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WHAT EVIDENCE INFORMS GOVERNMENT POPULATION HEALTH
POLICY? LESSONS FROM EARLY CHILDHOOD INTERVENTION
POLICY IN AUSTRALIA

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Given that we know that policy making is ‘iterative,
continuous, incremental, subject to review and inherently
political’¹, how does evidence feed into policy?

The term ‘evidence-based policy’ has become routinely
used in government policy deliberations, but the rhetoric is
often not matched by the reality. The systematic integration
of evidence into policy and practice is rare. There is also
ongoing debate on what constitutes evidence for policy.
This paper proposes a way of categorizing, according to
source, the evidence used for policy making. We draw on
the literature and on the ideas and experiences of the key
people (referred to here as policy ‘actors’) involved in the
development of policies that support families and the early
years of life in NSW and South Australia. The findings
from this study suggest that a variety of types of evidence
inform health policy making. This challenges the public
health community to broaden its ideas on what constitutes
evidence for policy and to recognize the validity of different
types of evidence in better informing the policy process.

Policy making is complex; appreciating the interplay of
people, processes and politics is critical if such processes
are to be understood. While policy actors are constantly
couraged to base their policy making on evidence,
this is extremely difficult given the limited quality of
available policy-relevant research to inform the breadth
of public health issues. One response to navigating the
use of evidence in policy making is to adopt an ‘evidence-
informed’ approach ² that considers how different types
of information may be transformed into evidence for
policy making. We seek not to detract from the value of
high quality research evidence, but rather to recognize
that even when such evidence is available, governments
still draw on a variety of other forms of evidence to more
comprehensively inform their decisions.

HOW ARE EVIDENCE AND POLICY MAKING
LINKED?
The evidence movement has its origins in evidence-based
medicine, ‘the conscientious, explicit and judicious use
of current best evidence in making decisions about the
care of individual patients’.¹ However, the public health
community has been struggling with attempts to transfer
the concept of evidence-based medicine to policy and
practice. ⁴,⁵ Recent literature has transformed the notion of
evidence from clinical interventions and direct pathways
to practice to evidence in complex policy settings in which
people, processes and politics need be considered. ⁶,⁹ The
term ‘evidence-based decision making’ has emerged to
describe the use of the best possible evidence when dealing
with real life circumstances.³,⁸,¹⁰,¹²

Rychetnik and colleagues (2004) encourage the judicious
use of a range of research and evaluation evidence.⁵,¹³ There
is increasing recognition of complementary and competing
evidence in the policy process, building on scientific
research ³,⁶,¹⁴,¹⁸, although health policy decisions remain
primarily based on experience and opinion, with little use
of available research evidence.¹⁵–²³ Davies et al²⁴ describe the
‘hot debate’ raging around definition and propose that the
term ‘evidence influenced practice’ would emphasise
the need to be context sensitive, examining what works
and in what context.

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The UK Cabinet Office propose that expert knowledge, existing domestic and international research, available statistics, stakeholder consultation, evaluation of previous policies, new research, and secondary analyses, inform policy development. This suggests that evidence is data that can be turned into information and may be sourced from a variety of areas.

The aim of this paper is to use the experiences of views of policy makers to categorise the forms of evidence used in the policy making process.

METHODOLOGY

Building on concepts from the literature, this paper also draws on 35 semi-structured, in-depth interviews with policy actors in South Australia (n=10) and NSW (n=25) over 2004 and 2005. Interviewees were selected on the basis of their involvement in committees, roles in policy and government, authorship of grey and published literature, identification on relevant web sites, reference in the media and through ‘snowballing’ during an initial round of interviews. Interviewees included politicians, political advisors, researchers, journalists and a range of public servants at various levels in government departments and regional health services.

Interview questions focussed on:
- when and why the policy area becomes important
- what sorts of information inform policy
- what ‘evidence’ means in this policy area
- what evidence is useful to the policy process and when
- what drives policy: evidence, equity or something else?
- interests of decision-makers: is it in evidence of what works or evidence that describes a problem?

EVIDENCE IN EARLY YEARS POLICIES

In recent years there has been significant policy investment in prevention and early intervention strategies with families in NSW and South Australia. Families First NSW and Every Chance for Every Child, South Australia, emerged as whole-of-government approaches to providing children with a good start in life. One strategy within these policies is supporting mothers and new babies through nurse home visiting. Delivery of nurse home visiting differs in the two states. NSW offers a universal first home visit to all new mothers and their babies. In South Australia, a universal first visit is offered as well as sustained regular home visiting over a two-year period to those most in need.

These programs have been heralded throughout their development as equity promoting, solution focused and evidence based. Policies that focus on early childhood intervention with parents and young babies provide a powerful opportunity for public health improvement and impact on lifelong health and other positive social outcomes for children. These two policies were selected for study as they provide critical insights into health policy development and the role of evidence.

FINDINGS FROM INTERVIEWS: WHAT DID POLICY ACTORS SAY ABOUT THE EVIDENCE?

The term ‘evidence’ can mean many things to many people: ‘is it information from a trial or something we did yesterday?’ asked one informant. There appear to be two views on the nature of evidence: many believe that ‘evidence’ implies research while others acknowledge that in policy decision-making, research evidence is complemented by a breadth of information which includes, but is not restricted, to research.

Interviewees described ‘hard’ and ‘strong’ forms of research evidence, with hard evidence measured by randomised controlled trials (RCTs) or other forms of rigorous studies. Different research evidence was sought for four distinct purposes in the development of these policies: evidence of the problem, evidence of effectiveness, evidence of effective implementation and evidence of cost effectiveness. The ‘hard and visible science’ of brain development largely generated by Dr Bruce Perry from the United States was a particularly influential piece of evidence informing early years policy development. Policy actors described this evidence as symbolic in its graphic display of brain size in nurtured and neglected babies. A source of intervention evidence was a 15-year RCT by Olds and colleagues of the long-term effects of home visiting on child abuse and neglect. A second source of intervention evidence is the Perry preschool studies in the United States. These studies followed the lives of 123 poor African American children

BOX 1


’y know hard evidence, if you like, would be studies that have a before and after. They have a control group and they have multiple sites’

‘it [evidence] is the empirical science of brain development’

‘the strongest evidence from the literature was home visiting by nurses’

‘Evidence is an RCT’

‘it [evidence] is randomised controlled studies’

‘the two key bits of evidence were the brain development stuff, and the appreciation of the importance of the early years and its impact on the rest of your life’
for up to 40 years and measured the effects of a high quality preschool education program on school failure and associated problems.\textsuperscript{30,31} Synthesis of the evidence on these and other intervention studies formed the base for reports that demonstrate cost effectiveness of investing in nurse home visiting. The economic benefits of early intervention are found in the Rand Corporation report in the United States.\textsuperscript{32} A NSW Health discussion paper\textsuperscript{27} modeled the actual costs associated with delivery of nurse home visiting programs statewide. The critical ‘how it can be done’ evidence to guide effective implementation is a gap in these policy examples, as little is known and almost nothing published on what actually occurs during home visits by nurses.

Policy actors also identified a breadth of evidence relevant to policy context (Box 3). Such insights derive from sources ranging from clinical trials to experiences and knowledge of what people think, whether determined informally or through community polling and surveys. A ‘full continuum of information’ was proposed as critical to policy making by one participant, and should include the sciences, experience and opinion. The experience of other programs was considered key to informing policy making. These experiences may come from individuals or via reports, the ‘grey literature’, not necessarily evaluated sources. In contrast to the comment that ‘evidence is an RCT’, others stated that evidence is not ‘level 1 RCT evidence’ for policy making. Clearly those involved in policy making have different views, equally strongly held, about the nature of evidence.

**OUR SYNTHESIS: A WAY OF UNDERSTANDING EVIDENCE FOR POLICY MAKING**

There are many ideas concerning what constitutes evidence in the policy environment, the answer being dependant upon the question being asked. Evidence of the impact of a clinical intervention will involve something very different to the evidence for effective interventions by health professionals in the home with families. An RCT may be a reasonable method for one whereas qualitative methods may be required for the other.\textsuperscript{33,34} Review of the literature and the findings from this study support the idea of evidence-informed policy making which ‘sees the use of different types of information in a variety of forms and
We can discern at least five types of information that inform policy development: research, knowledge, ideas and interests, politics, and economics (Figure 1). Can all or some of these types of information be called evidence for policy?

This model describes the forms of information and influences on policy making. Do we name these non-research types of information ‘evidence’? Is scientific research the only form of evidence that has a rightful place as the basis of the policy process? What definition of evidence best serves policy? If we continue with the idea that scientific research, ‘hard evidence’, is the only appropriate form of evidence, then ‘evidence-based policy’ is seldom achievable. And while the other four types of evidence are at risk of being ignored by researchers and policy analysts, these are in reality drawn upon for decision-making and often have greatest impact on real-life decisions.

If we recognise that a breadth of evidence informs policy making, then this should affect how we approach the production and use of such evidence. Irrespective of the source of the evidence—for example political or policy science, or economics, RCT or focus group discussion—the pursuit of the highest quality and most robust evidence is essential.

This model aims to identify the information sources in public health policy making. It helps determine areas where we could be building the evidence base for making decisions. It will not, however, tell us which of these forms of evidence is most important, or how to weight them in one or other contexts; this warrants further work.

CONCLUSION

The views of policy actors in Australia exposed different understandings of the nature and use of ‘evidence’ for policy. These findings resonate those from the United Kingdom and Canada. Drawing on these views and the literature, we have developed a model to help navigate the development and use of evidence in policy making. This synthesis demonstrated that a variety of types of evidence inform policy making. Considering evidence to be derived from research, knowledge, interests and ideas, political and economic information challenges us to commission, produce, sharpen and use a variety of sources, forms and formats of evidence in policy making.
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