
From Research to Policy

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It's now nearly five years since I retired from politics and came to the University of Sydney to teach public administration. I still think a lot about politics but I don't live and breathe it as I used to when a Member of Parliament from 1986 to 2006. However, as much as a political outlook is not the basis upon which I think and act today it will form the basis for my lecture. After all if you want to translate research into policy you can't ignore politics.

Politics is about power and influence. Power is the ability to do things, for example to pass laws and fund programs. Influence is less direct but just as important. We can influence the ideas of those with power (or seeking to gain power). So too can we take steps to influence the lifestyles and behaviour of people, an increasingly important part of public policy in an age where chronic illnesses are reaching epidemic proportions.

The focus of my lecture will be on the ability of researchers and the research community to influence policy makers.

Health - The Ends and Means

In saying this let me remind you of the purpose of our endeavours. The World Health Organisation said it well when it defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". We should be aiming to create a healthier community generally as well as seeking to successfully treat those with disease or injuries.

Our research efforts are devoted to telling us what works and what doesn't work. It's all about evidence and the scientific method. Although not perfect this approach has delivered significant knowledge that can be used to improve our lives individually and collectively.

Some will focus their research on "the whole" and some on "the parts". Some will focus on the health system and some on clinical interventions. Some will focus on biology others on sociology and economics. In all of this the study of psychology is important – as an end-in-itself and as a means to assisting policy makers come up with strategies that can influence behaviour.

However, the telling issue is political – how do we get the system to take up the recommendations that flow from our research. We should be interested not just in what needs to be done (a list of the best policy responses and possible interventions) but also in how it is to become policy.

Every policy decision involves a multitude of actors and interests. Groups – each with their own organisational culture and policy agenda – are important, but so too are individuals with their distinctive ideologies and prejudices.

In government the contending interests are many – and their aspirations and demands are always greater than the money available to meet them. It's a world of scarce resources and unlimited wants and decision-makers will need to be convinced if they are to devote time, people and money to a proposal.

The problem a researcher has identified may not be that of the decision-maker and if it is it may be one amongst a range of others under consideration. It may also be the case that the researcher has to convince a politician that the way he or she is thinking about an issue is flawed and counterproductive.

It's important to understand the social, cultural, administrative and financial barriers which will influence debates over policy. This adds a level of responsibility and obliges researchers to move outside the laboratory or library to interact with the wider political process.

If we take this one step further and assume you want your research to be a catalyst for real change, to be put into practice, then you will need to become its champion, to think strategically about how your academic work can get onto the political agenda. You will need to become political.

Knowledge is Power

The greatest asset you have is your research-based evidence. Despite the common impression, for the most part politicians do make decisions based on evidence. Some in this audience today might be sceptical of that statement. The confusion rests on the varying definitions of evidence. For example for politicians the opinions the general public have about different interventions will be important, as will the ways things are done. They inhabit a world that is judgmental as much as it is caring and compassionate.

In the world of academic rigour, evidence is taken to include clinical and statistical proof of effectiveness (or non-effectiveness for that matter) of a given intervention. You can have clinical trials, demographic or epidemiological studies, burden of disease statistics, even international comparisons and standards which need to be observed.

Health research often extends to the broader economic perspective of cost-benefit analysis or cost effectiveness to argue the merits of one intervention over another. This recognises the reality that every intervention is taking up part of a finite and overstretched health budget.

Each one of these types of evidence is critical to the decision-making process. Each builds the case for your policy option and is part of your narrative which you need to communicate. I am in no way disregarding how essential these types of evidence are in justifying the need for one intervention over another but, so often in the world of politics and policy, empirical evidence is not always enough.

Political Awareness with a Political Compass

To champion a cause and influence the world of public opinion and vested interests, can often take years of perseverance and strategic thinking. To develop real political skills, you have to develop a strategic awareness of your policy area on an institutional level and on a personal level. By being involved with various stakeholder groups, you are building support and making alliances. By aligning your work with others, you get the chance to communicate your ideas and influence the decision making process.

There are also the personal factors involved in the process. The importance of self-awareness and emotional intelligence cannot be under-estimated. All of us need to know our strengths and weaknesses and to be able to balance our emotional and intellectual life. When you are part of the political system and trying to think strategically it is also important to keep an eye on where your moral boundaries lie. When does the end justify the means? When is it important to push harder or is it a time to pull back? How far am I willing to go to achieve my ends? Moral considerations are part of the real world and cannot be ruled out of your decision-making.

So convinced are they of the merits of their recommendations some researchers lose their bearings in the rough and tumble world of politics, exaggerating their findings and covering over the cracks in their argument. They become ideologues for particular interventions in ways that may undermine their reputation in the marketplace of ideas.

I have developed an idea that I call the Trust Formula that combines the two forces of wanting to achieve your aims and, at the same time, keeping an eye on where your moral compass is pointing. The Trust Formula says 'Integrity builds trust and trust feeds credibility, from which comes power and influence.'

I say all these things recognising that not every researcher is going to or can be expected to be a lobbyist. However, some will need to take up that role and the research communities themselves will need to become organised and savvy. All too often I've seen bad decisions made not because of bad intentions but because those with an alternative (and preferable) point of view have not been effective at getting their argument across.

When it comes to decision-making in health scientifically found evidence should matter and those with it should be close to those with the levers of power and influence. Too often they're not.

Winning the Argument

This takes me to the situation where the research has made a finding that matters. It has taken years of hard work and that close attention to detail that we expect of the modern scientific researcher.

How do I get such a finding onto the agenda? How does my research-based policy option push all others aside to get to the top of the pile and under consideration by the government?

To have a chance, a policy option needs to have three essential qualities. It needs to be relevant, feasible and timely.

Number one is relevance. The trick is to persuade your audience the issue is urgent enough for

their attention and that they run a risk if they ignore it. Depending on which context you are in, there will be a pattern of vested interests, personal and professional agendas and this will keep shifting as you meet with different groups and move through the system. You need to understand their perspective and have it in mind when briefing them.

Remember, you are the advocate, championing your research, your evidence and policy options. It's not compromising your work to understand the political context in which you are working- this makes your ideas relevant to those who need to be persuaded. They already have a crowded policy agenda in front of them. For your recommendation to be heard and accepted you need to have a good argument and a good strategy for progressing it.

Consider these questions. Is your idea relevant to your audience? In other words, does it fit with the existing policy agenda within the government and amongst the stakeholders? It's worth remembering that when you arrive on the scene a good deal of "framing" will have already occurred.

This leads to the second essential quality for good policy - the proposal must be feasible. When you have identified the problem and been persuasive, be ready to argue in favour of a credible solution. In the crowded day of any decision maker, they are looking for answers. Be ready to argue the case on several fronts. Obviously you have the clinical and other evidence but you need to have a firm grasp of existing policies. Does your research need expensive and comprehensive changes or does it fit neatly in existing programmes which is effective in terms of both cost and health outcomes? Do you have the counter arguments ready? For instance, have you identified ways your proposal will save money elsewhere which can be used to implement your programme? In their minds, is it feasible?

And lastly, are you timely? Consider the constraints and opportunities offered in the policy cycle. Again, think strategically about the budget cycle and when are elections being held. Are you working in an area where there has already been reform, where the consultative process has been exhausted and the hornets' nest calmed for the time being at least? If there have been recent reforms and restructurings in your area, it may be a while before more changes will be introduced. Does the Minister need a high profile reform that gets some media attention and some public recognition or is it time to duck under the radar, to keep everything smooth and steady after a rough patch?

Rarely do any significant changes in policy happen quickly. For the most part, they take years of research, meetings, maneuverings, shifting alignments of support between stakeholders and persuading many layers of decision makers including the government itself. Be prepared to understand the whole dynamic and, preferably, be there for the long haul.

Getting Childhood Obesity on the Agenda

To show this process in action, I've taken childhood obesity as a case study. Despite some opinion pieces and occasional research during the 1990's, the issue began to get traction about ten years ago and then really took off in the last five years. Now it is getting widespread media attention and has been identified as a major public health issue.

A quick search of Medline and PubMed databases using keywords 'childhood obesity' and 'Australia' shows the groundswell of academic interest responding to and generating public

interest. You can see from the table the increase in academic research, including clinical trials over the last 20 years.

_____	PubMed	Clinical Trials	Medline
2010	50	4	2
2009	47	2	4
2008	34	2	6
2007	35	5	4
2006	32	1	3
2005	21	2	0
2004	19	2	1
2003	9		1
2002	5		1
2001	12		1
2000	5		1
1999	4	1	
1998	0		
1997	4		1
1996	2		
1995	0		
1994	2		
1993	3	1	
1992	0		
1991	0		
1990	2		

The earlier items on Medline were mostly letters and editorials in academic publications like the Medical Journal of Australia, warning of the increasing incidence of childhood obesity and generating awareness of the need for research on the issue. PubMed included broader behavioural and social research into confounding factors such as TV advertising of junk food during children's programming, school tuck shop menus and the influences of family environments and the link with gender, ethnicity, culture, class and working mothers, to name a few.

Now we come to the role of the media. I went to the Sydney Morning Herald site to see the number and types of articles they have been printed over the past few years. To my surprise, they had a site specifically devoted to childhood obesity with over 1,300 articles from around the world, over 700 specifically dealt with childhood obesity in Australia.

If we put that into our table, we can begin to track the development of an issue over the

past two decades.

It's so obviously a powerful dynamic between the media, academic research and lobby groups with pressure being put on the government to raise awareness and put new policies in place. But where is the seed which set this whole process in motion? It started with academics recognising the problem and beginning to do the hard grind of scientific research. It is not until hard evidence is brought to the table that people start to listen, the media becomes interested and governments begin to respond.

Citizens start to ask questions. Is my child one of those kids? What can I do about it? What is the government doing about it? Why are these companies allowed to sell us this rubbish to feed to our kids and advertise it in schools and on TV, on lunch boxes and on big banners at the local primary school sports days? Is this what should be happening? With this inquiry comes action. In 2004, quite early on in the issue, the NSW Public Health Bulletin reported on a summit held in NSW discussing research which measured obesity in NSW school children. The government was at least recognising the problem and beginning the process of deciding the best policy options.

Over a ten year period a major public health issue was identified and brought into the mainstream of health politics

Publication and Publicity

For some of you, this discussion could seem totally irrelevant. You might think "Hey, I am only interested in improving clinical treatments or evaluating existing policies, not getting involved in the political quagmire." It might be enough to do your research, get it published and loaded on to the academic database for other researchers to strengthen the knowledge base.

But keep in mind the sobering fact, reported by Lokman I. Meho in his article in *Physics World*, January 2007, "that some 90% of papers that have been published in academic journals are never cited." As many as 50% of papers are never read by anyone other than their authors, referees and journal editors."

What these statistics don't measure, however, is the impact your research can have on the wider community. The importance of your research is not just the number of citations you achieve in academic journals. It is about how it was used to influence debate and stimulate policy improvements.

I am asking you to not be afraid of becoming political. Contact the relevant area within the bureaucracy and arrange meetings; phone the health facilities that offer similar services and suggest you do a presentation of your research results and discuss your findings with the staff; contact members of parliament if it is a policy area that can be adopted and championed by them; contact and research the political parties, stakeholders and lobby groups to determine their perspectives on the issue and if they could be of help; continue to participate in conferences such as this in centres for research and other universities to spread the word. Write an interesting article for the newspaper or do a media interview, use YouTube if you have to. Whatever works, just try to get the message out there where it can be picked up.

As demonstrated in the case study, agitation and long term persistence backed up with hard evidence will eventually catch people's attention and begin to get traction in the academic and public realm.

Too many good people think politics is beneath them. They leave the field to others, including the bad and misguided. That's a bad result all around- in fact it's a health hazard!