



## EHPS Policy Summary

### Engaging with Policy Makers and National Organisations: EHPS Members' Experiences

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Health Psychology can usefully inform national government and public sector policies about health and healthcare *if* researchers and practitioners engage effectively with policy makers. Effective engagement enables policy makers to access up to date advice from disciplinary experts and increases the chances that evidence will be translated into practice.

There are already many useful general 'how to engage' guides available online. Consequently, the present resource focuses specifically on the health psychology context, collating a summary of EHPS members' experiences of policy engagement, some tips for engaging non-specialists with health psychology content and a set of case studies that illustrate the reality of policy engagement in our field.

#### EHPS members' experiences of policy working

##### The positives +

*"...it's rewarding"*

*"...working on the bigger picture..... looking at problems through a larger, systems-level lens is a great opportunity to achieve something on a larger scale and to tackle complex issues"*

*"...it's great when people from outside your own discipline recognise the value of what you do"*

*".....policy makers are often in a position to actually make change happen..... influencing that one key person can have a massive impact down the line"*

*"...you can have a direct impact.....far more impact than working away quietly in academia"*

*".....lots of our work has the potential to usefully inform practice/policy..... it's incredibly satisfying to see this potential become a reality"*

*"...[engaging with policy makers] bridges the gap between science and application"*

*".....we're all people who've chosen to work in an applied field, which means that we are all motivated to work on problems that have real world applications .....to solve real world problems though, you need to work with the people in society who have the power to enact the changes you are advocating"*

*".....benefits go both ways.....your research can usefully inform the development of policy but policy needs can also help you to identify further target areas for research and/or to justify this need to funders"*

## What is it important for Health Psychology researchers and practitioners who want to work in the policy environment to know?

*"....the pace is very different [faster].... you might only get a day or two between the question being asked and the answer being needed"*

*"....there is a bit of luck involved - successful engagement often has an element of speaking to the right person at the right time, or being able to offer solutions to particular current problems"*

*"....we have to work a little bit harder as behavioural scientists than experts in natural science disciplines do.....policy makers on average won't feel that they know much about something like immunology and will tend to defer to the experts.....we have to be aware that everyone has a lay understanding of their own behaviour and so there is a tendency for people to dismiss behavioural science as 'common sense' (if it aligns with their own experience) or 'incorrect' (if it doesn't).... we need to make the evidence we are presenting credible over and above the experiences they observe for themselves in daily life"*

*"....'evidence' as we see it in academia, is only one piece of the information that policy makers will consider.....they will also consider e.g. likely popularity with voters, likely response of lobby groups, impact on other priority areas etc"*

*"....it works much better face to face - actually talking to people, explaining and convincing them, not just sending a summary and hoping they read it.... this however relies on your ability to get your foot in the door and how confidently you can have discussions with people in positions of authority"*

*"....there is a general lack of awareness about what health psychology is - you have to do a bit of work 'selling' the discipline and dealing with the common belief that psychology is all about mental illness"*

*"....policy makers tend to ask questions that are straight to the point [What works? How does it work? How much does it cost? Which of the available options is best? How quickly will it make a difference?] - that can be difficult to answer with any certainty without doing some preparatory/feasibility work"*

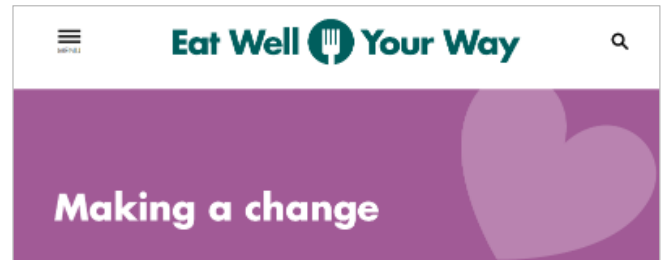
*"....there's a real tension between the complexity of real world problems and the demand for simple answers.....scientists deal in nuance and often default to the position that 'further research is needed before any concrete conclusions can be drawn'..... policy makers want a straightforward recommendation about the best course of action"*

**Top tips for engaging with policy makers**

(drawn from interviews with policy active EHPS members, and from Cairney & Kwiatkowski, 2017; Oliver et al, 2014; Cairney & Oliver, 2020)

- Avoid jargon as much as possible
- Keep summaries concise and to the point and make the meaning and implications of the evidence you are summarising clear
- Stick to the facts and recognise your limits but be as definitive as possible within those limits
- Be ready to move quickly when an opportunity arises (e.g. coming forward with solutions to current problems or suggestions of how to achieve current targets)
- Be prepared with information about likely effectiveness/cost where possible - this is often policy makers' main consideration
- Use examples to illustrate points - these are often more memorable than abstract facts
- If including links to sources of evidence, ensure they are accessible, peer reviewed and not behind paywalls
- Focus on the potential for improvement - e.g. *'X could help to achieve Y/optimize Z'* instead of problems with current strategies - e.g. *'you need X because you are doing Y wrong/haven't achieved Z'*
- Invest time in networking and relationship building - many opportunities arise because people know who you are and what you do
- Remember it's a two-way process - policy workers need to know about the current evidence, but academics need to be up to speed about current policy priorities to engage effectively
- Be willing to represent your discipline as a whole, that is, be prepared to summarise general knowledge from Health Psychology in addition to specific information about your niche area of interest - policy makers are typically interested in the big picture
- Try to align information, at least initially, with the policy maker's own beliefs and priorities; *"Someone seeking to encourage powerful people to change course may have to run alongside them, in the same direction, at least for a while, before pointing out that better paths exist"* (Cairney & Kwiatkowski, 2017)
- Aim to convey information in a way that minimises cognitive load (i.e. keep it concise and clear; explicitly highlight key points); uses multiple formats (e.g. words and pictures; facts and anecdotal examples); repeats key points more than once, maintains coherence throughout (i.e. sticks to one or two key messages); and resembles a story more than a list of facts (Winne & Nesbit, 2010)
- Anchor information to focusing events (Birkland, 1997) - i.e. relate what you want to say to an event that directly affects the policy maker (or party) you are interacting with
- Be polite, professional and punctual - respect the policy maker's time

It is important to recognise that policy engagement is not for everyone. Some people thrive on time-critical, impactful, public work but others find it stressful and pressured. Policy engagement often involves having to rapidly respond to urgent requests above and beyond existing workload (Fischoff, 2015; Graffy, 1999) and those who engage most actively may face additional scrutiny and/or criticism from peers, public forums and the media (Hutchings & Stenseth, 2016).

**CASE STUDY 1****Title:** Revising Scotland's Dietary Guidelines**EHPs members(s):** Julia Allan, Vivien Swanson

**Project overview:** In 2020, the Scottish Government reviewed progress towards its population level dietary goals and found that dietary behaviour in Scotland had remained virtually unchanged since 2003. As a result, Food Standards Scotland (FSS; the national, public body responsible for food safety and dietary guidelines) sought expert input to improve their dietary guidance. A small team of health psychologists worked with FSS to integrate behaviour change content based on the MAP (motivation, action, prompt) framework (Dixon and Johnston, 2020) into their previously purely nutrition-focused national dietary guidance. The new content focused on supporting people to make positive changes to their current diet [www.eatwellyourway.scot/making-a-change](http://www.eatwellyourway.scot/making-a-change)

**How did this project begin?** FSS invited a range of researchers working in the areas of nutrition, food choice, food poverty and behaviour change to participate in a series of expert group meetings. Those invited were people who had engaged with FSS previously in some capacity (e.g. attending open meetings, drafting board papers, responding to consultations etc). At these meetings, the existing dietary guidelines were reviewed and suggestions for new/modified content were generated. One suggestion was to add behaviour change support, and the health psychologist volunteered to work with FSS to create this content.

**What made it work?**

1. Actively engaging with FSS in any capacity. The people who were visible to FSS through this engagement were the people that FSS reached out to for help.
2. Providing persuasive evidence the organisation's current problem (that knowledge-based dietary guidance alone was insufficient to create dietary behaviour change) was a problem that Health Psychology was well equipped to solve.
3. Volunteering time to create content that the organisation did not have the capacity or the disciplinary expertise to produce themselves.

**What benefits came from this engagement?** Behaviour change advice based on the MAP framework is now integrated into national dietary guidance, increasing the visibility of Health Psychology to the public and increasing the real world impact of the MAP framework. FSS were able to access expert behaviour change input to address the problem they were facing. The contacts created during this project led to other collaborations between FSS and academic partners.

**What challenges were experienced?** There were strong pre-existing beliefs within FSS and other expert groups that informed consumers would make healthier choices (i.e. that information would be sufficient to change behaviour). This was countered with examples from other contexts demonstrating that information in isolation is typically insufficient for behaviour change. Similarly, there were strong beliefs that national dietary guidance should focus on the 'gold standard' optimal diet. The psychologists highlighted that this may exacerbate existing health inequalities as psychological models (e.g. Control Theory) suggest that those furthest from this dietary standard (i.e. those most in need of change) may view this goals as unattainable, and disengage. As reducing health inequalities was another core priority of FSS, this convinced them to focus more on supporting consumers with poor diets to make small positive changes to their current diet.

**CASE STUDY 2**

**Title:** RIVM (National Institute for Public Health and the Environment) Behavioural Unit, The Netherlands

**EHPS members:** Marijn de Bruin, Floor Kroese

**Project overview:** The National Institute of Public Health and the Environment (RIVM, Netherlands) Corona Behavioural Unit advised on COVID-19 policies, communication and logistics from 2020. The Unit tracked the scientific literature, ran a research programme, liaised with advisory groups, did extensive public outreach through national media, and disseminated research findings and recommendations to politicians, civil servants and crisis teams. The Unit produced 30 policy briefs ('behavioural reflections on upcoming policy changes'), and numerous memos and ad-hoc recommendations to support communication, prevention behavior, well-being and public trust. To do this, they analysed available data, examined the literature, gathered expert opinion, drafted and discussed advice with external experts and produced a summary. Summaries of policy briefs were presented to Cabinet members in time to inform plans for the Prime Minister and Minister of Health's weekly press conference about changes to COVID-19 policies.

**How did this project begin?** The RIVM and two senior academics who had been advising the government during the previous month founded the Corona Behavioural Unit in response to growing awareness that behaviour change was key to limiting the spread of the virus. The Unit established a research programme, an independent Scientific Advisory Council and ties with all Municipal Health Services in the Netherlands.

**What made it work?**

1. Programme champions: Two academics contacted the national crisis communication team (NKC) and RIVM, upon which it was decided to embed behavioural science into the crisis response.
2. Flexibility, responsiveness and willingness to work intensively: The Unit's team members worked hard, quickly and out of normal working hours, to answer time-critical government questions (within 6-72 hours for the policy briefs). This was only possible through programmatic and substantial funding, a backbone of ongoing data collection, an academic network for ad-hoc additional studies (e.g., scenario studies, trials), placement within the RIVM, and a team and external Scientific Advisory Board (15 professors from different universities) willing to go "all in".
3. Regular contact with the Ministry and NKC: Regular communication was essential to be able to respond fast and to anticipate relevant policy issues as they arose. The team stayed in close contact with civil servants, through placements at the ministry, phone and email throughout the week.

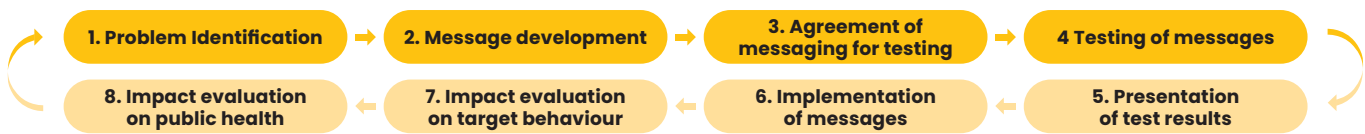
**What benefits came from this engagement?** The RIVM Behavioural Unit was able to collect and analyse data rapidly and provide actionable behavioural science recommendations to policy leaders during a crisis. The work also resulted in a strong collaborative network of academics, many of whom are now part of the BePrepared consortium. The work from the Unit has been used by the World Health Organisation and the European Center for Disease Control to advance and promote work on behavioural science.

**What challenges were experienced?** Behavioral sciences in the Netherlands were not prepared for a large scale crisis. There was no representation in formal crisis structures, no team, no funding, so everything had to be built from scratch. Second, while input on communication was effective, behavioral interventions were more complex, and it was often not clear who (across various local and national organisations) should be responsible for implementing them or whether it was feasible. Third, there was limited integration with epidemiologists and virologists and transmission modelling. This was experienced as a barrier for drafting effective policy briefs.

**CASE STUDY 3**

**Title:** Covid-19 Health and Adherence Research in Scotland (CHARIS)

**EHPs members(s):** Chantal den Daas, Mona Maier, Diane Dixon, Marie Johnston

**Project overview:** Working with Public Health Departments in two UK National Health Service boards, a team of Health Psychologists created a sustainable partnership with healthcare providers to rapidly develop and implement evidence-based health messages to change public, patient and NHS staff behaviours. This collaborative process identified health problems that could be addressed by changing behaviour, rapidly developed and tested theory-based message designed to change the target behaviour, implemented these messages via public health campaigns, and evaluated their effects on behaviour and associated outcomes. Messages developed to date include (i) staying home with Covid or flu-like symptoms, (ii) uptake of bowel cancer screening amongst men, and (iii) vaping initiation in young people.

**How did this project begin?** Soon after the Covid-19 outbreak the team of health psychologists secured a rapid response grant to use psychological theory to understand how people perceive Covid-19 and to identify predictors of protective behaviours like hand washing and mask wearing. At the same time colleagues in NHS Public Health teams requested expert behavioural science support to inform their messaging and were directed to the research team. This highlighted the need for an improved and sustainable method of collaboration to ensure rapid, valid advice, implementation and evaluation. The team therefore obtained further funding to develop this collaborative method of working.

**What made it work?**

1. Active engagement of both partners in regular meetings, working towards concrete goals.
2. Ongoing evaluation of the partnership, open and direct communication throughout.
3. Shared responsibility.
4. Being willing to volunteer time to create messages and social media ready mock-ups that Public Health partners did not have the capacity or the disciplinary expertise to produce themselves.

**What benefits came from this engagement?** This project provided public health teams with information about how different messages affect intentions and other factors that drive behaviour. The partnership ensured rapid input to problems of immediate concern to public health colleagues and provided a direct path for implementation and impact. The project identified differences in ways of working, created mutual respect and familiarity and reduced distance between the academics and health professionals involved.

**What challenges were experienced?** One of the main challenges was the difference between academics' and public health professionals' understanding of what it is to be rapid. The team aimed to develop theory-based and evidence-based messages for a target health problem, that used behaviour change techniques. These messages were agreed and then tested in the target population. This took 4 weeks (including ethical review) which is unprecedentedly 'rapid' for academics. However, for public health professionals, a 4-week cycle was too slow. Open discussion of the logistics of different timelines helped to establish a model that was feasible for both partners.

**CASE STUDY 4**

**Title:** Improving the nationally implemented 'Healthier You' Diabetes Prevention Programme in England

**EHPS member(s) involved:** Rhiannon Hawkes, David French



**Project overview:** In 2016, NHS England launched the NHS Diabetes Prevention Programme (NHS-DPP); a behavioural intervention for adults in England with a high risk of developing type 2 diabetes. The programme aims to achieve weight loss through improved diet and increased physical activity to delay or reduce the risk of type 2 diabetes onset. NHS England provided a Service Specification detailing the evidence-based behaviour change content that should be included. This content was based in part on National Institute for Health and Care Excellence guidelines (NICE, 2012) which had been developed with input from Health Psychologists to include information on what works in helping individuals to change their health behaviours and reduce their risk of developing type 2 diabetes. By 2020, >500,000 people were referred to the NHS-DPP and an estimated >15,000 people were prevented from developing type 2 diabetes (McManus et al., 2022).

**How did this project begin?** The National Institute for Health and Care Research (NIHR) commissioned an evaluation of the NHS-DPP. A Health Psychologist was one of the grant holders leading this evaluation, and their research team identified several ways in which the design, training, delivery and understanding of the NHS-DPP deviated from the behaviour change evidence base and reported this back to NHS England. NHS England then invited the Health Psychology researchers to help to revise the wording of the NHS-DPP Service Specification to ensure guidance on the behaviour change content was appropriate and sufficient to ensure delivery in future; and sit on the panel with NHS England and other stakeholders to evaluate the behaviour change content of provider bids during future commissioning rounds of the NHS-DPP.

**What made it work?**

1. The partnership was beneficial for the NHS: Regular communication with NHS England meant that they were aware of where delivery of behaviour change content was suboptimal and where improvements could be made in future.
2. Being willing to volunteer time to provide Health Psychology/Behavioural Science expertise and input that was not available within the Diabetes Prevention Programme team at NHS England.

**What benefits came from this engagement?** Health Psychology input into the NHS-DPP Service Specification meant that providers delivering the programme had more guidance on what behaviour change content should be included in the national programme (Hawkes et al, 2022). It also improved the quality of provider bids by requiring providers to explicitly specify how they expected their planned behaviour change techniques to achieve the desired behavioural changes (e.g., via a logic model); how they would support service users in techniques such as setting, monitoring and reviewing goals; and how their staff training would support front-line staff to deliver these skills and techniques. The collaboration led to strong links between NHS England and the research team.

**What challenges were experienced?** The research team had to obtain commercially sensitive information from providers in order to assess fidelity of behaviour change content in their programmes. The team also needed to develop positive working relationships with the commissioners (NHS England) despite providing negative feedback about programme delivery and communicate technical concepts clearly (e.g., behaviour change techniques, theoretical constructs). This required excellent communication and collaboration skills.

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