Fostering receptive policy settings for Health Assessments: power, process, and personality

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Introduction

A. Role and influence of HA to policymaking

B. Tools for creating a responsive policy setting
   1. Policy Diagnosis

   2. Process Design and Management

   3. Intermediary roles and infrastructures

Based on general findings from empirical analysis of:
o HIA studies of design and impact;
o Dutch National Public Health Status & Forecast (VTV), Healthcare Performance Report;
o Academic Collaborative Centres for Public Health; and the design of
o Interactive game simulations Pluspoint and the Knowledge Alignment Lab

Role and influence of HA to policymaking

What kind of science does Health Assessment belong to?

Gibbons (1994): mode I and mode II science
Jasanoff (1990) between 'research science' and 'regulatory science'

The challenge is *'to find in each case the way to fuse knowledge and policy within the limits set by the political and moral requirements of legitimacy and feasibility and by the standards of scientific truth and rationality'*

Four main components:

    (i) a collaborative mindset;
    (ii) alignment of goals, timing;
    (iii) intermediaries and partnerships; and
    (iv) enhancing stakeholder involvement for research impact.

Policy diagnosis

Bekker & De Goede, 2010 cht 13 Handbook Epidemiology in public health practice (Haveman Nies et al)

Purpose: understanding the level of support by the interdependencies, power relations, and resources among influential stakeholders

a) identifying relatively independent stakeholders that influence policies

b) identifying their power resources:
   - Tangible resources
   - Intangible resources

c) positioning stakeholders according to their perceptions of the problem

d) Identify strategies for avoiding deadlock when support levels are low

A process model for policy-oriented health research
(Bekker, 2009; De Bruijn & Ten Heuvelhof, 2002)

= the whole of agreements between proposed collaborative partners which:
- make the process transparent,
- guarantee the core values of the participants,
- and manage progress

When:
- Conflicting interests
- Contradictory expectations
- Dynamic changes that make policy environment unstable

Drinking many cups of coffee together…

Deliverables: good relationships, trust, sharing knowledge

- *Commitment:* participants commit themselves to the outcome
- *Consensus:* agreement
- *Tolerance:* partners will not contribute, but neither block nor hinder progress.

Goal: identifying and acting on intermediate changes in policy priorities, participants or other relevant issues or opportunities

Creating room for deliberative dialogue

What if process falters and deadlock appears?

- take conflicts temporarily out of the process
- New procedures
- 'environmental management' by bringing in new perspectives or charismatic speakers
- Facilitating creativity
- Promoting reflection

- Ending disfunctional contacts
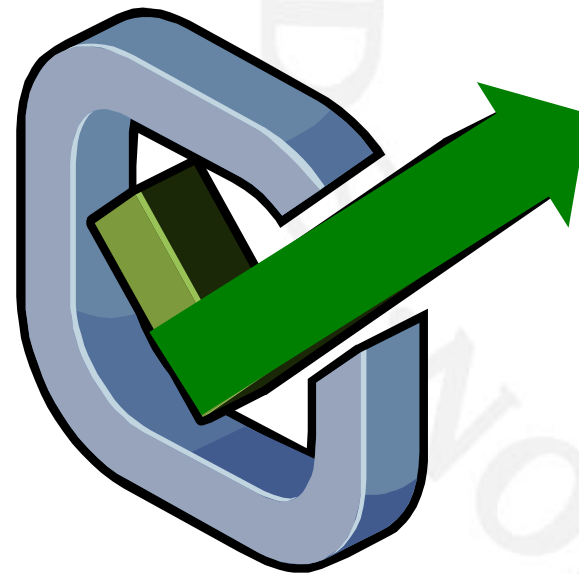
Intermediary roles and infrastructures

Besides the role of the expert in a particular field or topic, one may also identify people acting as:

- knowledge brokers (Dobbins et al, 2009; Meyer 2010) acting primarily as
  o 'knowledge manager'
  o 'mediator'
  o 'capacity builder'

- process managers (De Bruijn et al 2002)

- policy entrepreneurs (Hoeijmakers et al., 2007; Kingdon, 1984).

- boundary spanners (Williams, 2012)

Purposes: creating a relatively stable, quiet environment for research
Based on policy diagnosis, recruiting for necessary competencies

Examples of infrastructures mediating science and policy

1. Prevention Research Centres in the USA (Wright el at, 2011; Neri et al, 2014)

2. National Collaborating Centres in Canada (Medlar, 2006; PHA Canada, 2009)

3. Academic Collaborative Centres in the Netherlands (Wehrens, 2011; Jansen, 2012, 2015)

4. Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) in the UK (Rycrift-Malone, 2011)

Competencies for training

1. **Cognitive skills**: understanding complex problems, the cohesion betwen its components and between different problems

2. **Normative skills**: power of persuasion, negotiation, reaching agreements by linking different interests, and creating shared goals and strategies

3. **Reflexive skills**:
    - Being open to alternative interpretations of problems and solutions
    - Enhancing learning from doing in a network
    - Being self-reflexive: stronger and lesser personal capabilities
    - Being flexible in a changing environment
    - Being sensitive to managerial relationships, priorities, and sensitivities also outside the health sector and outside the personal comfort zone

Training needs and tools

Interactive and participatory research methods

- Open stakeholder consultations
- Structured focus groups
- Group Model Building
- Gaming simulations (analogue and online)