

# In2Action: the impact of a serious game on collaboration and knowledge use in inter-sectoral policy processes in selected EU countries

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Fuse, Newcastle  
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What do we know?

Many stakeholders involved

Lack of use of evidence

Stakeholders have different types of evidence

Problem

Lack of collaboration and knowledge exchange between stakeholders

Solution

Policy game

# Juinestaeter Courant

1 januari 2014

## What is a policy game?

### Roi B&W

Verkeerder: "Ik heb een nieuw idee voor een..."

"De wereld is nu in beweging..."

Op de gemeenteraadspagina's...  
- Het gemeentebestuur...  
- Het gemeentebestuur...



betreft:

en

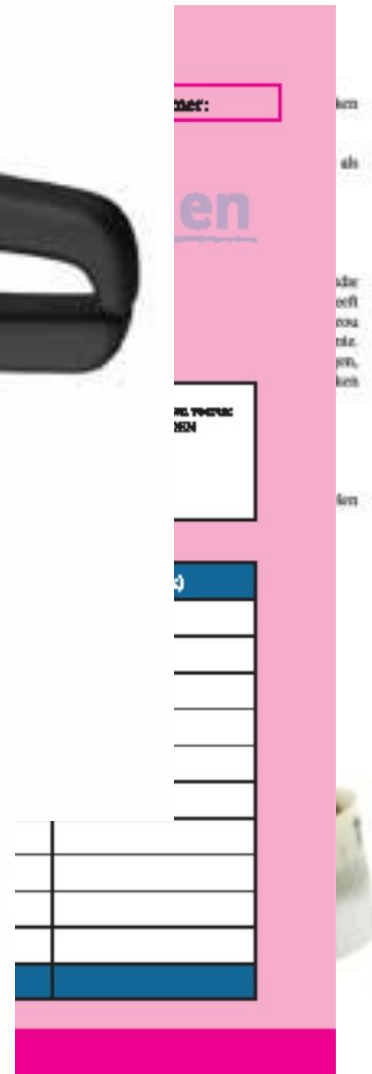
de verzoeken

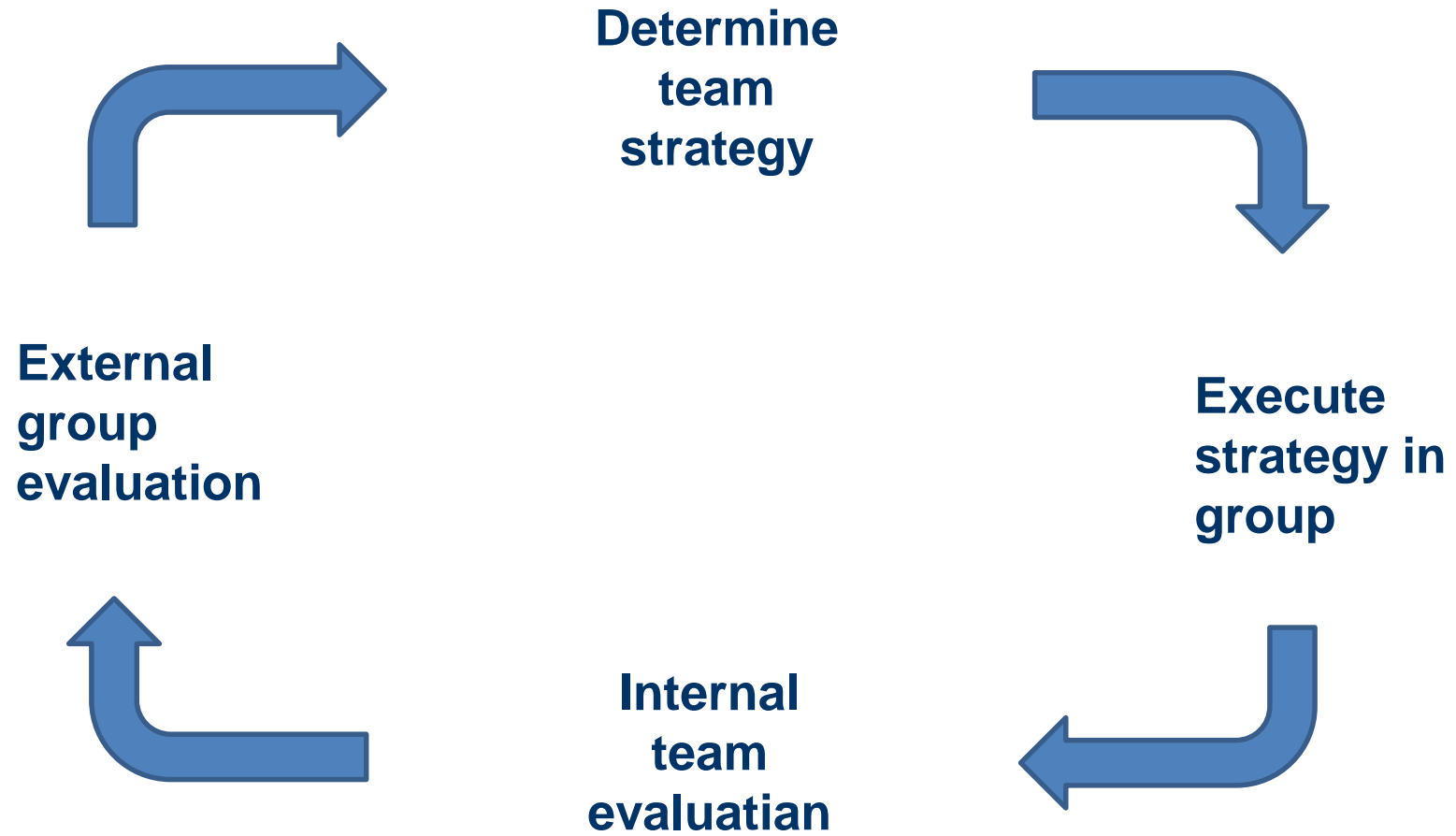
1)



**JUNEN** - De wijk Boshofd blaagt over hangjongeren. Inwoners van de wijk Boshofd hebben hun ongenoegen geuit bij de gemeente over de hangjongeren die zich op het speelveld in de wijk vertonen.

Op het openbare speelveld en het skateren gebied hangen kinderen hangjongeren rond 4 uur 's ochtend. Chelen Agreus hun jonge kinderen met maar op het speelveld te laten spelen als angst voor de hangjongeren. Volgens een woordvoerder van de wijkraad is er voor de jongeren ook veel te weinig vertier in juni. "De jongeren vinden zich er gaan dan alleen maar lopen kleren, met als gevolg dat jonge kinderen niet veilig buiten kunnen







## Objective

**To explore the impact of an internationally developed and pilot tested policy game on inter-sectoral, evidence-informed health enhancing physical activity policy processes in three European cases.**

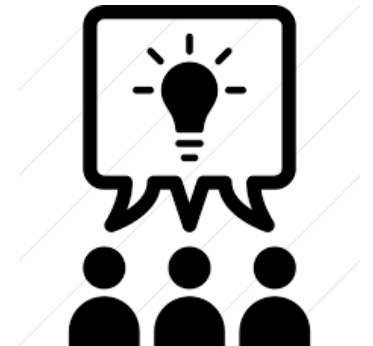
Organizational network



Collaboration



Knowledge exchange





## Conclusion

The game 'In2Action' has potential to:

- **increase insight** in the role of stakeholders in the HEPA policy process
- **change attitudes** towards collaboration and knowledge exchange related to the HEPA policy process



## Methods

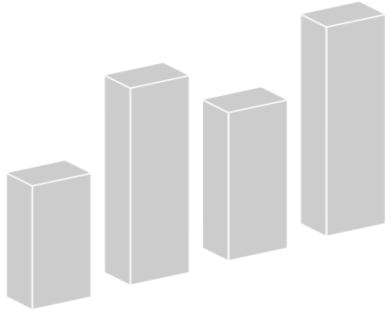
### **The policy game intervention: In2Action**

- Conducted in 3 countries: the Netherlands (NL), Denmark (DK) en Romenia (RO)
- Local level
- 6 month interval
- Each game: 18-19 participants

### **Data collection**

- Questionnaires at three moments in time
- During the game:
  - Observations by researchers
  - Evaluation moments with participants
  - Debriefing session – translating experiences to daily life

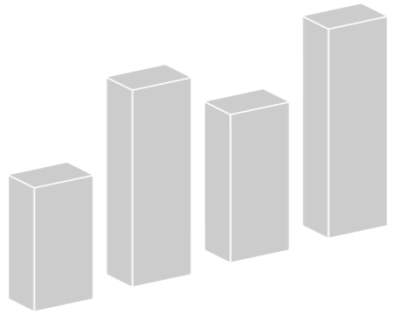




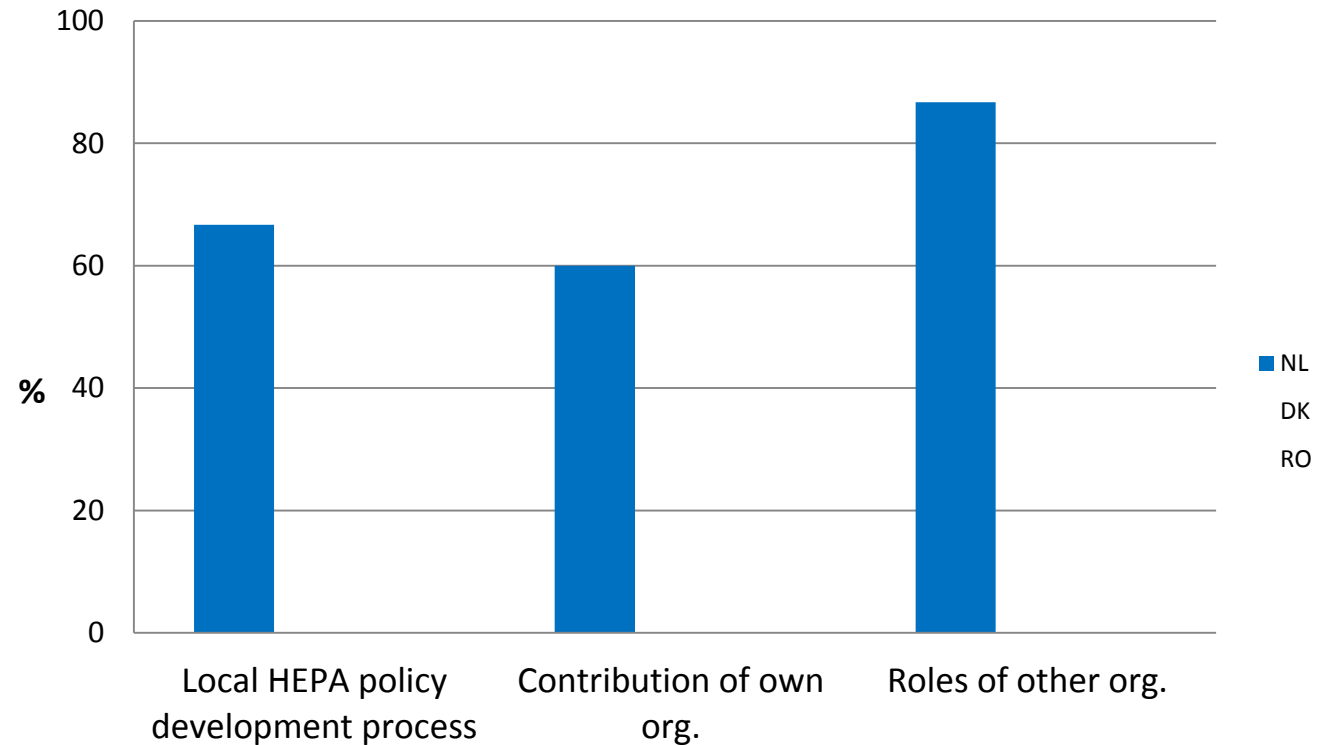
## RESULTS

### Number of participants

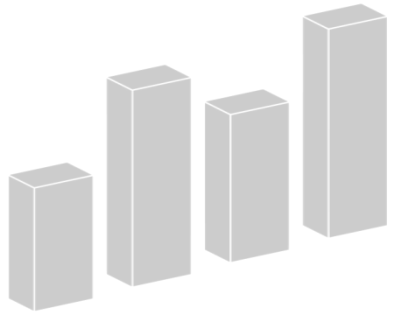
	NL	DK	RO
Questionnaire: 1 week before game (T0)	17	19	17
In game	18	18	19
Questionnaire: 1 week after game (T1)	15	16	15
Questionnaire: 6 months after the game (T2)	13	15	13



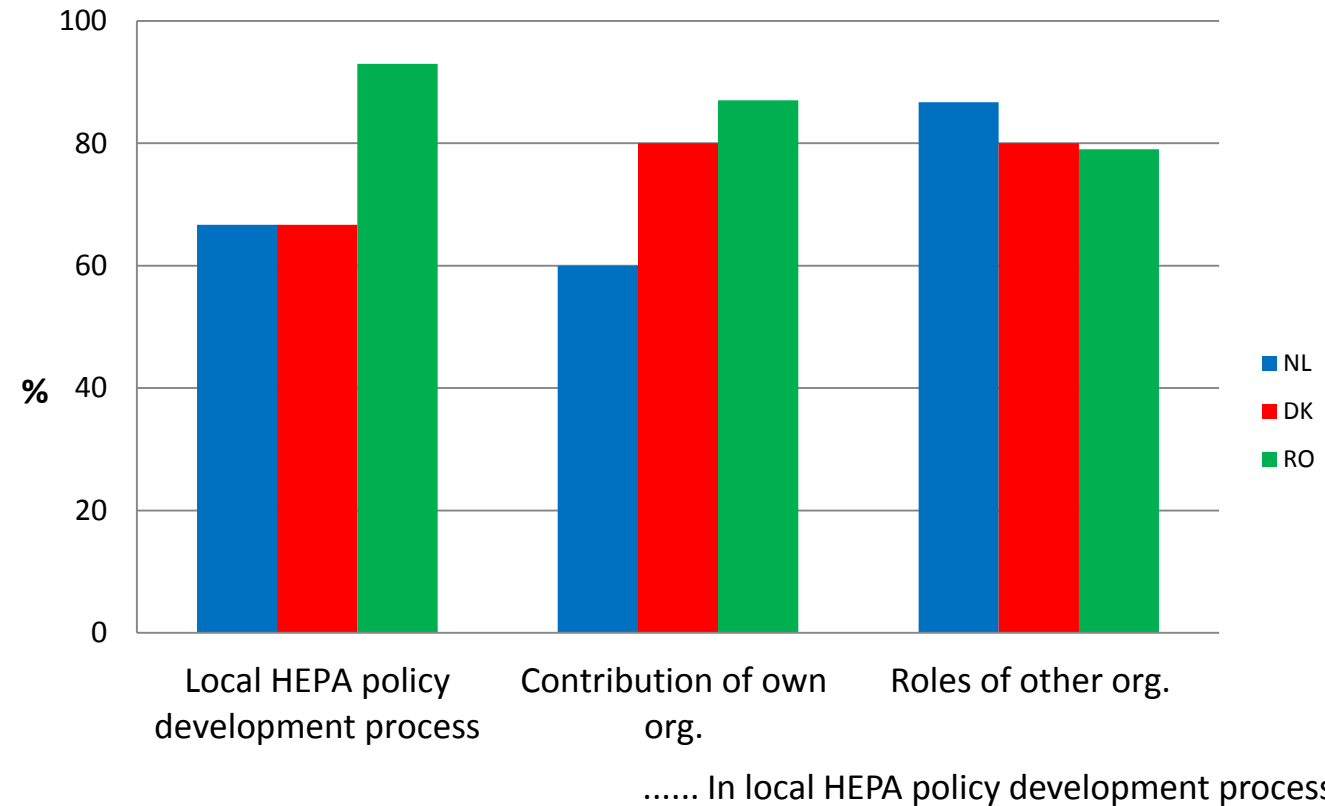
## T1: Increased understanding of...

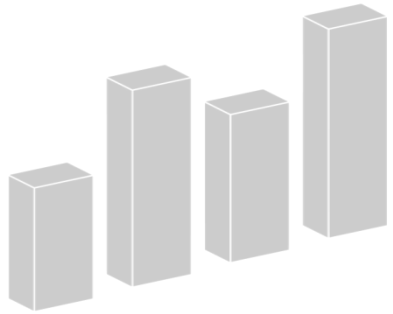


..... In local HEPA policy development process

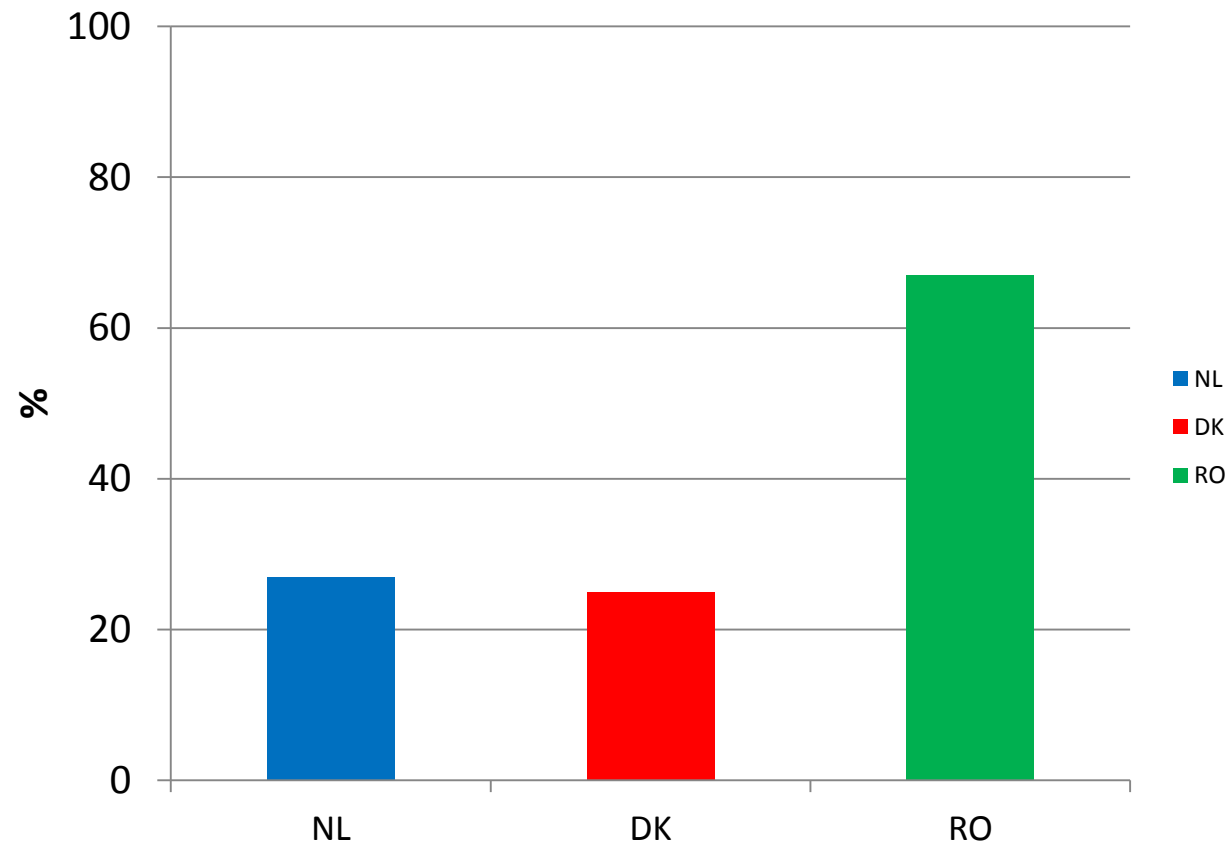


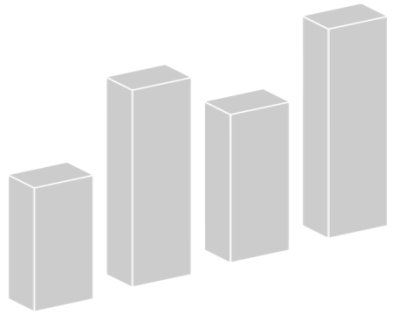
## T1: Increased understanding of...



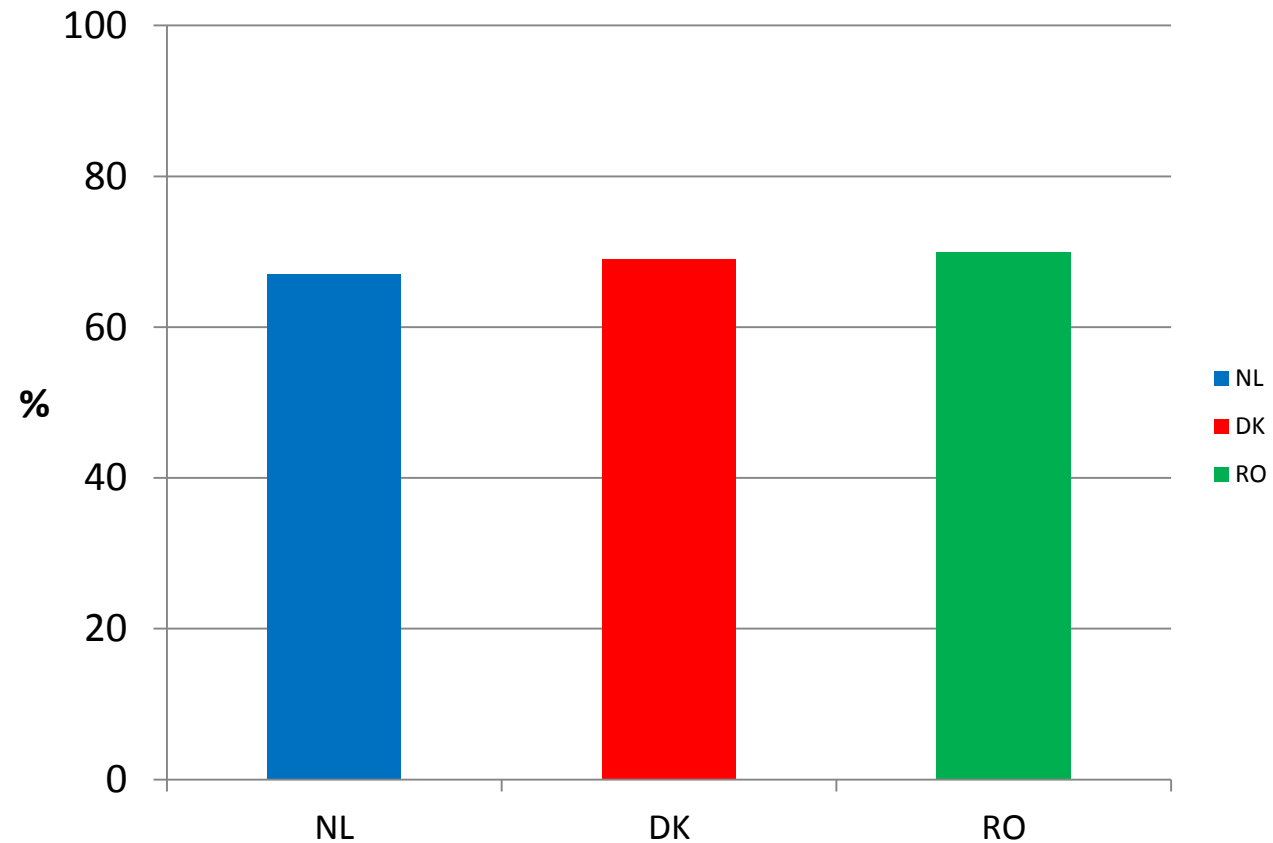


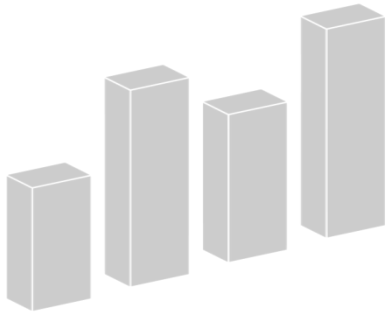
## T1: Changed attitude towards collaboration



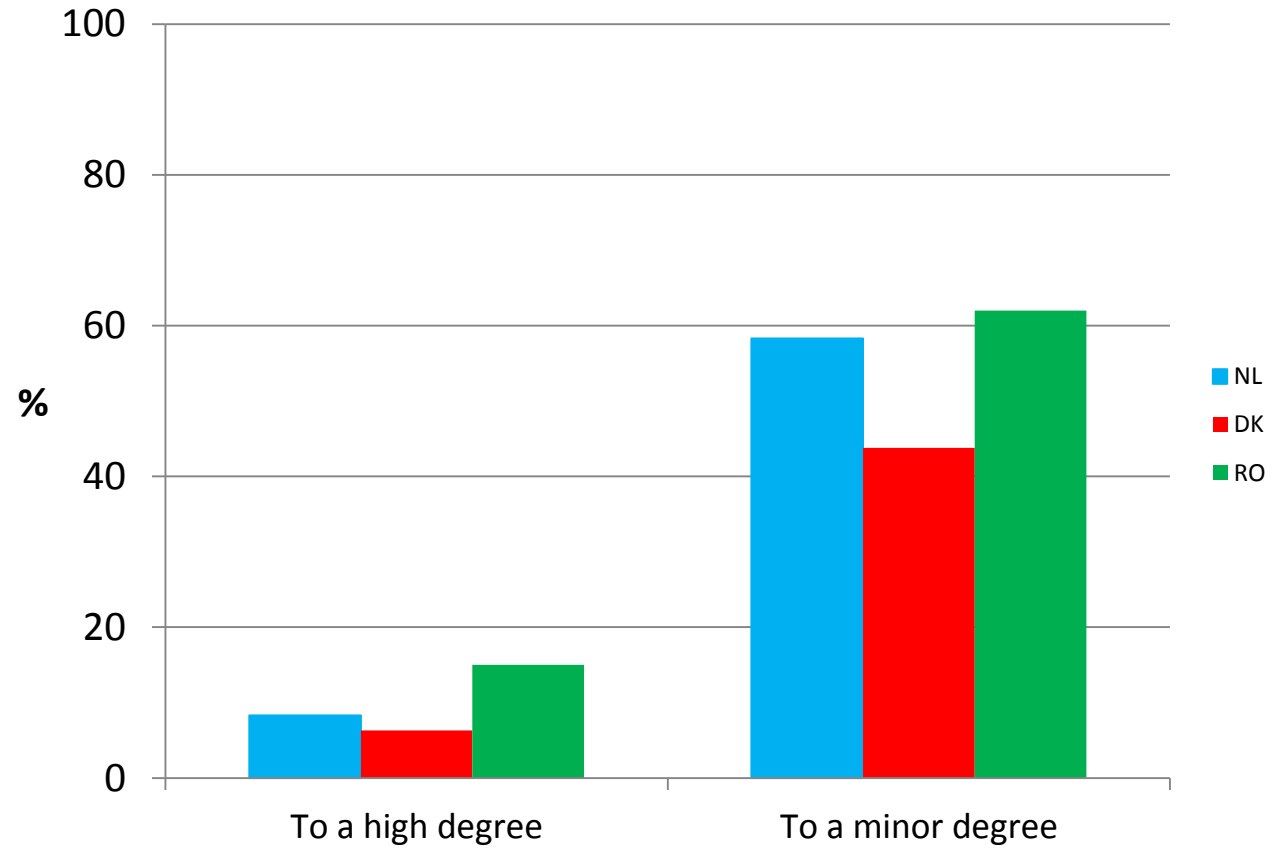


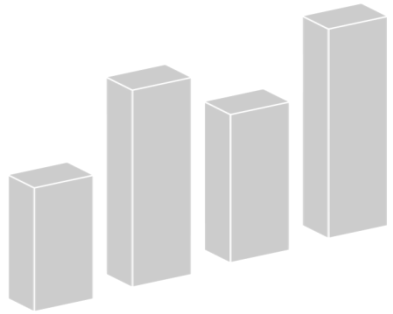
## T1: Collaboration most important learning experience





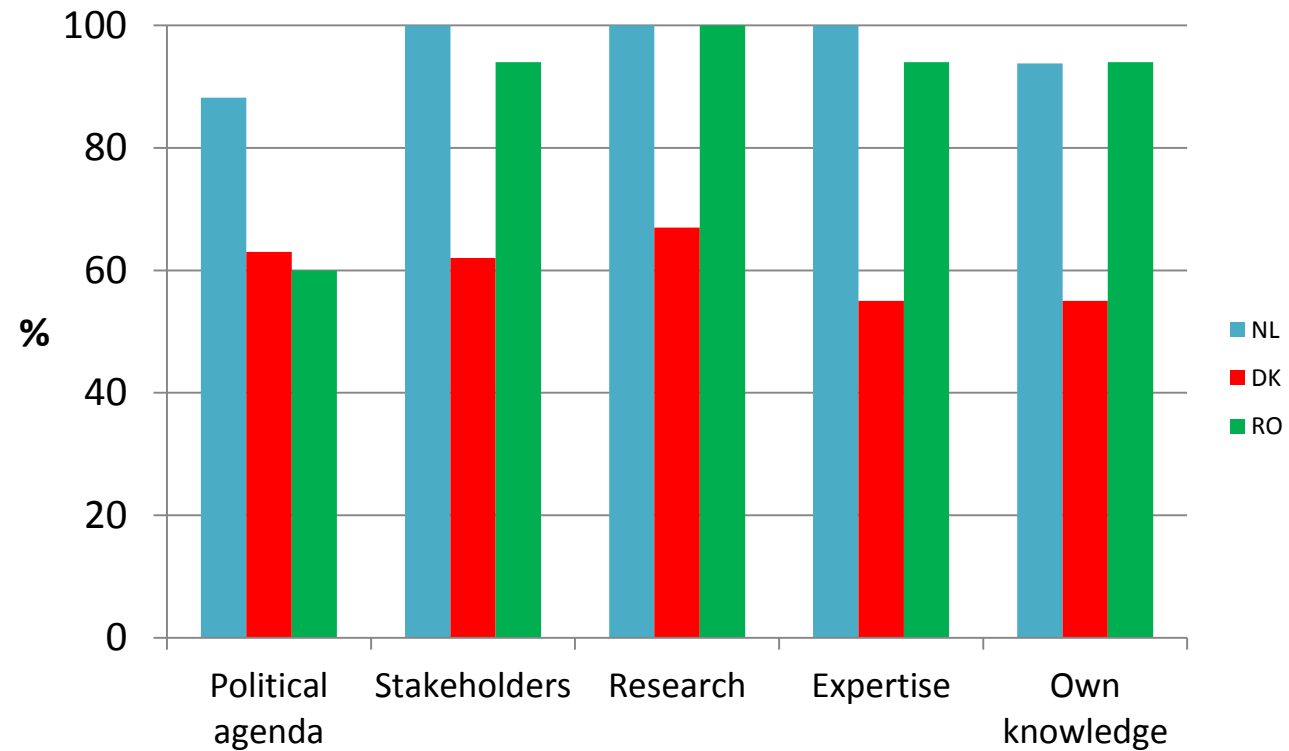
## T2: Boost in collaboration between stakeholders

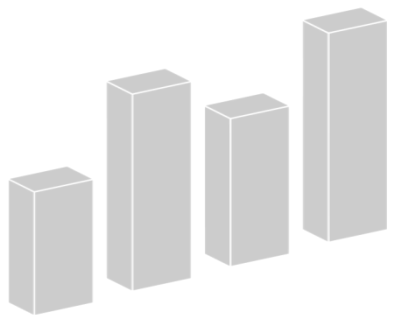




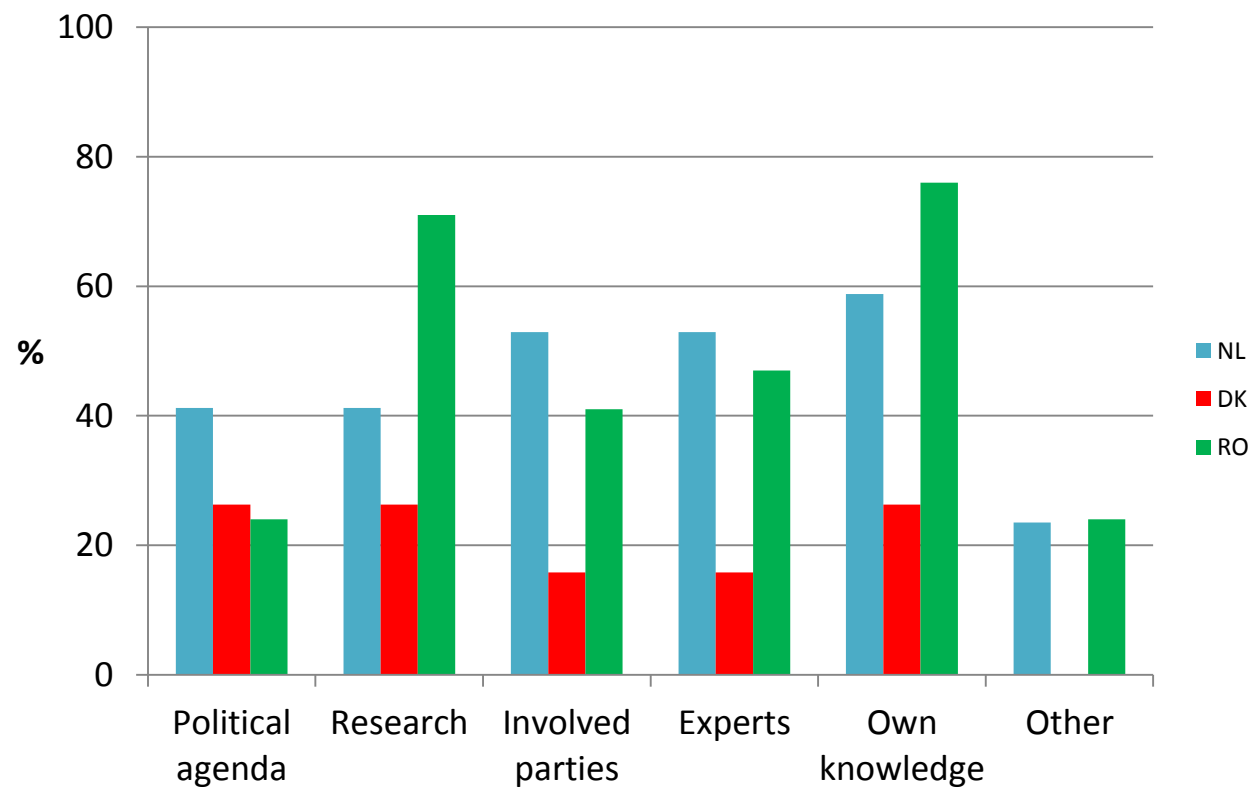
## T0: Importance of evidence use

Bars indicate fraction who find it *important or very important.*

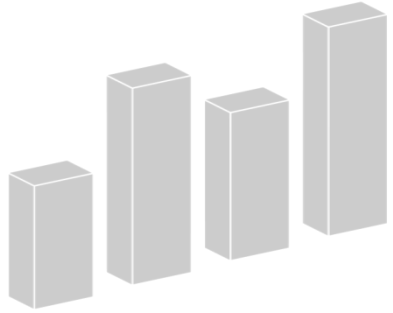




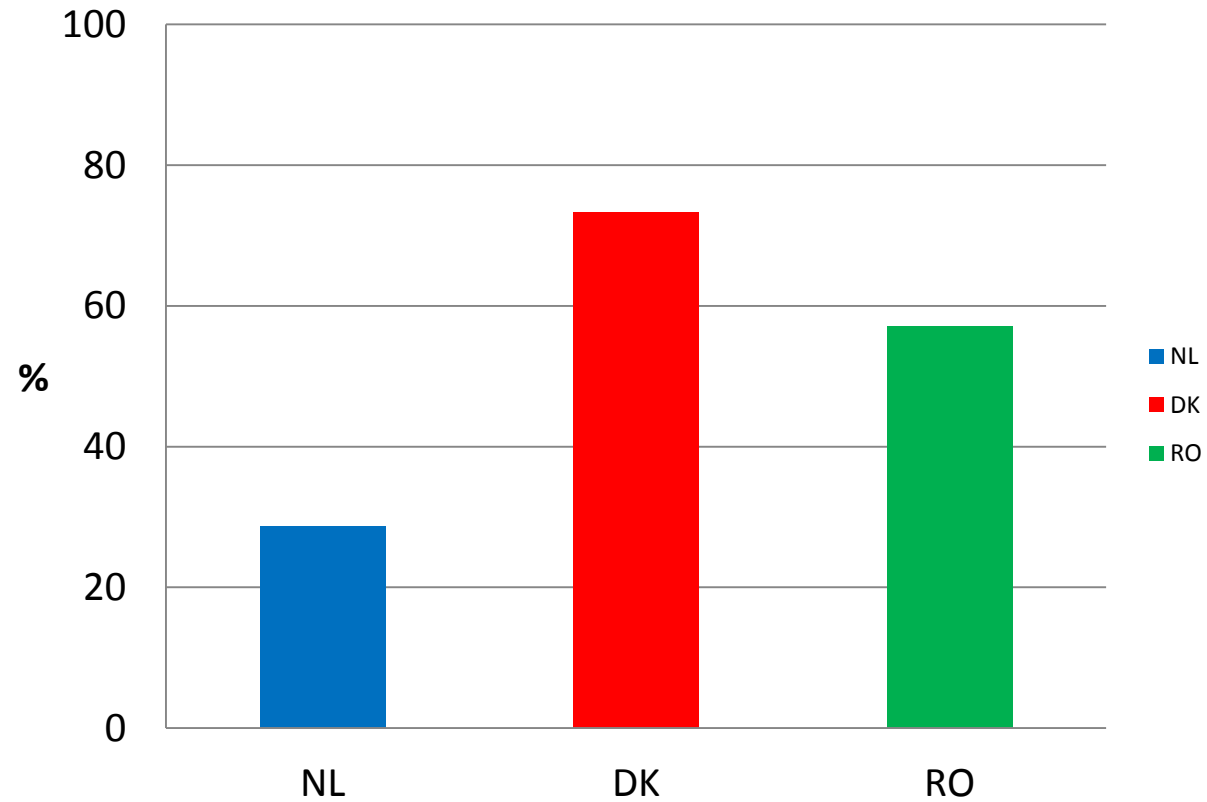
## T0: Use of evidence

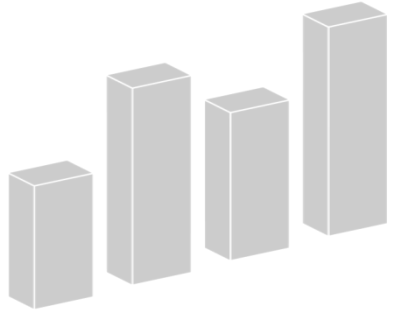






## T1: Changed attitude towards evidence use





## Observations: Some insights

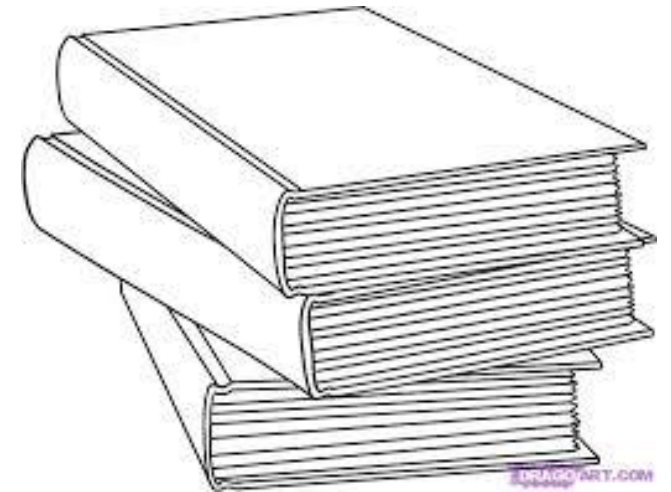
### Game process

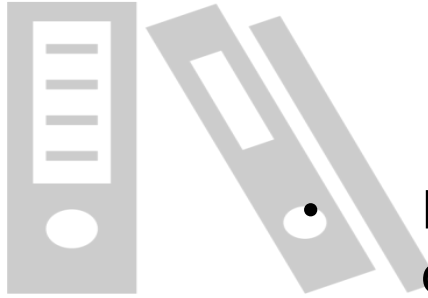


### Collaboration



### Use of evidence





## Relevance study

- First study examining the **influence of a policy game** in HEPA policy development process
- A game has the **potential** to influence **collaboration and knowledge exchange**
- **Differences among countries** explained by the potential of the case to change and game process
- A policy game can be a **relevant intervention at local level**, when there is a wish for a stronger organisation network to enhance collaboration and knowledge exchange



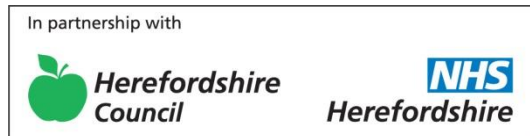
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# Acknowledgements

## Coordinator



## Partners



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# Application of a KT planning approach to global project planning

Fuse 2016

Dr Rebecca Armstrong, Dr Kirsty Jones & the Movember Foundation



**PublicHealthInsight**  
Inclusive research for healthier decisions



# About us

## Research

- Develop and evaluate KT strategies
- Cochrane Public Health & evidence reviews
- Review methods

## Training

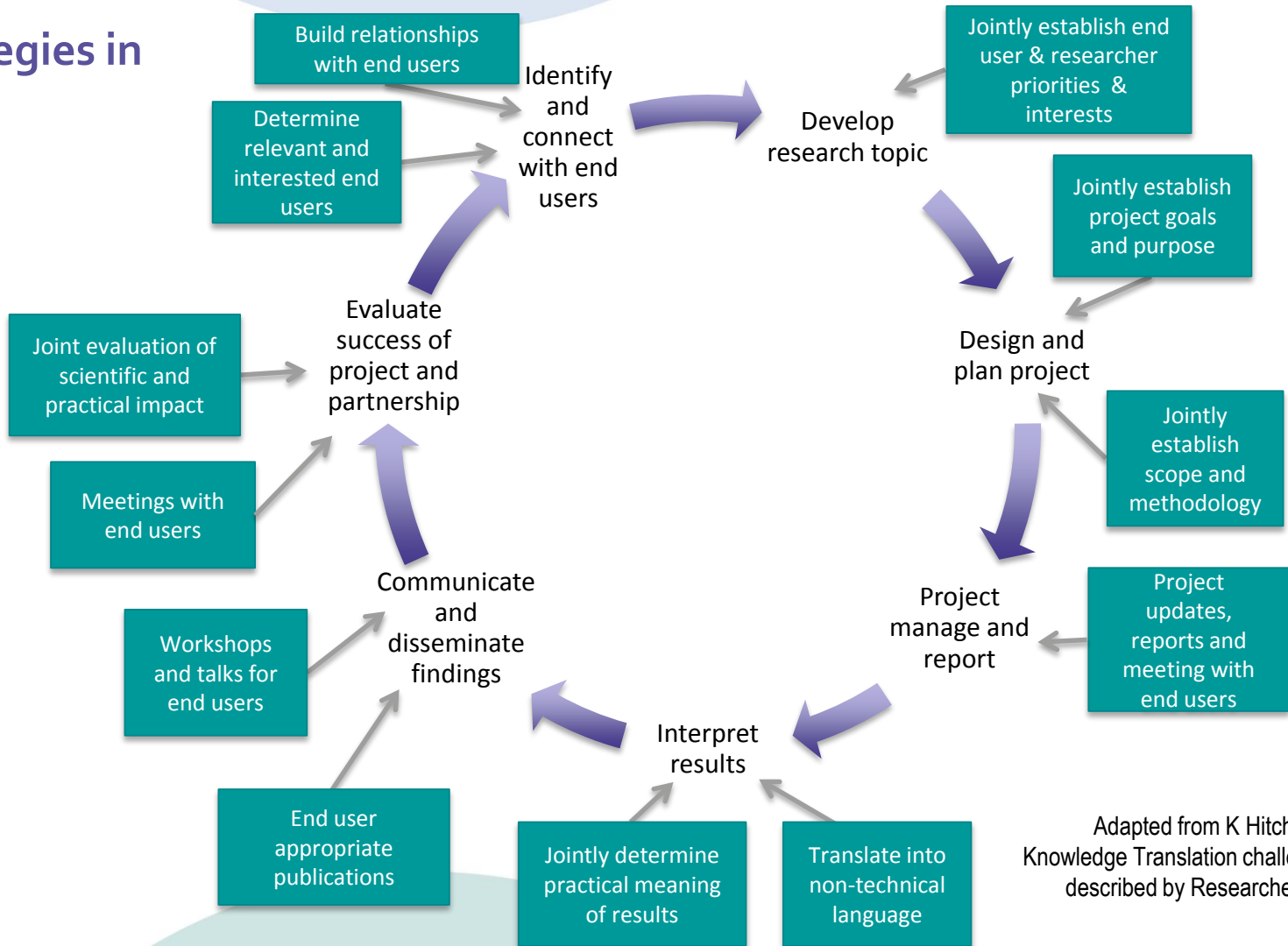
- Evidence-informed decision-making
- **Knowledge Translation & Exchange**

## Consultancy

- Guidelines for best practice
- Tailored evidence products
- Research priorities and questions
- **KT plans**
- Knowledge brokering



# KT strategies in research



Adapted from K Hitchman & E Shantz in: Knowledge Translation challenges and solutions described by Researchers. Canadian Water Network 2012



# Case Study

“Movember Foundation will foster knowledge translation within its own organisation, so that what is learned in each program area can influence the work of others”



# The Global Men's Health Survey

“ Data and reports are used by MF and other organisations, researchers and policy makers to understand the issues facing men and to influence policy and change practice where appropriate. The underpinning ideas from the survey inform, better articulate and 'disrupt' the way we think about men's health and masculinity. In addition, the survey data will be open source, and thus the survey will be the 'go-to' data set internationally for men's health.”

How can this vision be achieved?

How can you develop a strategic KT plan?

# KT Planning questions

What are your **KT goals**?

Who do you need to engage?

What **strategies** will help you meet these goals?

What **communication** strategies are needed?

How will you **measure/evaluate** your KT impact?

# Process

A series of group-based consensus meetings were used to step through the KTE planning process.

Four key meetings were held with staff from the Movember Foundation; kick-off, KT goals and strategies, stakeholder priority setting and plan presentation.

Based on these meetings Public Health Insight developed the plan.



# Step 1

## of KT planning

What are your **KT goals**?

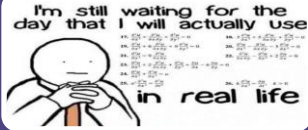
Who do you need to engage?

What **strategies** will help you meet these goals?

What **communication** strategies are needed?

How will you **measure/evaluate** your KT impact?

# KT Goals:



Research is relevant and useful to priority stakeholders



Research will be communicated to priority stakeholders



Research findings will be made accessible to all relevant stakeholders



Research partner's programs will be informed by our research



Priority stakeholders will understand the implications of our research



## Step 2 of KT planning

What are your **KT goals**?

Who do you need to engage?

What **strategies** will help you meet these goals?

What **communication** strategies are needed?

How will you **measure/evaluate** your KT impact?

# Key stakeholder groups we need to engage

- Policy makers responsible for men's health (within departments of health, veteran affairs, departments of defence)
- Policy makers responsible for MF target health areas outside of departments of health (housing, social services etc )
- Public health/health promotion agencies
- NGOs with a focus on men's health
- NGOs with a focus on MF focus areas (social connectedness, poor mental health and physical inactivity)
- Sporting organisations
- Workplace health promotion agencies (incl Trade Unions representing male dominated industries and large employers (male dominated workplaces)
- Research funders
- Men's health researchers
- Opinion/thought leaders in men's health (mainstream and academic)
- Men's health groups/advocates
- Mo community
- General public



## Step 3 of KT planning

What are your **KT goals**?

Who do you need to engage?

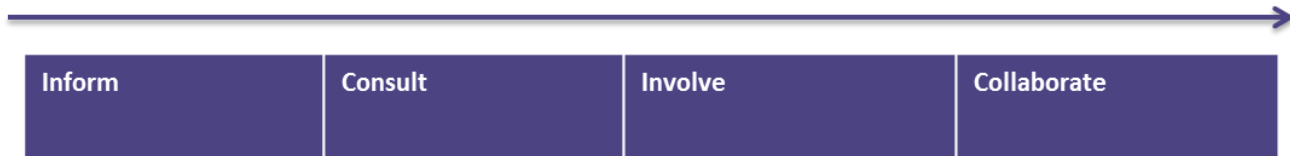
What **strategies** will help you meet these goals?

What **communication** strategies are needed?

How will you **measure/evaluate** your KT impact?

# Determining KT strategies

Depth of engagement/participation



## Step 4 of KT planning

What are your **KT goals**?

Who do you need to engage?

What **strategies** will help you meet these goals?

What **communication** strategies are needed?

How will you **measure/evaluate** your KT impact?

# Communication Material – tailored for audience

Australia

New Zealand

USA

UK

Canada

All international findings

Issues important for those working outside of health

Highlights mental health data

Highlights physical activity data

Highlights social connectedness data

## Step 5 of KT planning

What are your **KT goals**?

Who do you need to engage?

What **strategies** will help you meet these goals?

What **communication** strategies are needed?

How will you **measure/evaluate** your KT impact?

# Conclusions

New, more  
participatory,  
approach to KT  
planning developed

Strategies  
developed AFTER  
stakeholder priority  
setting

Develop a plan that  
has phases, steps or  
stages

Do it together

Some slides have been removed from this presentation including the logic model presented by Public Health Insight. Please contact Rebecca Armstrong for further details: [armr@unimelb.edu.au](mailto:armr@unimelb.edu.au)



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@PH\_Insight

@CochranePH

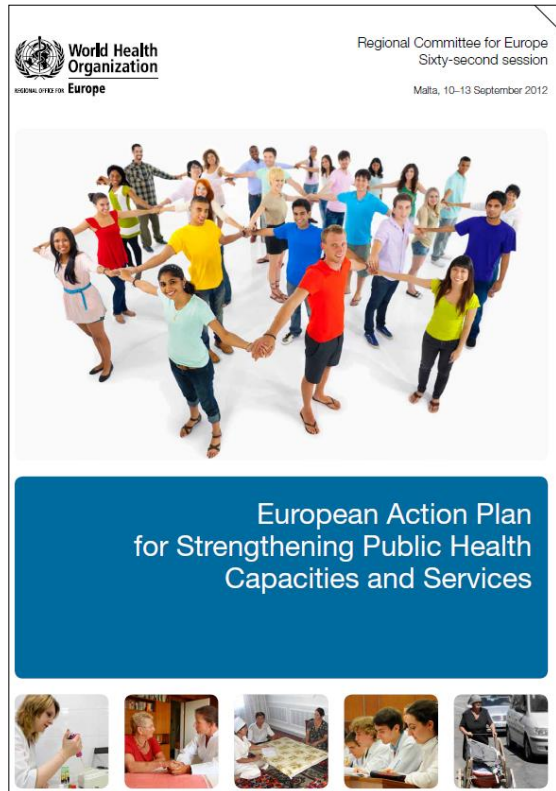


# Developing a survey to establish a baseline of country capacity to generate, appraise, synthesise, translate and apply research evidence for decision-making

**Dr Shelina Visram**

*Centre for Public Policy and Health (CPPH), WHO Collaborating Centre on Complex Systems Research, Knowledge and Action*

# Background



2012: Colleagues involved in development of the *European Action Plan for Strengthening Public Health Capacities and Services*

2012–2016: Leading on two of 10 essential public health operations: governance (EPHO 6) and research and evaluation (EPHO 10)

2014: CPPH designated a WHO Collaborating Centre on Complex Health Systems Research, Knowledge and Action

# Rationale

Workshop delivered at the first technical expert meeting to enhance evidence-informed policy-making (EIP) in Europe

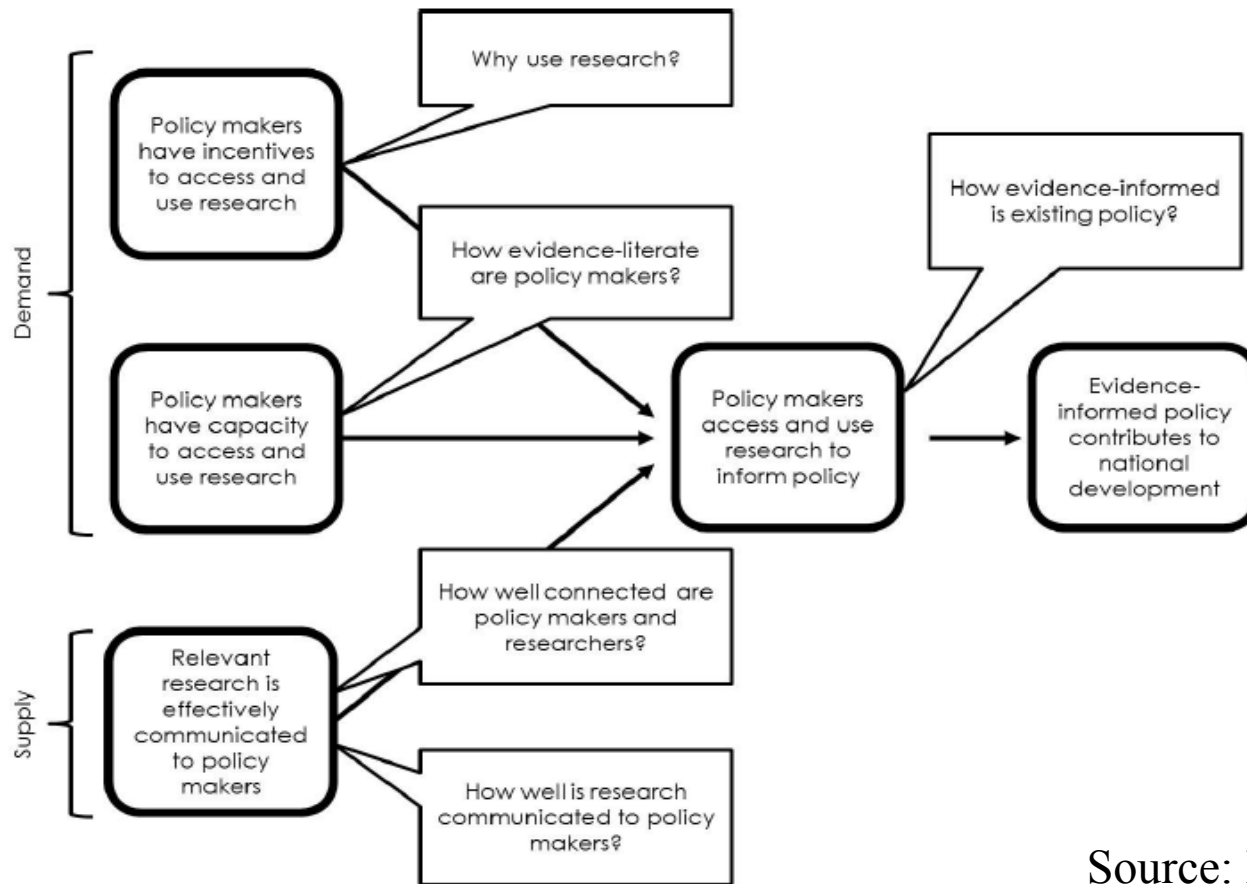
Identified a need to develop, pilot and conduct a survey on the generation and uptake of research evidence

Purpose is to identify gaps and highlight areas in need of capacity building

Commissioned by WHO Europe



# Theory of change



Source: INASP (2013)

# Objectives

1. To gather and review previous surveys of evidence-informed policy-making (EIP) and evidence-based practice (EBP) in health
2. To develop, pilot and refine a survey instrument designed to gather further intelligence on the generation and uptake of research evidence
3. To define the target population for the survey
4. To administer the final survey and analyse the results

# Phase 1: Review of previous surveys

Scoping review following guidance on rapid evidence assessments (REAs)

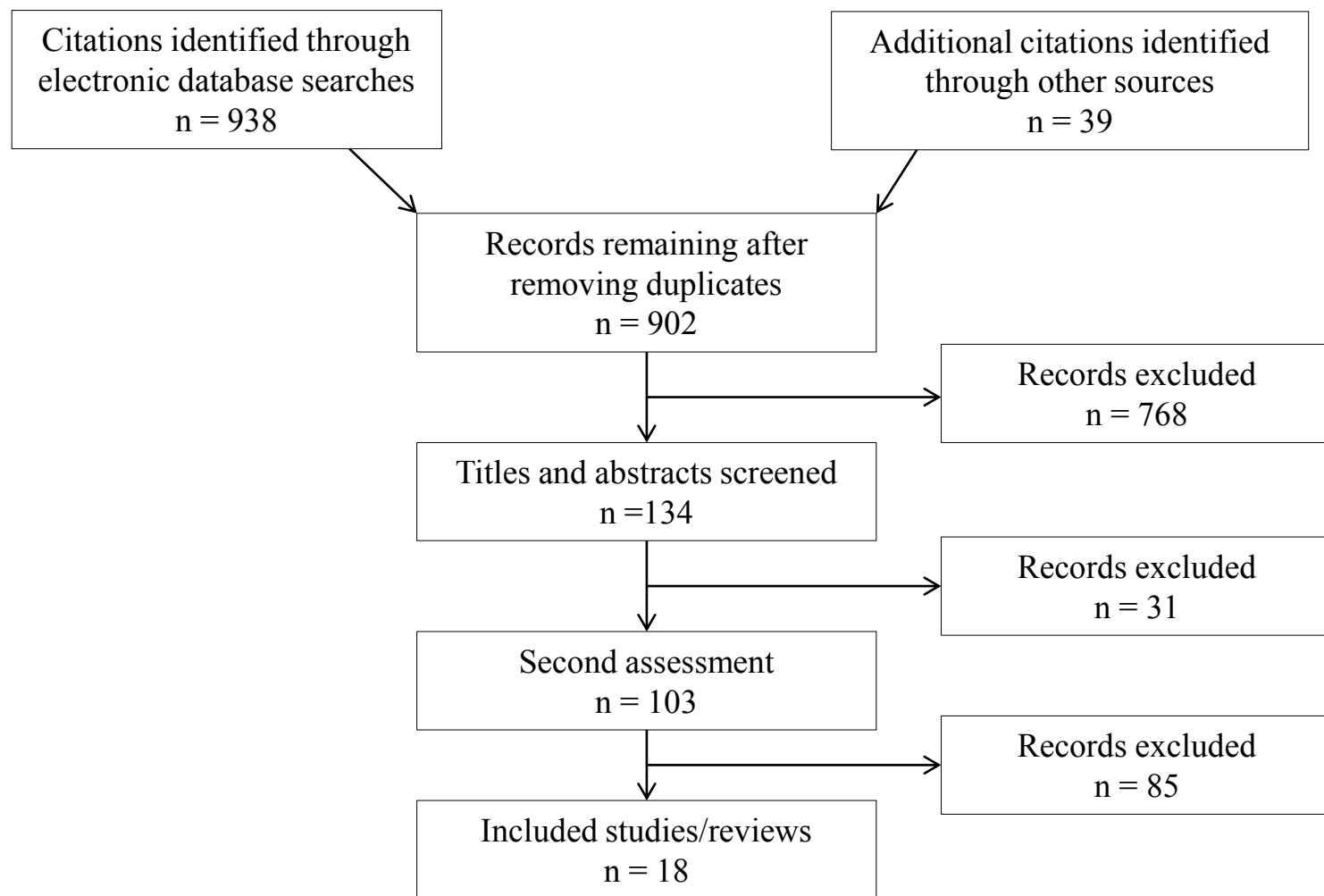
Systematic searches of the grey and published literature, with a particular focus on locating European studies or international surveys

Evidence published in English between 01/01/90 and 30/04/15

Search strategy specified the topic area (health), population (European or global), methods (survey) and outcomes (EIP, EBP, KT, research uptake)

Request sent to participants in the first WHO expert meeting on EIP

# Study selection flowchart



# Summary



**STUDY DESIGN**  
Survey only = 12  
Systematic review = 3  
Survey and other = 3



**POPULATION**  
Global = 6  
National = 6  
European = 4  
E. Mediterranean = 2

**PARTICIPANTS**  
Policy-makers = 9  
Researchers = 5  
Managers = 5  
Practitioners = 3





# Findings: Methods

- Cross-sectional surveys
  - Combination of open and closed questions
  - Conducted in person, by telephone, post or online
- Key informant interviews
- Focus groups, workshops, stakeholder meetings, case study scenarios
- Less commonly used methods
  - Documentary or bibliographic analysis
  - Observational/ethnographic methods
  - Media review



KEY THEMES	SUB-THEMES
<b>Individual factors</b>	Knowledge, experience, skills, values, beliefs, attitudes Confidence Socio-demographic characteristics
<b>Organisational and contextual factors</b>	Environment, settings, structures Culture Leadership Research priorities
<b>Evidence factors</b>	(Perceived) quality, reliability Usability, timeliness, accessibility Types and sources of information
<b>Stakeholders</b>	Who is involved; what are their needs and preferences Accommodating different (professional and lay) perspectives Interactions, relationships, partnerships
<b>Drivers and influences</b>	Push and pull factors
<b>Challenges and barriers</b>	Language, terminology Resources: financial, human, ICT, time Education, training
<b>Strategies and intentions</b>	Plans for using research evidence in decision-making Plans to overcome barriers to EIP/EBP
<b>Outputs, outcomes, impacts</b>	Methods of monitoring and evaluation
<b>Mechanisms, models, styles</b>	Passive vs active

# Findings: An example

(El-Jardali et al, 2012)



Questionnaires and case study scenarios used to assess the climate for use of evidence, appraise current processes, and identify opportunities

## *Key findings:*

- Knowledge translation activities not frequently undertaken
- Research evidence about high priority issues rarely made available
- Interaction between policymakers and researchers was limited
- Policymakers rarely identified or created places for utilizing evidence
- Donors, political regimes and economic goals identified as key drivers
- Weaknesses included constant need to make quick decisions, limited financial resources, and lack of competent and trained human resources

# Gaps in the evidence base



Most studies concerned:

- Research conducted in particular countries or groups of countries
- Practitioner experiences and views of EBP rather than EIP

Little research on EIP, particularly in a public health context

No comprehensive Europe-wide survey of key decision-makers

# Survey contents

- Individual skills, attitudes and capacities
- Stewardship and leadership
- National context for EIP
- International context
- Research-policy interactions
- Application and impact of evidence



# Phase 2: Pre-testing and piloting

Draft survey pre-tested in two ways:

- i. Discussed at a workshop at the third EVIPNet multi-country meeting on using research evidence for policy-making (n=26 EIP champions)
- ii. Feedback sought via email from participants in the first technical expert meeting on EIP (n=6 responses)

Survey completed by English- and Russian-speaking colleagues (n=2)

Peer review by colleagues within WHO Europe and Durham University

Piloted by one member of the EVIPNet steering group; awaiting feedback from a second

# Feedback from pre-testing phase

## Content

- Need for further instructions
- Consider adding definitions of key terms
- Include questions relating to the survey itself
- Consider the mix of open and closed questions

## Format

- Consider multiple surveys
- Some questions more appropriate for interviews
- Potential issues relating to language



# Feedback from pilot phase (*ongoing*)

Too long!

Balance of closed and open questions

“Fantastic questions” on national context

Consider re-ordering the questions to maximise the response rate

Query value of questions on individual skills and experience





# Discussion

Points to consider:

- *What is the appropriate balance of open-ended and closed questions?*
- *Is it possible (or desirable) to gather information on personal capacity and country capacity for EIP using a single method?*
- *Is a mixed methods approach feasible?*

Established need for further research which evaluates decision-makers' capacity to access, understand and use research evidence

Next steps include refining and administering the final survey, then sharing the findings widely through appropriate dissemination routes

# Acknowledgements

## Co-authors

David Hunter, Durham University  
Tanja Kuchenmüller, WHO Europe  
Tim Nguyen, WHO Europe

Centre for Public Policy & Health

School of Medicine, Pharmacy & Health, Durham University



WHO Collaborating Centre on Complex Health Systems  
Research, Knowledge and Action

## Participants

Workshop participants  
Peer reviewers  
Pilot testers



**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**

## Funders

WHO Regional Office for Europe



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<https://www.dur.ac.uk/public.health/whocc/>