

Evidence and healthy public policy: Multiple sciences, multiple frameworks

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Patrick Fafard

Université d'Ottawa | University of Ottawa



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Why do governments seem to ignore
scientific evidence when making policy
decisions?

OR

Why knowledge transfer is not enough.

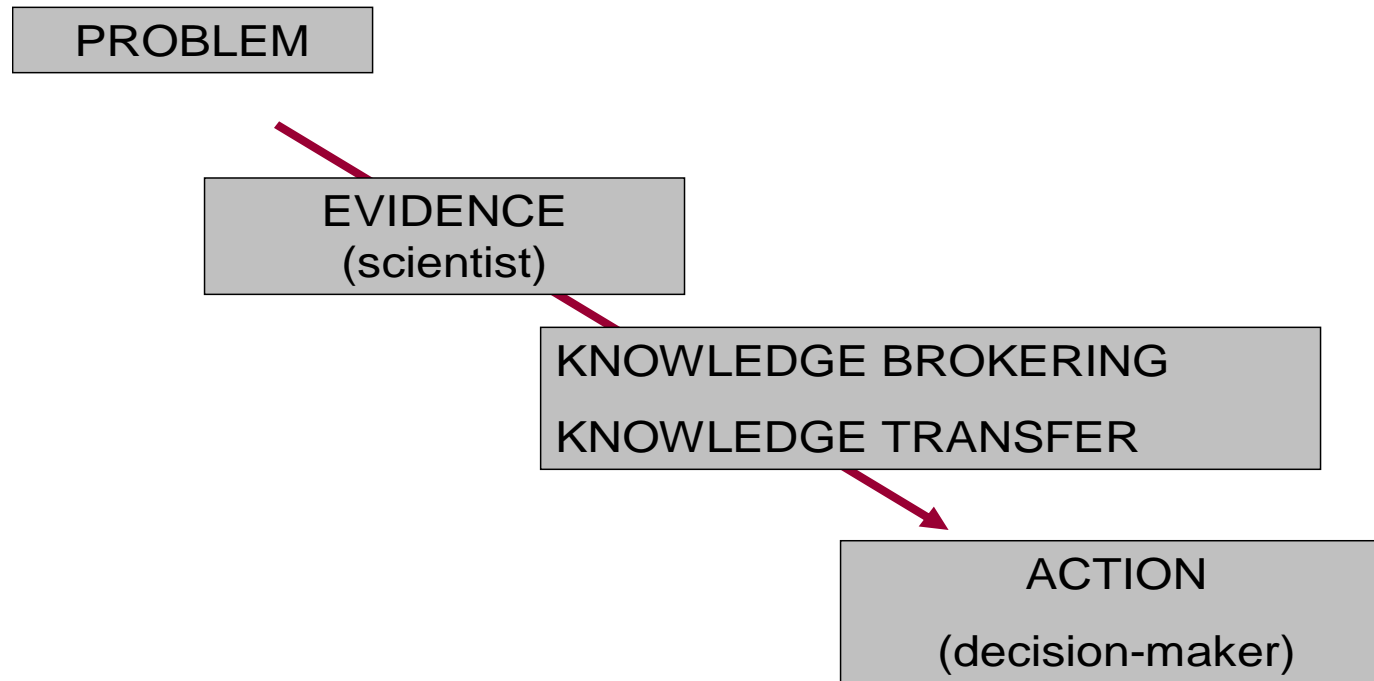
“There is nothing a government hates more than to be well-informed; for it makes the process of arriving at decisions much more complicated and difficult.”

(Attributed to John Maynard Keynes)

Five Propositions

- Drawn from contemporary political science.
- Increasingly challenging to the standard notions of evidence and action in the health sciences.

The health sciences standard model



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1. Scientific evidence is perhaps most influential on discrete program choices.

- Policy choices are not the same as program choices.
- (Some) program choices:
 - Are roughly analogous to clinical decisions
 - Are small enough to involve a small circle of people willing and able to follow the best available evidence (e.g., What types of warning deter smoking?)

2. Research and knowledge transfer are critical but not the whole story.

- A sophisticated understanding of “what works” with respect to knowledge transfer (KT):
 - how to get research evidence into the hands of “decision-makers” and “policy-makers”.
- Enhance our models of KT:
 - Define more precisely key concepts like “decision”, “policy”; “policy maker”; and “decision maker”.
- Even with the best KT not all policy decisions will be based on the best available evidence.

3. The role of scientific evidence varies depending on the stage of the policy making process.

- (1) agenda setting
 - (2) formulation
 - (3) decision-making
 - (4) implementation
 - (5) evaluation
- Decision-making is one stage among many
 - Different kinds of evidence are critical at different stages of the model
 - Should the government regulate tobacco advertising?
 - What is the best way to limit tobacco advertising?

4. Relationship between evidence and policy depends on the dominant (advocacy) coalition of interests.

- Policy making is driven by competing and multiple accounts of the nature of policy problems and by the political clout of advocacy coalitions
- Researchers can be key members of advocacy coalitions or their research is appropriated by coalitions
 - e.g., for and against banning trans fats

5. Evidence is socially constructed. / Policy is about “frames”, “discourse”, conversation and dialogue.

- The job of the policy analyst is to:
 - Understand the competing ways issues are framed
 - Obesity as an individual or community challenge
 - Facilitate dialogue between participants
 - Recognize that there are many truths that inform public policy

- The “new public health”

“Social science does contribute to policy and practice but the link is neither consensual, graceful nor self-evident.”

Martin Rein, Social science and public policy.
New York: Penguin 1976: 272.

Thank you! /
Merci!

- Patrick Fafard, “Evidence and Healthy Public Policy: Insights from Health and Political Sciences”
National Collaborating Centre for Healthy Public Policy, June 2008.

http://www.ncchpp.ca/en/listeresumes.aspx?sortcode=2.1.1&id_article=202&starting=&ending=

Patrick Fafard

Assistant Professor

Graduate School of Public and International Affairs

University of Ottawa

Desmarais Hall, Room 11-105

55 Laurier Avenue East

Ottawa, Canada, K1N 6N5

Email: pfafard@uottawa.ca