Examining the role of health services research in public policymaking

May 2001

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Funding provided by: Canadian Health Services Research Foundation, the Ontario Ministry of Health, and the Saskatchewan Health Services Utilization and Research Commission.
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Acknowledgments:

This project was funded by the Canadian Health Services Research Foundation, the Ontario Ministry of Health, and the Saskatchewan Health Services Utilization and Research Commission.

The opportunity to peer into the ‘black box’ of provincial health services policy-making was a rewarding one, and we are grateful to Sheree Davis in the Ontario Ministry of Health and Long Term Care and Wayne Fritz in Saskatchewan Health for their contribution to this research, and for facilitating our access to both individuals and information in their respective departments. We are grateful to the other member of our decision-maker advisory group, Steven Lewis, who always held us to account to “get it right.” We would like to thank members of the Polinomics Group at McMaster University and to Raisa Deber for helpful comments on an earlier version of this manuscript.

We would also like to thank the key informants in the two health departments. Although we have preserved their anonymity, we are indebted to them for their thoughtful reflections and open descriptions of the policy-making processes with which they were involved.
Key Implications for Decision Makers

- Policy makers should involve researchers in parts of the decision-making process because this is the best way to ensure that health research is used in policy making. Researchers and funders of policy-relevant research need to strengthen opportunities for interaction between researchers and those who use research.

- The best way to facilitate interaction between researchers and decision makers (including using forms of information besides citable research) is to create a designated “receptor” for research within government, which will provide more contact between researchers and decision makers.
  - This will mean direct contact with other policy makers and with stakeholders, through activities such as working groups, committees, consultations and scanning of how other jurisdictions and sectors do things.
  - It will also involve direct contact with researchers, such as bringing a small number of researchers into policy exchange networks, and creating more opportunities for researchers to be involved in the policy process (the “receptor” would have explicit responsibility for ongoing, proactive interaction with researchers).

Looking ahead:

- We need to learn more about the development of policy direction, instead of studying just single policy decisions. To do that, policy makers have to be more willing to share information and to open up their decision-making processes to research scrutiny.

- Policy makers would need to establish accountability mechanisms to assess other information besides “citable research” (defined as research information published in publically available forms, such as books, journal articles, working papers). Research may or may not underpin the actions of policy-makers in other jurisdictions.
Executive Summary

Implications for Decision Makers

In the policy-making process, the most important way to ensure that health-services research in particular is used — and that information more generally is used — is to improve the interaction between policy makers and researchers with the existence of a designated “receptor” for research within government.

These patterns of information use have important implications for policy makers and researchers who seek to inform their decisions. For policy makers interested in optimizing the role of research in policy making, their comfort with informal information exchange could mean that they bring a small number of researchers into their exchange network. They could also create opportunities to involve researchers more directly in the policy process. Establishing designated research “receptor” functions with explicit responsibility for ongoing and more proactive interactions with researchers may help accomplish this. For researchers (and research funders), this will mean interacting with users more often, as well as considering such interaction to be part of the “real” work of research.

The Study

The study’s overall goal was to explore whether, how, and under what conditions health services research played a role in provincial policy making. We asked policy-makers in two participating Canadian provinces (Ontario and Saskatchewan) to define the list of policies from which we could select a sample of eight policies for study (four from each province). We also asked them to suggest a key informant for each policy. We then asked these key informants to describe how the policy-making process unfolded and what role, if any, research played in the process. In doing so, we gained a rich understanding of the issues pertaining to the role of research in policy-making from policy-makers’
perspectives. Our analysis focused on two policy stages: the policy prioritization stage and the policy development stage.

Results

Health services research acted as a “major” influence in three policies (a major influence being defined as the single, most important policy “driver” in any one of the two policy stages). In two of these cases, research served as a major influence in the policy prioritization stage. The other major influences in the policy prioritization stage were the policy makers themselves, either because of the objectives they were pursuing or the policy legacies they had created.

The major influences in the policy development stage were more evenly distributed. In two of the policies, research or other information was a major influence. Three of the policy development processes were driven primarily by stakeholders, either through pursuing their interests or by blocking an effort to bring about a policy change that was not in their interests. Policy legacies and government interests dominated the policy development stage in the remaining three policies.

Health services research was directly used in four of the eight policies. In three of these cases, research informed a large part of the policy questions related to either the policy prioritization or the policy development stage. For these three policies, policy makers’ access to the research was made easier by direct contact with researchers. As well, these three policies could be classified as professional or technical “content-driven” decisions, in contrast to policies more concerned, for example, with jurisdictional considerations.

At least four types of information other than research were used in seven of the eight selected policies. This included information about other jurisdictional practices, and information contained in policy documents from previous or related policies. Policy makers’ access to these other types of information was typically made easier by direct contact with
stakeholders and other policy makers, just as their access to research was typically improved by
direct contact with researchers.

Lessons Learned

Defining what we mean by “using research”

Our results highlighted not only the use of health services research, but also the
importance of other sources of information and other types of influences in the policy process.
These other factors have important implications for considering the use of research in policy
making.

For example, although we were unable to assess directly whether other types of
information used in the policy process were informed by health services research, some of
them, like professional guidelines or expert consultations, almost certainly drew on research. It
is also very likely that other sources of information, such as other jurisdictional scanning or
committee deliberations, also drew (perhaps more indirectly) on research. Similarly, other
policy influences — such as past policy legacies, or stakeholder or government interests —
could very likely have been informed by research.

The definition of what constitutes “using research” in the policy-making process has
implications for both policy makers and the researchers who study them. For policy makers, if
using research means using other types of information besides citable research, this means
establishing accountability for assessing this other information, as well as stakeholder positions
and past policies for the research base on which they rest. For researchers, it means moving
beyond simple knowledge-utilization scales that capture both influential and non-influential
uses of research, and attempting to understand the use of research in the broader policy context.
For both researchers and policy makers, trying to assess the usefulness of research only on the
basis of whether research is known to have been used directly — without consideration of more
indirect and perhaps in the end more influential uses of research — may obscure important
research contributions and opportunities for improving that contribution.