groups, Resources (blue), Organizations (red), People (green), and Media (purple), and are ranked in increments of 20 from 0-60.

Rankings below are approximate.

Lines under the People group are:

Experts in the area- 39

Other people (colleagues, friends)- 30

Community forums- 21

Local public health professionals- 15

Council Officers- 5

Environmental health colleagues- 2

Lines under the Organization group are:

Government Websites (incld. DH)- 40

NICE- 38

Professional organizations (e.g. RCGP)- 25

International organizations (e.g. WHO)- 23

GM level organizations-15

Other Organizations- 18

Lines under Resources include:

Online journals- 30

Review articles/evidence summaries- 28

Paper journals- 18

Other resources- 17

Under the media group is simply Media- 10.

To the right of the graph is the following text:

Advice, expertise, colleagues. Little research on policymakers needs and preferences

Source: Oliver (2015) Defining evidence in public health: a survey of policymakers’ needs and preferences. EJPH

**Slide 17: Assumption 3: More use of research would lead to “better” policy**

Image of Benedict Cumberbatch seating and looking to the side. Question mark to the right of the picture.

From “Benedict Cumberbatch” by Melinda Caric, 2012 [Photograph]. Copyright 2012 by Melinda Caric. Retrieved from https://www.flickr.com/photos/mcaric/7140615753/in/album-72157629959811995. SEDL, an Affiliate of American Institutes for Research, reprinted in compliance with Creative Commons Attribution License (http://creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

**Slide 18: New directions for EBP research**

1. What are the influences on and processes of policy and politics (not evidence-into-policy)?
2. What do policymakers actually use, and how do they find it?
3. Understand meaning of ‘impact’ / influence / contribution of research
4. Methods to evaluate processes / impact of evidence use *and* implementation
5. **Understand role of organisations, networks, individuals and institutions in policy**
6. **Identify ways to promote collaboration and co-production**

**Slide 19: Who runs public health?**

Image of a complex spider graph with multiple names and numbers of data points.

To the right of the graph is

NHS

NHS-associated (e.g. Public health networks)

Council

Council associated

NHS / council

University

Charity

Government

**Slide 20: How did they influence policy?**

Image of a network diagram.

The largest circle in the diagram is labelled How to Influence policy.

This circle branches off to four smaller circles.

1. Controlling policy organization
   1. Designing structures
   2. Writing agendas and work programs
   3. Using meetings
2. Controlling policy content
   1. Identifying policy options
   2. Knowledge brokerage roles
3. Controlling policy makers
   1. Gatekeeping experts
   2. Finding champions for policies
   3. Persuading others
4. Using network structures
   1. Creating and maintaining useful relationships
   2. Increasing own visibility

To the right of the network diagram is the following list.

1. Creating and managing key organisations
2. Deciding the topic and detail of the policy
3. Managing other people
4. Using relationships

Who Runs Public Health? A Mixed-methods Study Combining Qualitative and Network Analyses” by K. Oliver, F. deVocht, A. Money, and M. Everett, *Journal of Public Health (Oxf), 35*(3), p457

**Slide 21: How did they influence policy?**

Network diagram image described on slide 20.

The following list is to the right of the diagram.

* Had to take action on alcohol as key priority area
* Alistair managed papers for meeting

1. Deciding the topic and detail of the policy
2. Managing other people
3. Using relationships

**Slide 22: How did they influence policy?**

Network diagram image described on slide 20.

The following list is to the right of the diagram.

1. Creating and managing key organisations

* Alistair, Evan and Sam (policy managers) identified MUP as a possible policy
* Identified experts to attach to policy
* Drew up policy papers

3. Managing other people

4. Using Relationships

**Slide 23: How did they influence policy?**

Network diagram image described on slide 20.

The following list is to the right of the diagram.

1. Creating and managing key organisations
2. Deciding the topic and detail of the policy

* Identified executives to present and champion policy
* Persuaded local and regional senior figures to endorse the policy

4. Using Relationships

**Slide 24: How did they influence policy?**

Network diagram image described on slide 20.

The following list is to the right of the diagram.

1. Creating and managing key organisations
2. Deciding the topic and detail of the policy
3. Managing other people

* Policy considered successful because GM now much more visible
* Individuals involved had greater credibility
* Stronger bargaining position with Westminster

**Slide 25: Important to know both**

1. Who is influencing policy
2. Where they find their information

…in order to allow relationship building between influential people and reliable evidence-producers

**Top 5 facilitators of evidence use**

1. Access to research

2. **Collaboration and contact**

3. Clear, relevant and reliable research

4. **Relationships with policymakers**

5. **Relationships with evidence producers**

**Slide 26: Pressures and agendas**

Academics:

* Judged by outputs (teaching, papers, citations)
* Dependent on & accountable to grant funding
* Need to demonstrate rigour and independence

Policymakers:

* Judged by speed, efficiency, political skill, preventing political disaster…
* Accountable to public and ministers
* Need to consider other legitimate sources of evidence such as public opinion

**Slide 27: Conclusions**

* Policy can be influenced by policymakers, policy officials, experts… depends on area
* Mobilising the machinery of policy is dependent on the ability to make and exploit relationships
* These ‘soft’ skills are not part of academic training
* To influence policy, researchers need to harness the skills of these individuals, and talk to them regularly
* Take the interpersonal seriously!

**Slide 28: Thank you**

Oliver K, Innvar S, Lorenc T, Woodman J, Thomas J (2014) A systematic review of barriers to and facilitators of the use of evidence by policymakers. **BMC Health Services Research**. 14:2

Oliver, K. A., Lorenc, T., & Innvær, S. (2014). **New directions in evidence-based policy research: a critical analysis of the literature. *Health Research Policy and Systems, 12 (34)*. doi:10.1186/1478-4505-12-34**

Oliver K, de Vocht F, Money M, Everett M (2013) Who runs public health? A mixed-methods study combining network and qualitative analyses. **Journal of Public Health** 35:453-459

Oliver K, Everett M, Verma A, de Vocht F (2012) The human factor: reorganisations in health policy. **Health Policy** 106:6

Logo for EURO-URHIS 2, European Urban Health Indicators System Part 2

Urban Health Monitoring and Analysis System to Inform Policy

Logo for Mitchell Centre for Social Network Analysis

**Slide 29: Disclaimer**

The contents of this presentation were developed under a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant number 90DP0027).  NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this presentation do not necessarily represent the policy of NIDILRR, ACL, HHS, and you should not assume endorsement by the Federal Government.