

Fuse Quarterly Research Meeting: Using public health research evidence - how difficult can it be?

**National Interactive Workshop 5th November 23rd January 2013
Teesside University, Darlington Campus, DL1 1JW**

The Research Utilisation interviews vignette and discussion focussed upon three questions:

- What is not done with existing evidence?
- Which evidence is preferenced?
- How to make national evidence fit locally?

Quotes from the interviews were used to highlight the curious case of (inter)national evidence being ignored and generate discussion (see slides).

In both case studies, we found that some types of evidence were ignored. For instance, in the Scottish case study site a large body of (inter)national research on the link between outlet density and alcohol-related crime and harm was not used in the decision making process.

Decision makers found it difficult to relate national data from elsewhere to their context and therefore found this evidence less useful in deciding what to do about their problems.

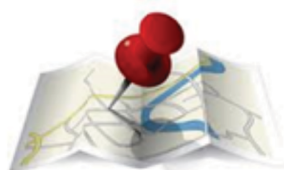
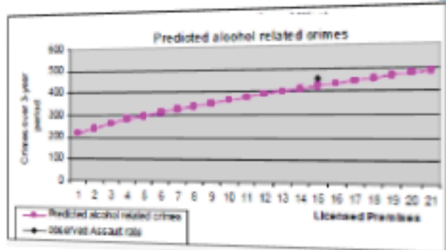
To solve this mismatch a similar process seemed to occur (although for different reasons) in both case study sites: evidence from a range of sources was made fit for local commissioning purposes.

To achieve this, similar mechanisms of localising and tailoring evidence were applied in both case study sites. In the English case study site, localising of evidence occurred with the framework of an annual Joint Strategic Needs Assessment. In the Scottish case study site, this localisation process occurred within an overprovision subgroup of the Licensing Forum.

The localised evidence was tailored in the case study sites by apply marketing research techniques that enabled decision makers to select targeted interventions. In the English case study site, social marketing campaigns were used design and develop local public health interventions. In the Scottish case study site, large volumes of local crime data were projected onto detailed geographical maps that instantly identified hotspots for alcohol-related crimes that could be targeted by the local Crime and Safety Partnership.

Data in easy accessible format with actionable messages were preferred by decision makers. In both sites, face-to-face-presentations were made to relevant stakeholders to explain the findings and discuss its usefulness.

The curious case of (inter)national evidence being ignored



Localising and tailoring evidence

"If you're a councillor, you don't have time to read a 20-30 page report. You want the headline".

"We bring a real time understanding, a lot of it is very practical".

"Policy makers will continue to make decisions based on anecdotal evidence, if we can't as analysts bring that to life".

"Locally relevant and internationally recognised data in a local context is the Holy Grail of public health".

"Just make it simple: what works and feed that back into the operational and strategic environments, so resources can be better targeted".

