

Enhancing the Impact of Health Psychology on Policy and Practice

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Much of health psychology research aims to improve health on a large scale; however intervention studies often fail to be adopted into health care policy and/or

services. The EHPS/DHP conference roundtable discussion in Aberdeen focused on this challenge by addressing the question “What can be done to enhance the impact of health psychology on policy, practice, and people’s health and well-being?”. The roundtable panel consisted of seven experts representing health psychology, service users, policy and practice, including Professor Julie Barnett (University of Bath), Dr Ann Gold (NHS Grampian), Professor Mike Kelly (University of Cambridge), Professor Gerjo Kok (Maastricht University), Professor Brian Oldenburg (University of Melbourne), Mr Eric Sinclair (Stroke Association; NHS Grampian) and Dr Vivien Swanson (NHS Education for Scotland (NES); University of Stirling).

During the first half of the discussion the panel identified two key challenges that health researchers face when generating research that has an impact on policy and practice. The first challenge is to ensure researchers work collaboratively with policy makers to successfully disseminate behavioural interventions. Once the evidence of effective interventions has been incorporated into policies and guidelines, the next challenge is to ensure that frontline practitioners implement the interventions appropriately. This

report summarises the key points emerging from the expert roundtable discussion in response to these challenges and provides practical tips on how to improve the impact of health psychology research on policy and practice.

Science and policymaking, two different worlds

Health researchers are driven to publish in high impact journals and they often feel first and foremost accountable to editors, funders and the rest of the scientific community. The scientific language used in academic publications is often inaccessible to the non-specialist reader. High quality research is often time consuming and some projects take years to complete. Policy makers on the other hand may demand rapid responses to health issues and find simple, concise overviews more valuable for their needs. Researchers and policy makers also differ in regards to their hierarchy of evidence. For researchers there is a clear hierarchy with RCTs considered the ‘golden standard’, and single case studies viewed as weak. During the roundtable it became evident that policy makers are often looking for fundamentally different types of evidence. Some policy makers find illustrative case studies most useful, they are often not concerned about theory, and they like highly summarised information, which they can read at a convenient time and place. They often report the internet, social media and newspapers to be their



main sources of information that they use to make decisions informing policy and practice. The good news was that policy makers do trust researchers and that provides an excellent opportunity for researchers to get their message across, if they do it in the right way.

Bridging the gap

Unfortunately researchers and policy makers often work in parallel and many studies fail to consider policy maker perspectives from the outset. One way that health researchers can overcome this problem is by involving policy makers from right at the beginning of the research process. For example, given that governments are becoming increasingly responsible for allocating research funds it would be advantageous to involve policy makers in preparing grant applications, e.g., by seeking their advice on the most prominent areas of research, and keeping them involved as the results of the research emerge. Policy makers communicate with different stakeholder groups and health researchers are only one of them which means they sometimes have limited capacities for reading full text articles. This does not mean health researchers should be 'dumbing down' research findings but rather providing clear and actionable 1-2 page summaries of their key findings. Health researchers should also be more proactive about identifying and inviting key policymakers to their universities, and presenting them with research that is relevant to current policy and practice.

Implementing research into practice

Once research has been published in a

prestigious high impact journal and policy makers support the roll out of the intervention, the next challenge that health researchers face is how to make sure that their intervention is implemented into clinical practice appropriately. Although interventions are often well thought through and are ticking all the boxes for being solidly based in theory they might not be fit for purpose. The intervention might work well in 'an ideal world' of a RCT where healthcare professionals are given all the necessary resources and time to deliver it; however, in reality most clinicians might not have the skills to deliver for instance a lengthy motivational interview or set detailed behavioural goals. One of the main points discussed during the roundtable was the need for interventions to be feasible. Even if an intervention might lose some of its effect size by taking out some components, if it becomes more feasible and attractive to those frontline providers and they start using it, then it will still make a larger impact at the population level. At the same time health researchers need to be more involved in training healthcare professionals in behaviour change by introducing them to behaviour change models and providing them with the knowledge and skills to deliver a behaviour change intervention.

Conclusion

In summary, in the light of increasing governmental pressures and accountability for researchers it is becoming important for health researchers to better understand the policy decision making process. If researchers want to ensure their work has a real impact on public health they need to acquire the necessary skills in dissemination and networking so that they can bring their message across effectively. Health researchers need to engage with policy makers more actively and



involve them in health research. They also need to make sure that health interventions are feasible for delivery in real life clinical practice and that the necessary training is provided for frontline clinicians to deliver health interventions appropriately.



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