



CONSORTIUM FOR CANCER IMPLEMENTATION SCIENCE

Lessons Learned from Practice- Informing Researcher-Practice Partnerships for Policy Implementation Science

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“... policy implementation science is in a nascent phase; if we are strategic and systematic in application of implementation science approaches and methods to policy, there is an opportunity to expand our capacity, and subsequently the utility of policy implementation science to improve health equity...”

Emmons, K. M., & Chambers, D. A. (2021). Policy Implementation Science - An Unexplored Strategy to Address Social Determinants of Health. *Ethnicity & Disease*, 31(1), 133–138. <https://doi.org/10.18865/ed.31.1.133>

Recognizing the nascent phase Emmons and Chambers (2021) observe, we explored the experiences policy advocacy practitioners report collaborating with researchers to identify lessons they learned that enhanced future IS researcher-policy practitioner relationships.

We interviewed eight public health policy advocacy practice leaders from national policy-focused organizations, or practice leaders possessing significant experience in the field. We sought to clarify how Implementation Scientists and policy practitioners develop and retain relationships. Practice leaders also shared experiences that can inform future relationship building.

We interviewed policy advocacy practitioners from the following organizations were interviewed:

- ChangeLabs Solutions
- ACS Cancer Action Network
- Berkeley Media Studies Group
- Campaign for Tobacco Free Kids
- Trust for America's Health (TFAH)
- American Heart Association- Voices for Healthy Kids
- American Public Health Association

The Paradox

With public health policy advocacy conducted by policy strategists, does this audience consider the evidence or implementation literature? Is this a one-way review, i.e., IS researchers interested in learning about implementation of policy, but policy practitioners utilize skills drawn from campaign and other advocacy initiatives? How can we “bridge these worlds”?

Our initial discussions uncovered a theme: “...Of course, research informs our policy development...”

However, we observed advocacy practitioners primarily responded to the question by underscoring research’s value in providing data to justify or motivate the proposed policy. Advocacy practitioners did not initially consider research or researchers as a means to inform policy roll out. Ross Brownson, et al’s Evidence Framework provides a context to expand research’s perceived value among advocacy practitioners:

Brownson et al. distinguish four types of evidence research may produce: Type 1 evidence - Why is this a problem....e.g., tobacco causes disease and death; access to insurance improves cancer outcomes; etc... Advocacy practitioners responses predominantly reflect they value this type of research. Advocacy practitioners described using research to articulate the public health problem, and its causes and dimensions.

Our work aspired to explore advocacy practitioners consideration of **how** they collaborate with researchers on what we Brownson and colleagues would distinguish as Type 2 and 3 evidence - that is, how practitioners use evidence of **‘what works’** to inform implementation strategies and approaches (Type 2) and how they ultimately apply this evidence in the appropriate setting (Type 3)...

Our advocacy practitioner discussions suggest that advocacy practitioners less frequently recognize Type 2 and Type 3 evidence to integrate policy IS the policy advocacy strategy.



“It has long been known that health policy, in the form of laws, regulations, and guidelines, has a profound effect on health status... There is a considerable gap between what research shows is effective and the policies that are enacted and enforced...Research is most likely to influence policy development through an extended process of communication and interaction...”

–Brownson, Chriqui and Stamatkakis, *AJPH*, 2009

Brownson, R. C., Fielding, J. E., & Maylahn, C. M. (2009). Evidence-based public health: A fundamental concept for public health practice. *Annual Review of Public Health*, 30, 175–201.

LESSON 1

Like public health in general, advocacy practitioners deem community engagement and partnerships critical to their efforts.

The discussions suggested the importance of multi-stakeholder collaboration:

- Practitioner-Researcher- Community-critical combination for engagement.
- Collaborate as early as possible.
- Involve people with lived experience in all phases- problem identification and analysis, strategy development, campaign, evaluation.
- Collaborator diversity to encourage Health equity considerations essential for equitable policy development, implementation and impact.



“...continuing to engage those advocates on the ground, community partners that were involved in passing the policy and going back to them and helping them to translate that to other community members...why this is important in the first place...we care about our kids...we want them to be healthy...this is why the policy was passed...”

A policy advocacy leader recommended *“building the bridge [and connecting the] spaces where there’s academics and community organizers/policy practitioners.”*

LESSON 2

Advocacy practitioners recognized the role incentives play in researcher-practitioner relationships. Their recognition prompted the following “brainstorming” questions:

- Are there mutual or conflicting incentives?... and how can stakeholders develop mutually beneficial incentives a win-win?
- Policy practitioners urged researchers to value more distal outcomes (e.g., “take a long view” and prioritize social change) and not merely value and prioritize traditional study design and publication metrics; policy practitioners affirmed the need for quick, useful, and persuasive (often “single case”) results apart from data meeting more traditional publication standards.
- Develop a shared language to reconcile each constituents’ respective needs and incentives.
- “Academia is slower than the practice community so how do we accelerate?”
- Researchers need to learn that utilization of their work in practice is a valuable outcome – policy development, legal cases, etc. (that is, immediate utility- testimony etc. before the longer term published article).



“The legislative cycle and the publication cycle may be very different...”

LESSON 3

Dissemination of policy research to the right audiences is a critical impact attribute:

- Communications and messaging research are important opportunities for researcher-practitioner collaborations, with the community as partner.
- Identifying strategies to communicate to policymakers is an area of opportunity for policy IS.
- Policy advocates appreciate documents Synthesizing research findings may more immediately inform practice.
- White papers and other means of producing evidence for policy strategy is valuable, it is not always the peer reviewed process that persuades the policy advocacy and implementation.



“it’s hard to keep up as a practitioner so synthesis of findings into guidance material is useful”



LESSON 4

Policy advocacy practitioners also suggested some potential research opportunities:

- Contextual issues that facilitate policy development and implementation; Infrastructure and process needs to support policy.
- Implementation/Enforcement- look at different stages of the policy process.
- Research power and power sharing issues as relates to policy.
- Research current issues on challenges to public health authority.
- Research on comparative strategies- impact, cost, etc. among policy strategy options.

LESSON 5

Additional comments:

- Multi-disciplinary research teams are valuable – public health, political science, economics, etc.
- **Prospective vs. retrospective views:** studying what has occurred vs. collaborate from the outset to study the real-world experience.
- Evidence is critical in policy development for legal issues (“evidence is critical – what if ‘we’ get sued”)
- Internal and external to the organization researchers, collaboration key – that is, some organizations have researchers in the organization and some may work with outside researchers, or a combination.
- Legal epidemiology is an opportunity – e.g., connect with CDC’s Legal Epidemiology staff.
- **Type of report:** policy makers are most responsive to a “case study/case report”. That is, policy makers are responsive to a “story”... *“This predisposition challenges typical implementation science approaches, which are typically multilevel (individual, provider, organization), and contemplate interactions between multiple constituents.”*
- **Focus:** Policy makers seemingly focus on the short term; policy advocates focus on “creating” law/policy and may or may not comprehensively consider enforcement.
- **Convenings:** Seen as an important approach to policy and strategy development – Hold dialogues - local/regional or national convenings – that are multi-disciplinary and engage academics/researchers/community – on policy topics and/or strategy process.

Comments reported here may inform hypothesis generation that addresses challenges and opportunities evident for policy implementation science. Comments may encourage stakeholders to supplement inclination toward research providing justification with research encouraging innovation. Implementation science tenet application to policy roll out and evaluation will assuredly advance the Policy Implementation Science field.