NIPH
Norwegian Institute of Public Health

Why and how to collaborate with commissioners and users of social intervention assessments

SIA Conference, 25. May 2023, Stockholm

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Development of practice and policies must be evidence-based

Syntheses of existing research that are conducted according to a systematic, scientific and transparent method

Evidence-based practice (EBP) is integrating the best available evidence with the knowledge and considered judgements from stakeholders and experts to benefit the needs of a population

- In EU countries 700,000 homeless on any given night
- 10.2% dropout rate from school
- 27 million (more than 1 in 5) severely materially and socially deprived (Poor. EU. 2021)
- 2.3 million immigrants arrived in EU in 2021

The Situation

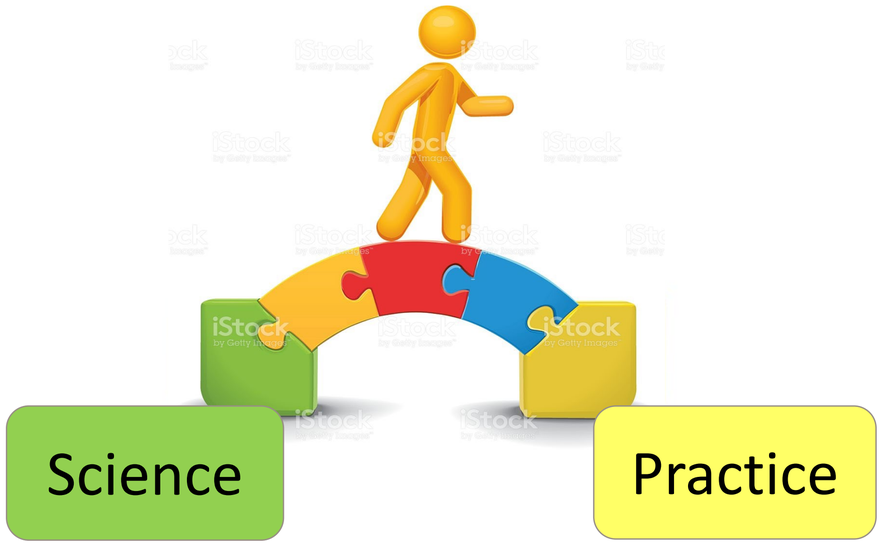
- Goal is for care and policy development to be informed by trustworthy research
- Thousands of trustworthy reviews produced every year (and thousands of not-so-trustworthy reviews…)
- But, practice and policy decisions in health care, social care, public health often without reference to relevant research…
- How to improve systematic reviews' use and influence into practice and policy?
- Claim: Stakeholder **collaboration** in how reviews are prioritized, produced, disseminated, used
- Here stakeholders: commissioners and funders (policymakers, decision-makers, guideline developers) who are 1st line users – likely to use review findings to make informed decisions about practice and policy
- "*We recommend policy to strengthen collaboration between the researchers who prepare systematic reviews and policymakers who set priorities for and fund research, as well as those who finance, regulate, and provide health care and related services*" –Chalmers & Fox, 2016

Chalmers & Fox, 2016. Increasing the incidence and influence of systematic review on health policy and practice
Merner et al. Stakeholder involvement in systematic reviews: lessons from Cochrane's public health and health systems network

The Why

- Increase the integration and influence of systematic reviews on social care and policy development

- Ensure real-world relevance of reviews
- Ensure more efficient implementation of review findings into practice
- Improve quality of reviews
- Increase accessibility
- Enhance actual and perceived usefulness of reviews
- Reduce barriers to the uptake of evidence into practice



Two separate worlds

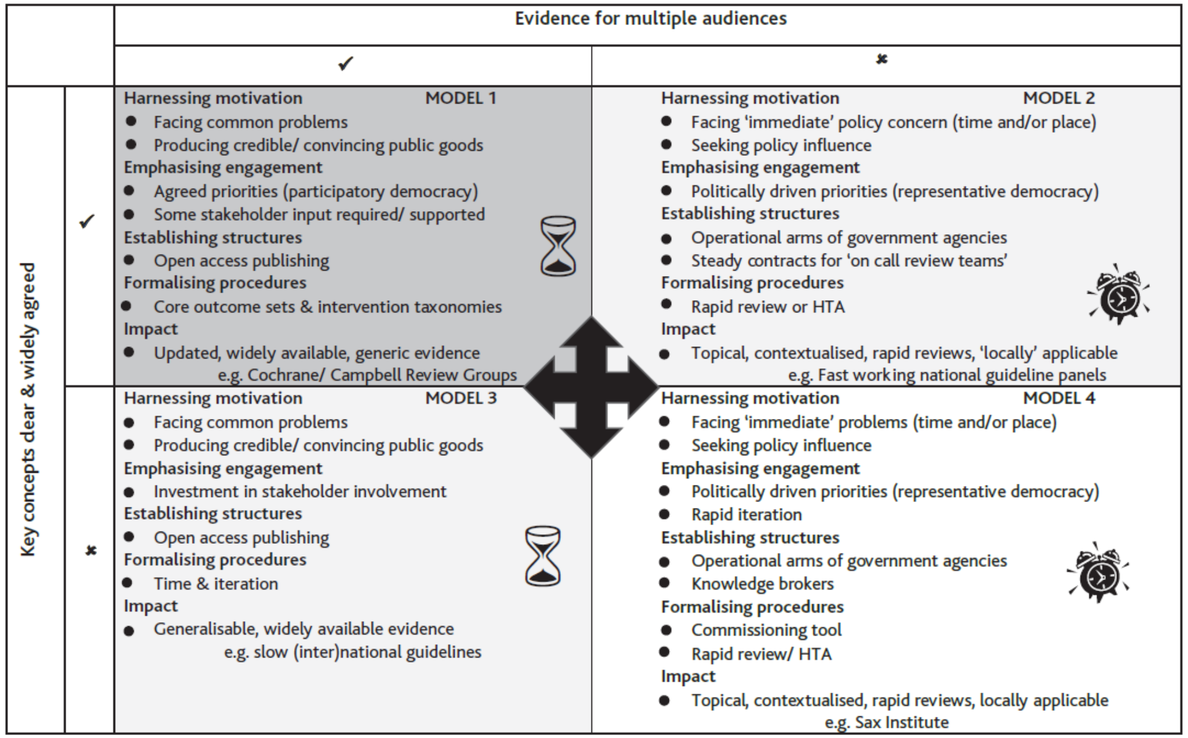
NIPH -

Cottrell et al. 2014. AHRQ methods for effective health care. Defining the benefits of stakeholder engagement in systematic reviews
Oliver et al. 2016. Policy-relevant systematic use to strengthen health systems: models and mechanisms to support their production

The How

- Harnessing organisational and individual motivation to achieve policy-relevant reviews
- Recognising diversity within the worlds of policy and research
- Emphasising engagement
  - Need time, guidance, tools, training
- Establishing structures with procedures
  - Knowledge brokers

Figure 3: Models for achieving policy-relevant systematic reviews



Consider starting point (agreement about key concepts) and purpose (public good or inform policy decision)

Oliver et al. 2016. Policy-relevant systematic use to strengthen health systems: models and mechanisms to support their production

The How

- Levels/Degrees of engagement:
  - Communication: receive info
  - Consultation: provide views and feedback (no committment that views will be acted upon)
  - Collaboration: engaged to influence the production (commenting, advising, voting, prioritizing, reaching consensus)
  - Coproduction: equal members of the team

Petkovic et al. 2023. Key issues for stakeholder engagement in the development of health and healthcare guidelines

The How

- Challenge: identify collaboration *approaches* (the how) that are effective and efficient

- What does the evidence say?: Degree, When, How often, Which role, Method, Mode?

The How

- *Early* engagement to improve clarity and consensus: Conceptualize and plan the review (select or refine research question), develop study proposal or protocol, define study selection criteria

- During different phases:
  - Conceptualize and design
  - Search and data collection
  - Data synthesis and interpretation
  - Knowledge dissemination and application

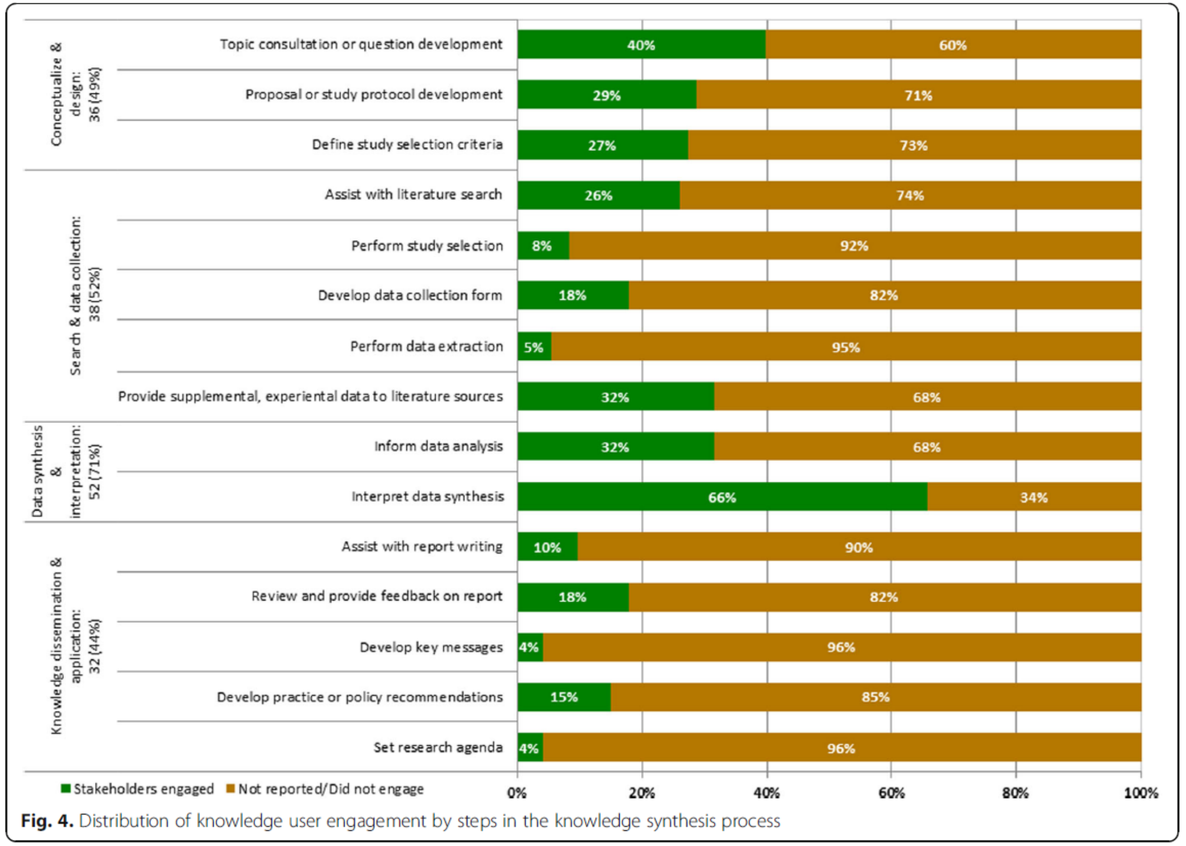


Fig. 4. Distribution of knowledge user engagement by steps in the knowledge synthesis process

Tricco et al. 2018. Engaging policy-makers, health system managers, and policy analysts in the knowledge synthesis process. A scoping review

The How

- **How often?**
- Once to in all four stages

- **Role?**
- Typically consultation

- Key informant
- Advisory group
- Working group
- Expert panel

- **Method? Mode?**
- Meetings and workshops
- Survey, Focus groups, Interviews
- Delphi, Nominal group
- Document feedback

- In-person
- Email
- Telephone
- Online

Tricco et al. 2018. Engaging policy-makers, health system managers, and policy analysts in the knowledge synthesis process. A scoping review

The NIPH Experience

- Collaboration at multiple stages:
  - *In organizational and review production process*: prioritization/topic selection, protocol development, developing search (terms, important papers), comment on protocol- and review drafts (rationale for review), provide guidance throughout review, help interpret results, give input on practice or policy recommendations
  - *In consideration of accessibility*: plain language summary preparation, help develop key messages, guidance about readability of reviews and summaries
  - *In promotion activities and knowledge transfer*: conference-based activities, outreach and awareness raising for evidence-based health- and welfare policies, aid with knowledge dissemination and application phase
- Note: researchers retain overall responsibility (for data collection, analysis, write up)

The NIPH Experience

- Increases first-line users' capacity (access and use by helping them become more research literate)
- Listening to commissioner's *need* is key (not type of review we can produce)
- Focus is knowledge for action
- Provide customized services (e.g. many different tailored 'products')
- There are both attitudinal and practical factors that facilitate or impede collaboration: available time, willingness, commitment, knowledge & skills in collaborating
- How: invite to serve as advisory group members, participate in working groups, structured meetings, workshops

Example

'integrated collaboration'

…to invested!

- Shared launch
- Presentations
- Co-production of discussion papers, scientific articles

from interested…

Collaboration with regard to:

Prioritization — Scope (design) — Production — Accessibility — Promotion & Dissemination & Use

The Limitation

- Evidence of the *effect* of commissioner involvement is limited: few/no formal evaluations, no measurement tools

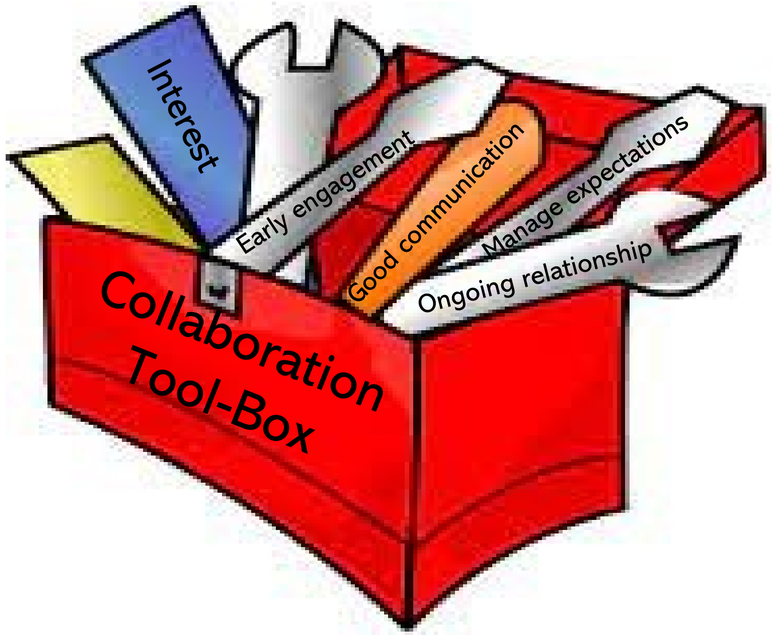
- Challenges:
  - Time- and resource demanding
  - Selection, management and support of stakeholders
  - Reliability/consistency in participation
  - Maintaining confidentiality
  - Overcome tokenism
  - Researcher need for quick response
  - Lack of knowledge and understanding between research team and policy-makers
  - Lack of knowledge/skill in engagement

Cottrell et al. 2014. AHRQ methods for effective health care. Defining the benefits of stakeholder engagement in systematic reviews
Oliver et al. 2016. Policy-relevant systematic use to strengthen health systems: models and mechanisms to support their production
Pollock et al. 2018. Stakeholder involvement in systematic reviews: a scoping review

The Future

- Most important facilitators:
  - Interest from decision-makers -- willingness to invest money, resources, create a knowledge translation culture
  - Establishing formal/informal ties to researchers and knowledge brokers who can assist in decision-making

- Factors for successful collaboration:
  - Early engagement to establish credibility
  - Ensure transparency and accountability
  - Detail and manage expectations: timelines, tasks, roles
  - Maintain ongoing relationships (build trust and credibility)
  - Maintain ongoing and appropriate communication
  - Having forums for ongoing interaction



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The Future

- Multi-Stakeholder Engagement (MuSE) Consortium: international network

- Conflict of interest management (i.e. «a past, current or future interest creates a risk of inappropriately influencing an individual's judgement , decision or action when carrying out a specific duty») related to financial, intellectual, personal, cultural interest

- Training and experience in working with commissioners, a guide, while determining methods of involvement through negotiations (Rimo)

Multi-Stakeholder Engagement - MuSE

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The Bottom line

- For care and policy development to be informed by trustworthy research, we need close collaboration between researchers and policy-makers (research world and policy world)

- Establish relationships, structures and approaches for collaboration
- Suggestion: knowledge brokers

Thank you for your kind attention

Mange tak!

Merci bien!

Tack!

Takk!