

## **Factors influencing knowledge mobilisation in public health within complex Local Authority settings**

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Much is spent on research that is never used. Within healthcare, problems posed are not just ethical, moral or financial. Evidence informed healthcare improves patient and service user experiences and maximises resource and research impact, however outdated practice can be detrimental to health and can cost lives.

In recent years there has been increased interest in addressing this issue and better understanding the knowledge-to-practice gap. Getting knowledge from public health research into evidence based decision making and real world practice however is a complex and much debated issue. Traditionally knowledge mobilisation was considered a top-down, one-directional, linear process where [university] knowledge was pushed out and passively adopted. Contemporary thinking, however acknowledges that research production and mobilisation are dynamic, social, interactive processes.

Many factors influence why research findings are or are not used. These factors can be attributed to academia, practice and the multiple interpretations of knowledge and knowledge use. Further complexities arise from the interaction of these factors within such a dynamic and heterogeneous discipline as public health. Often within public health, those working together to address issues have differing values and perspectives which influence what knowledge is considered to be 'evidence', which evidence is selected, by whom and how this is interpreted and applied. More recently greater consideration has been given to the influence of multidisciplinary working and the subtle boundaries that exist within and between partners.

This presentation outlines factors that influence knowledge mobilisation in public health and explores their influence within the context of multidisciplinary partnership working in complex Local Authority settings. Findings presented are drawn from 36 peer-reviewed publications identified from a synthesis of existing literature sourced using online databases including Medline, CINAHL, PubMed and Web of Science. Search terms used (independently and in combination) included: knowledge, mobilisation, translation, exchange, public health, knowledge brokerage, collaborative, evidence.

## **How do public health professionals view and engage with research and evidence?**

### **Qualitative interview study**

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#### Introduction

Evidence-based policy making seeks to use the best available evidence. Public health researchers increasingly seek to produce research of relevance to decision makers and practitioners. The need for closer interaction between researchers and policy and practice colleagues (referred to as public health professionals (PHPs)) has long been recognised, but has arguably gained importance in the UK since the responsibility for public health delivery moved to local authorities in 2013. The ways that PHPs can effectively relate to, interact with, undertake and commission research with academia to support the development of evidence-based practice are not clear.

The aim of this research was to identify current support needs of PHPs for meaningful engagement with research, evaluation and evidence.

#### Methods

We conducted In-depth interviews with PHPs who had and had not engaged with two new responsive research facilities (Public Health Practice Evaluation Scheme (PHPES) and AskFuse) which aim specifically to help PHPs meet their research and evaluation needs, and with academics supporting their enquiries. Interviews sought views on the barriers and facilitators to approaching academia and PHPs and engaging with research, and the support needed for this.

Eight AskFuse and eight PHPES applications were purposively selected as case studies. Eligible non-applicants to the schemes were also identified. PHPs (applicants and non-applicants) and academics were selected for telephone interviews, which were recorded and analysed using thematic analysis.

#### Results

To date, interviews with 10 PHPs and six academics have been conducted. Emerging themes identify differences between PHPs and academics in language, expectations and timescales, and understanding of the meaning of evidence. Themes will be illustrated with sample quotes from participants.

#### Conclusions

Results from this study will help identify the support needs of PHPs to engage with research and evidence, and the ways that researchers can best meet these, and will be used to help improve future collaborative working.

## **The use of research evidence in policies to improve geographical access to Human Resources for Health in Portugal**

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### Introduction

Portugal's policy-makers face the challenge of attracting and retaining health professionals in remote, rural and underserved areas. As a result, some segments of the population have a limited access to health services, which contradicts the stated policy objective of equitable access to all. There is an increasing amount of research evidence on how to improve the recruitment and retention of health workers in difficult regions. This raises the question of how this evidence can better inform policy development: which facilitators can be mobilized and how the impact of barriers can be mitigated. The aim of this study is to understand the process by which health workforce policies that address the geographic distribution are informed or not by research evidence. We will document and analyze the efforts to link research evidence to policymaking and the factors that influence the use of research evidence.

### Methods

This case study builds on the analysis of policy and technical documents and of research reports and on semi-structured interviews with policy-makers, researchers and others stakeholders involved in the policymaking process.

### Results

The review of published and gray literature has identified studies and unpublished research reports which document the imbalances in the geographical distribution of physicians and which identify probable causes and recommend strategies to address the problem. The analysis of government policy documents, such as national health plans and laws and decrees has identified specific interventions aiming at attracting sufficient numbers of physicians in areas with a deficit. The preliminary analysis shows weak links between research evidence and policy choices. The interviews, which will be completed by the end of 2015, explore the causes of this low utilization of research results as well as the views of producers and of potential users of evidence on how to increase the contribution of evidence to inform policy-making.

**The utilization of Research to inform Health Workforce Policies: the views of Portuguese and Brazilian Policy-Makers**

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In most policy areas, research results are not used in a timely manner to inform policies or are even ignored. The production of knowledge on health workforce (HW) issues has increased exponentially since 2000 but the integration the results of research in the policy-making process are often lagging. We looked at how research on making the HW more effective/efficient contributes or not to inform policy decisions and interventions affecting the health workforce and eventually to the strengthening of health systems.

We analyzed education and management policies and interventions in Portugal and Brazil; these countries health system and political and institutional environment are quite different, but they have cultural affinities and similar commitments to providing universal access to health services to their population.

We designed a study of semi-structured interviews with present and past national policy and decision-makers involved in health workforce policy and management, and with “producers” of evidence. Issues to be explored include: conditions of access to evidence, strategies of communication and dissemination of evidence; influence of political, social and economic context on demand for and utilization of evidence; measures to overcome the gap between research and policy-decision. We will focus on what utilization is made of sociological knowledge on professionalism in the design of policies/management practices in relation to physicians and nurses.

The analysis of the perspectives of political actors involved will lead to a better understanding of the influence of the social, political and economic factors in the process of research utilization in decision making process.

**Exploring decision-making processes and knowledge requirements in public health and the role of systematic review evidence**

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Since 2013, the context in which public health strategy is developed and services are commissioned has shifted and decisions previously made within the NHS are now being taken by public health teams within Local Authorities. The shifting culture and context of decision-making means that as generators and synthesisers of evidence we are interested in supporting public health decision-makers to continue to make informed and judicious evidence-based choices. Not only do we need to understand the new culture and practices of evidence use in decision-making, but we also need to critically examine whether our own research outputs are fit for purpose in supporting decision-making in this new climate. Evidence from systematic reviews in particular is of interest in our study, often being placed at the top of hierarchies of evidence in public and clinical health decision-making, particularly in assessing the effectiveness of interventions, but generally thought to be underutilised. This session will present evidence on how systematic reviews, but also research evidence more broadly, is being used in new public health environments through presenting the results from a scoping review of the literature. We will also present our initial findings from piloting a survey of evidence use culture, behaviour, knowledge, and attitudes across public health teams in England, and present an overview of our future research plans. In our study we intend to uncover ways in which we can better tailor our research outputs, particularly with respect to systematic review evidence, to meet the needs of public health decision-makers, who are now working within increasingly politicised climates of decision-making where the 'locality' of evidence may hold greater weight than ever before.