In2Action: the impact of a serious game on collaboration and knowledge use in inter-sectoral policy processes in selected EU countries

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Fuse, Newcastle
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What do we know?

Many stakeholders involved

Lack of use of evidence

Stakeholders have different types of evidence

Lack of collaboration and knowledge exchange between stakeholders

Solution

Policy game

Problem
What is a policy game?
Determine team strategy

Execute strategy in group

Internal team evaluation

External group evaluation
Objective

To explore the impact of an internationally developed and pilot tested policy game on inter-sectoral, evidence-informed health enhancing physical activity policy processes in three European cases.
Conclusion

The game ‘In2Action’ has potential to:

• **increase insight** in the role of stakeholders in the HEPA policy process
• **change attitudes** towards collaboration and knowledge exchange related to the HEPA policy process
Methods

The policy game intervention: In2Action

- Conducted in 3 countries: the Netherlands (NL), Denmark (DK) en Romenia (RO)
- Local level
- 6 month interval
- Each game: 18-19 participants

Data collection

- Questionnaires at three moments in time
- During the game:
  - Observations by researchers
  - Evaluation moments with participants
  - Debriefing session – translating experiences to daily life
## RESULTS

### Number of participants

<table>
<thead>
<tr>
<th></th>
<th>NL</th>
<th>DK</th>
<th>RO</th>
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<tbody>
<tr>
<td>Questionnaire: 1 week before game (T0)</td>
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<td>In game</td>
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<tr>
<td>Questionnaire: 1 week after game (T1)</td>
<td>15</td>
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</tr>
<tr>
<td>Questionnaire: 6 months after the game (T2)</td>
<td>13</td>
<td>15</td>
<td>13</td>
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</table>
T1: Increased understanding of...

...... In local HEPA policy development process
T1: Increased understanding of...
T1: Changed attitude towards collaboration
T1: Collaboration most important learning experience
T2: Boost in collaboration between stakeholders
Bars indicate fraction who find it *important* or very *important*.

**T0: Importance of evidence use**

- **Political agenda**
- **Stakeholders**
- **Research**
- **Expertise**
- **Own knowledge**

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<tr>
<th>Topic</th>
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<td>Research</td>
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<tr>
<td>Expertise</td>
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<tr>
<td>Own knowledge</td>
<td>75</td>
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</tbody>
</table>
T0: Use of evidence

- Political agenda
- Research
- Involved parties
- Experts
- Own knowledge
- Other
T1: Changed attitude towards evidence use
Observations: Some insights

Game process

Collaboration

Use of evidence
Relevance study

First study examining the influence of a policy game in HEPA policy development process

• A game has the potential to influence collaboration and knowledge exchange

• Differences among countries explained by the potential of the case to change and game process

• A policy game can be a relevant intervention at local level, when there is a wish for a stronger organisation network to enhance collaboration and knowledge exchange
Questions?

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Application of a KT planning approach to global project planning

Fuse 2016
Dr Rebecca Armstrong, Dr Kirsty Jones & the Movember Foundation
About us

Research
• Develop and evaluate KT strategies
• Cochrane Public Health & evidence reviews
• Review methods

Training
• Evidence-informed decision-making
• Knowledge Translation & Exchange

Consultancy
• Guidelines for best practice
• Tailored evidence products
• Research priorities and questions
• KT plans
• Knowledge brokering
KT strategies in research

- Develop research topic
- Design and plan project
- Project manage and report
- Interpret results
- Communicate and disseminate findings
- Jointly establish end user & researcher priorities & interests
- Jointly establish project goals and purpose
- Jointly establish scope and methodology
- Jointly determine practical meaning of results
- Translate into non-technical language
- End user appropriate publications
- Workshops and talks for end users
- Meetings with end users
- Evaluate success of project and partnership
- Build relationships with end users
- Identify and connect with end users
- Joint evaluation of scientific and practical impact

Adapted from K Hitchman & E Shantz in: Knowledge Translation challenges and solutions described by Researchers. Canadian Water Network 2012
Case Study

“Movember Foundation will foster knowledge translation within its own organisation, so that what is learned in each program area can influence the work of others”
The Global Men’s Health Survey

“Data and reports are used by MF and other organisations, researchers and policy makers to understand the issues facing men and to influence policy and change practice where appropriate. The underpinning ideas from the survey inform, better articulate and ‘disrupt’ the way we think about men’s health and masculinity. In addition, the survey data will be open source, and thus the survey will be the ‘go-to’ data set internationally for men’s health.”

How can this vision be achieved?
How can you develop a strategic KT plan?
KT Planning questions

- What are your KT goals?
- Who do you need to engage?
- What strategies will help you meet these goals?
- What communication strategies are needed?
- How will you measure/evaluate your KT impact?
Process

A series of group-based consensus meetings were used to step through the KTE planning process.

Four key meetings were held with staff from the Movember Foundation; kick-off, KT goals and strategies, stakeholder priority setting and plan presentation.

Based on these meetings Public Health Insight developed the plan.
Step 1
of KT planning

What are your KT goals?

Who do you need to engage?

What strategies will help you meet these goals?

What communication strategies are needed?

How will you measure/evaluate your KT impact?
KT Goals:

- Research is relevant and useful to priority stakeholders
- Research will be communicated to priority stakeholders
- Research findings will be made accessible to all relevant stakeholders
- Research partner’s programs will be informed by our research
- Priority stakeholders will understand the implications of our research
Step 2 of KT planning

What are your **KT goals**?

Who do you need to engage?

What **strategies** will help you meet these goals?

What **communication** strategies are needed?

How will you **measure/evaluate** your KT impact?
Key stakeholder groups we need to engage

- Policy makers responsible for men’s health (within departments of health, veteran affairs, departments of defence)
- Policy makers responsible for MF target health areas outside of departments of health (housing, social services etc)
- Public health/health promotion agencies
- NGOs with a focus on men’s health
- NGOs with a focus on MF focus areas (social connectedness, poor mental health and physical inactivity)
- Sporting organisations

- Workplace health promotion agencies (incl Trade Unions representing male dominated industries and large employers (male dominated workplaces)
- Research funders
- Men’s health researchers
- Opinion/thought leaders in men’s health (mainstream and academic)
- Men’s health groups/advocates
- Mo community
- General public
Step 3 of KT planning

What are your KT goals?

Who do you need to engage?

What strategies will help you meet these goals?

What communication strategies are needed?

How will you measure/evaluate your KT impact?
Determining KT strategies

Depth of engagement/participation

<table>
<thead>
<tr>
<th>Inform</th>
<th>Consult</th>
<th>Involve</th>
<th>Collaborate</th>
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</table>

PHI modified IAP2
Participation Spectrum
Step 4 of KT planning

What are your **KT goals**?

Who do you need to engage?

What **strategies** will help you meet these goals?

What **communication** strategies are needed?

How will you **measure/evaluate** your KT impact?
Communication Material – tailored for audience

- Australia
- New Zealand
- USA
- UK
- Canada

**Australia**
- All international findings
- Highlights physical activity data

**New Zealand**
- Highlights mental health data

**USA**
- Issues important for those working outside of health
- Highlights social connectedness data

**UK**
- Highlights mental health data
Step 5 of KT planning

What are your KT goals?

Who do you need to engage?

What strategies will help you meet these goals?

What communication strategies are needed?

How will you measure/evaluate your KT impact?
Conclusions

New, more participatory, approach to KT planning developed

Strategies developed AFTER stakeholder priority setting

Develop a plan that has phases, steps or stages

Do it together
Some slides have been removed from this presentation including the logic model presented by Public Health Insight. Please contact Rebecca Armstrong for further details: armr@unimelb.edu.au
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Developing a survey to establish a baseline of country capacity to generate, appraise, synthesise, translate and apply research evidence for decision-making

Dr Shelina Visram

Centre for Public Policy and Health (CPPH), WHO Collaborating Centre on Complex Systems Research, Knowledge and Action
Background

2012: Colleagues involved in development of the *European Action Plan for Strengthening Public Health Capacities and Services*

2012–2016: Leading on two of 10 essential public health operations: governance (EPHO 6) and research and evaluation (EPHO 10)

2014: CPPPH designated a WHO Collaborating Centre on Complex Health Systems Research, Knowledge and Action
Rationale

Workshop delivered at the first technical expert meeting to enhance evidence-informed policy-making (EIP) in Europe

Identified a need to develop, pilot and conduct a survey on the generation and uptake of research evidence

Purpose is to identify gaps and highlight areas in need of capacity building

Commissioned by WHO Europe
Theory of change

Source: INASP (2013)

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Objectives

1. To gather and review previous surveys of evidence-informed policy-making (EIP) and evidence-based practice (EBP) in health

2. To develop, pilot and refine a survey instrument designed to gather further intelligence on the generation and uptake of research evidence

3. To define the target population for the survey

4. To administer the final survey and analyse the results
Phase 1: Review of previous surveys

Scoping review following guidance on rapid evidence assessments (REAs)

Systematic searches of the grey and published literature, with a particular focus on locating European studies or international surveys

Evidence published in English between 01/01/90 and 30/04/15

Search strategy specified the topic area (health), population (European or global), methods (survey) and outcomes (EIP, EBP, KT, research uptake)

Request sent to participants in the first WHO expert meeting on EIP
Study selection flowchart

Citations identified through electronic database searches  
\[ n = 938 \]

Additional citations identified through other sources  
\[ n = 39 \]

Records remaining after removing duplicates  
\[ n = 902 \]

Records excluded  
\[ n = 768 \]

Records excluded  
\[ n = 31 \]

Records excluded  
\[ n = 85 \]

Titles and abstracts screened  
\[ n = 134 \]

Second assessment  
\[ n = 103 \]

Included studies/reviews  
\[ n = 18 \]
Summary

**PARTICIPANTS**
- Policy-makers = 9
- Researchers = 5
- Managers = 5
- Practitioners = 3

**STUDY DESIGN**
- Survey only = 12
- Systematic review = 3
- Survey and other = 3

**POPULATION**
- Global = 6
- National = 6
- European = 4
- E. Mediterranean = 2

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Findings: Methods

• Cross-sectional surveys
  • Combination of open and closed questions
  • Conducted in person, by telephone, post or online

• Key informant interviews

• Focus groups, workshops, stakeholder meetings, case study scenarios

• Less commonly used methods
  • Documentary or bibliographic analysis
  • Observational/ethnographic methods
  • Media review
<table>
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<tr>
<th>KEY THEMES</th>
<th>SUB-THEMES</th>
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<tbody>
<tr>
<td>Individual factors</td>
<td>Knowledge, experience, skills, values, beliefs, attitudes</td>
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<td></td>
<td>Confidence</td>
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<td></td>
<td>Socio-demographic characteristics</td>
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<td>Organisational and contextual factors</td>
<td>Environment, settings, structures</td>
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<td></td>
<td>Culture</td>
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<td>Leadership</td>
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<td>Research priorities</td>
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<td>Evidence factors</td>
<td>(Perceived) quality, reliability</td>
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<td>Usability, timeliness, accessibility</td>
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<td>Types and sources of information</td>
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<tr>
<td>Stakeholders</td>
<td>Who is involved; what are their needs and preferences</td>
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<td></td>
<td>Accommodating different (professional and lay) perspectives</td>
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<td></td>
<td>Interactions, relationships, partnerships</td>
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<tr>
<td>Drivers and influences</td>
<td>Push and pull factors</td>
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<tr>
<td>Challenges and barriers</td>
<td>Language, terminology</td>
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<td>Resources: financial, human, ICT, time</td>
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<td>Education, training</td>
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<td>Strategies and intentions</td>
<td>Plans for using research evidence in decision-making</td>
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<td></td>
<td>Plans to overcome barriers to EIP/EBP</td>
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<td>Outputs, outcomes, impacts</td>
<td>Methods of monitoring and evaluation</td>
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<tr>
<td>Mechanisms, models, styles</td>
<td>Passive vs active</td>
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Findings: An example
(El-Jardali et al, 2012)

Questionnaires and case study scenarios used to assess the climate for use of evidence, appraise current processes, and identify opportunities

Key findings:
• Knowledge translation activities not frequently undertaken
• Research evidence about high priority issues rarely made available
• Interaction between policymakers and researchers was limited
• Policymakers rarely identified or created places for utilizing evidence
• Donors, political regimes and economic goals identified as key drivers
• Weaknesses included constant need to make quick decisions, limited financial resources, and lack of competent and trained human resources
Gaps in the evidence base

Most studies concerned:
• Research conducted in particular countries or groups of countries
• Practitioner experiences and views of EBP rather than EIP

Little research on EIP, particularly in a public health context

No comprehensive Europe-wide survey of key decision-makers
Survey contents

- Individual skills, attitudes and capacities
- Stewardship and leadership
- National context for EIP
- International context
- Research-policy interactions
- Application and impact of evidence
Phase 2: Pre-testing and piloting

Draft survey pre-tested in two ways:

i. Discussed at a workshop at the third EVIPNet multi-country meeting on using research evidence for policy-making (n=26 EIP champions)

ii. Feedback sought via email from participants in the first technical expert meeting on EIP (n=6 responses)

Survey completed by English- and Russian-speaking colleagues (n=2)

Peer review by colleagues within WHO Europe and Durham University

Piloted by one member of the EVIPNet steering group; awaiting feedback from a second
Feedback from pre-testing phase

Content
• Need for further instructions
• Consider adding definitions of key terms
• Include questions relating to the survey itself
• Consider the mix of open and closed questions

Format
• Consider multiple surveys
• Some questions more appropriate for interviews
• Potential issues relating to language
Feedback from pilot phase *(ongoing)*

Too long!

Balance of closed and open questions

“Fantastic questions” on national context

Consider re-ordering the questions to maximise the response rate

Query value of questions on individual skills and experience

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Points to consider:

- *What is the appropriate balance of open-ended and closed questions?*
- *Is it possible (or desirable) to gather information on personal capacity and country capacity for EIP using a single method?*
- *Is a mixed methods approach feasible?*

Established need for further research which evaluates decision-makers’ capacity to access, understand and use research evidence

Next steps include refining and administering the final survey, then sharing the findings widely through appropriate dissemination routes.
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Peer reviewers
Pilot testers

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