

# APHCRI Workshop

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# Your questions and issues

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# Objectives

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- i To understand key differences between policy and research worlds
- i To explore implications on applied primary care research
- i To identify ways to build bridges & develop more effective relationships

# Applied research

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- i Research which solves problems
  - | a subject of study which is put to practical use'
- i Health systems are very complex and interrelated,
- i Health strategies affect community service strategies eg. HAAC,
- i Changing one part means changing many parts (all change must be resourced \$, workforce, systems, consumer beliefs etc)
- i Research needs to consider much of those elements to targeted optimally

# Different Paradigms of use affect views on research

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## Policy & management

- i Complex
- i Dynamic
- i Multifaceted
- i System ramifications
- i cost implications
- i Feasibility and acceptability of policies and interventions key concern
- i Differential effects on range of groups in community
- i Managing interest groups
- i Rapid response to government often required
- i Readiness important

## Research

- i contained questions
- i Controlled studies
- i Individual effort
- i Doing research which is of interest to researchers
- i Time required to conduct, especially for complex issues
- i Publication and peer review
- i Funding to support effort needs to be long term enough
- i University funding & reward systems do not assist collaborative research

# Challenges for policy makers

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- i Need to integrate evidence from many fields of knowledge
- i Feel ill equipped to do so
- i Even in same field meta analysis very difficult - different research assumptions and protocols
- i Sometimes evidence conflicts with other evidence, need to justify choice of action to electorate
- i Best interventions may cause unacceptable system impacts – funding, service implications, cultural acceptability, political feasibility (Strife of interests)
- i Have to muddle through and improve incrementally

# Concepts of evidence differ

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## i Policy makers

- | Enough justification for approaches to tackle a problem
- | Guide to decision making
- | Guide as to what not to do
- | Many problems do not have evidence so have to proceed on advice, best options, (or lesser evil)
- | analysis of impacts on other policies and service systems highly important

# Policy makers and use of evidence

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- i Yes they use it extensively as far as they are able
- i Only means of tackling 'myths' and ideology
- i Need it SOON - Much evidence which is used is commissioned research which answers high priority questions

*'Policy decisions emerge from politics, judgment and debate rather than empirical analysis'* Brian Head

- i Information which produces insight and direction can be as useful as specific information
- i Have to use judgment as to what to take up, how far to implement within resource constraints and electoral tolerance.



# Concepts of evidence differ

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- i Researchers
  - | Measurability
  - | Scope contained
  - | Isolation of variables
  - | Replicability
  - | Fill gaps in knowledge
  - | Respected by other researchers

# Use of evidence by policy makers

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- i Extensive but not always immediate (have to be prepared – back pocket)
- i Needs champions who understand the implications and can establish a platform for use.

# Both sectors need to adapt

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- i It takes two to tango  
(and many more ....

# Key issues for PHC researchers

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- i Must develop approaches to tackle complexity of problems, multiple causes, take health system interactions, and social cultural & environmental considerations into account
- i Factor in broader impacts (and possibilities) on other services, costs often not factored in.
- i How can PHC produce research which is useful
- i How to improve uptake of research knowledge
- i How to use the intellectual horsepower of researchers

# Issues arising for policy makers

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- i Policy makers vague about needs, busy, fragmented, often responsive focus
  - | Need to understand potential of research to help.
  - | Need to understand how to work productively with researchers – look for opportunities
  - | But will act when research addresses policy and system needs
  - | Need to think about policy and research strategically

# Issues arising for researchers

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- i Frustration as policy makers are not contributing
- i Tempted to continue to pursue own interests
- i University reward system not aligned to applied research needs.
- i Problems of not enough time, funding, skills etc
- i Research training often discipline based but integrative research increasingly needed – need to evolve skills
- i Need to understand strategic issues in policy environment and identify possible research needs

# Bridging the gap

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- i Pursue policy makers about what issues are the most important – don't give up but pick winners
- i Build relationships between the two fields
- i Develop common experiences – workshops problem solving, joint involvement on research
- i **Develop capacity to undertake policy related interdisciplinary research**
- i **Develop and sell your knowledge of the field and what you can contribute – be the expert on committees**
- i **Include policy makers in communities of expertise**

# Disseminating findings

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- i User friendly documents (different from a research audience)
- i Decision analysis tools, eg. health wiz
- i Face to face discussions/engagement on meaning of findings, discover implications & future needs

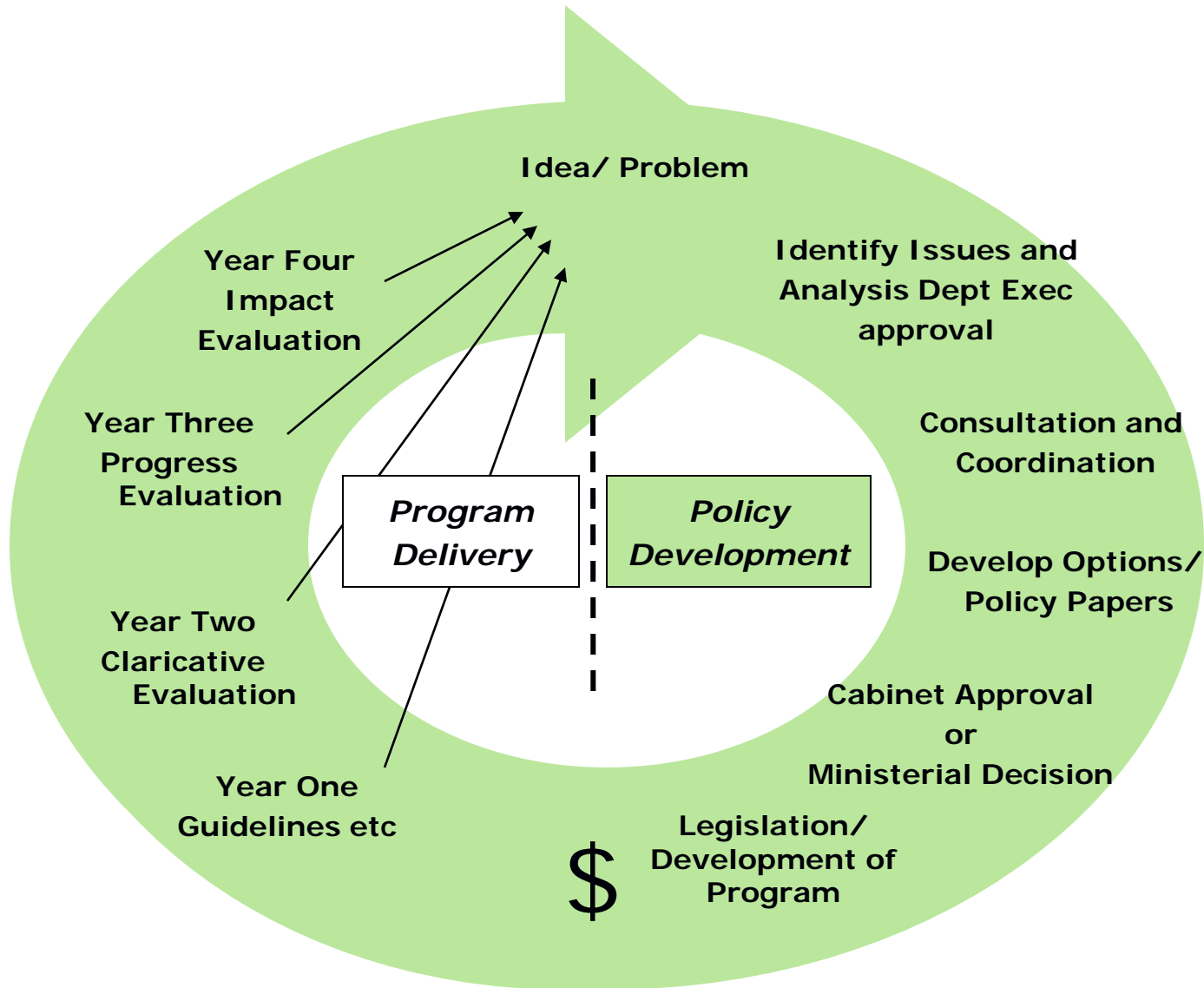


# Think about research programs

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- i Understand the environment in which research will be taken up
- i Be prepared to tackle complexity and dynamism
- i Understand the phases of a program ref policy/program cycle & opportunities for influence
- i Research implications for change arising from implementation of research

# APS Policy / Program Cycle



# Exercise:

## Dementia including Alzheimer's – Key issues

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- i Incidence and prevalence increasing- burden of disease high and increasing exponentially
- i Best hope for reducing burden is to delay onset
- i AA service penetration low compared with need and especially in rural areas
- i Not enough knowledge – causes of dementia, primary and secondary prevention and medical therapies.
- i Not enough services for people with dementia and carers
- i Much inappropriate and poor quality care
- i Delayed diagnosis results in avoidable problems for clients & carers
- i Need more national policy and funding support – but where is the best investment?

# Questions / Comments?

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