Communicating health research

Short Edit 1-26

https://www.hifa.org/news/new-hifa-project-communicating-health-research-support-evidence-informed-policymaking

Below are brief extracts of the discussion so far (end of week 1). I offer this in the hope that it will be helpful for HIFA members to follow and contribute to the discussion. You can see the full text of all messages here: https://www.hifa.org/rss-feeds/17

As always, please do send your thoughts and comments to the forum: hifa@hifaforums.org

QUESTIONS

1. What do we mean by 'Effective communication of health research to policymakers? How do we measure it?

2. What are the different approaches to communicating research (eg academic journals, policy briefs, interaction with policymakers, press releases, social media, infographics, use of video)? What is your experience with these approaches? What works and what doesn't?

3. What is the role of researchers in research communication, beyond publication of their paper? What is the role of other stakeholders (eg communication professionals, editors, media, public health professionals and critical thinkers)

4. What are the needs and preferences of policymakers?

5. What can be done to better support researchers in the communication of health research?

1. What do we mean by Effective communication of health research to policymakers? How do we measure it?

NPW: The HIFA working group offers the following points for discussion and exploration:

1. The main aim of this discussion is to identify t**he most impactful methods for researchers to communicate their research to policymakers**. For example, how can research be better packaged and communicated, including for example the role of policy

briefs as well as academic journals, videos, social media, infographics, newsletters, use of video, and newsletter content?

2. **We are looking primarily from the perspective of researchers.** From their point of view, this means that their research is considered by policymakers where appropriate. This implies that it is visible, accessible, clear and readily understandable, that it is seen by policymakers as relevant and reliable, and that it is in a format that meets the perceived needs of policymakers.

3. **'Health research', for the purposes of this discussion, is inclusive.** We invite you to discuss the communication of primary research (eg randomised controlled trials, observational studies, implementation research, operational research), secondary research (eg systematic reviews), and tertiary research (where cumulative evidence is operationalised in, for example, the form of policy briefs and clinical guidelines). We also invite you to consider research at all levels: global, national, local.

4. **The term 'policymakers'** includes not only those who make health Policy decisions (big "P") at **national** or **subnational** levels, but also those who make policy decisions (little "p") in **programme** implementation.

5. The question **'How do we measure it?'** invites us to assess the **effectiveness of different methods** of communication. What indicators can we use to measure the effectiveness of communication?

NPW: The HIFA working group on Effective research communication proposes the following definition:

"Effective communication: From a researcher point of view, this means that their research is considered by policymakers where appropriate. This implies that it is visible, accessible, clear and readily understandable, that it is seen by policymakers as relevant and reliable, and that it is in a format that meets the perceived needs of policymakers."

It can be argued there are various **NPW:** of effective communication to policymakers (PMs): 1. PM is **aware** of the research (whether directly or indirectly) 2. PM **understands** the key findings of the research 3. PM has **confidence** in the research 4. PM **includes** the research as part of their decision making process 5. There is a demonstrable **link** (direct or indirect) between the research and subsequent policy 6. The policy is **implemented** and has an impact on health outcomes.

Any of the above may be facilitated/affected by several types of actor: advisers, policy brief writers, media, journalists, civil society organisations, not to mention the original researchers themselves.

Note that the above is a representation from the perspective of a researcher who wants to communicate *their* research.

NPW: A definition of 'effective communication' from a public health perspective would arguably be different. For example, many of us would say that optimal policymaking should not be based on which research team is the most effective communicator. By definition, this promotes biased policymaking. We would argue that effective communication is that which

supports evidence-informed policymaking, which WHO describes as ensuring that 'the best available research evidence is used to inform decision-making... characterized by systematic and transparent access to and appraisal of evidence as an input into the policy-making process.' https://www.euro.who.int/en/data-and-evidence/evidence-informed-policy-making/evidence-informed-policy-making

Jackeline Alger (Honduras): Regarding question 1 on "What do we mean by "Effective communication of health research to policymakers? How do we measure it?", I want to comment on what is considered by the PAHO/WHO Policy on Research for Health.

The Policy on Research for Health document is available at: https://iris.paho.org/handle/10665.2/54411?locale-attribute=es

The Policy is based on principles that guide the achievement of its goals and objectives including the principle related to Communication and Accessibility which means communicating to the public effectively and in a timely and pertinent manner the research activities and allowing free and unrestricted access to the research that PAHO/WHO supports and also urging that other agencies and allies that fund or conduct research do the same. It is explained that to achieve the objectives, the Secretariat of the Pan American Sanitary Bureau, Member States and partners must work together to benefit from science, technology, innovation and broader knowledge. It also notes that the implementation of the Policy will result in a number of tangible benefits for countries, including improved production, use and communication of reliable, relevant and timely information and evidence.

The Policy has six objectives, one each for the aspects of Quality, Governance, Human Resources, Partnerships, Standards, and Impact. In terms of impact, the Policy declares: âŒœInformation and communications technologies can be used to give visibility to Regional research and to disseminate and **promote the use of knowledge to improve health, equity, and development. Researchers, policy makers, health practitioners, and the public require timely and equitable access to research evidence.** Strategies to bolster understanding of the essential links between research, policy, and action need to be developed, implemented, and evaluated.'

Since 2009, when the Policy on Research for Health was published, it has been promoted that member countries can integrate the policy and adapt it to local and national health research needs. As we can see, the Policy provides a broad framework on communication to policy makers and other actors.

How to measure the effectiveness of health research communication?

NPW: To help answer this question, I looked at the paper by two members of the HIFA Communicating health research group (Rob Terry (TDR/WHO) and Tanja Kuchenmuller (Evidence to Policy and Impact/WHO)):

CITATION: Assessing the impact of knowledge communication and dissemination strategies targeted at health policy-makers and managers: an overview of systematic reviews. Evelina Chapman et al. Health Research Policy and Systems volume 19, Article number: 140 (2021) https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-021-00780-4

The main conclusion was: 'There is limited evidence regarding the effectiveness of interventions targeting health managers and policy-makers, as well as the mechanisms required for achieving impact.'

How did the studies measure 'effectiveness'?

Below are extracts from the full text that (partially) address this question, and a comment from me:

'We included outcomes related to the effectiveness of communication and dissemination strategies targeted at managers or policy-makers...

'Our primary outcomes were use or uptake of research results, decision-making, adherence to research knowledge (i.e. change in knowledge/awareness) and behavioural change...

'Thirteen studies assessed the use or uptake of research results, 14 studies assessed decision-making or changing behaviours, six studies assessed intention to use or apply evidence, 14 studies assessed change in knowledge, and five studies assessed changes in awareness...

'Secondary outcomes were those related to understanding, perception and persuasiveness. We considered only objective understanding and not self-reported understanding. Perception referred to how effective an intervention was perceived to be. Persuasiveness considered how likely participants were to make a hypothetical decision in favour of an intervention...

'Understanding was assessed by nine studies, perception by seven studies and persuasiveness by three studies, and cost was reported by a single study as a research gap...

'Additionally, the included studies assessed outcome measures that were not included in our protocol. These included learning (six studies), attitudes/beliefs (four studies), skills or competencies (three studies), discussion regarding the evidence (two studies), health outcomes (two studies), engagement (two studies), policy changes (one study), value of research evidence (one study), scaling-up of intervention (one study), acceptability (one study), research culture (one study), intention to act (one study), sustainability of evidence-informed policy-making (EIPM) (one study), research coproduction (one study) and credibility (one study).'

NPW: The implication [of the paper by Terry, Kuchenmuller et al] is that there are many possible outcomes to consider, and many possible approaches to measurement. As we have discussed previously, there are many aspects to the term 'effectiveness', and the definition of 'effectivesess' will vary from one perspective to another, and from one context to another. Are we able to identify a numerical indicator of 'effectiveness' that can be applied to research communication? It would seem perhaps not. **I look forward to hear what Rob and Tanja and others have to say on this topic.** Meanwhile I am reminded about a well-known and highly controversial measure - the journal impact factor - which is based on citations.

If there is no single numerical indicator of effectiveness of research communication, the implication is that each instance of communication needs to be assessed on a case by case basis, on the basis of whether the communication achieved the desired objective(s).

2. What are the different approaches to communicating research (eg academic journals, policy briefs, interaction with policymakers, press releases, social media, infographics, use of video)? What is your experience with these approaches? What works and what doesn't?

2.1 Academic journals

Irina Ibraghimova (Croatia): I would like to share some thoughts as an editor of a journal that is oriented to serve those at the policy and governance levels within government, healthcare systems or healthcare organizations'

- In our author guidelines we advise the authors besides Research implications also to identify Practical implications and Social implications and include those sub-headings in the structured abstract of an article. - We also recommend to add a plain language summary - Each journal issue provides a review of included articles, which concludes what healthcare practitioners, educators, and managers can learn from that issue and apply to their own areas of practice. Those reviews are in open access. - As an editor I am constantly working to attract authors and peer-reviewers not only from academia, but from other sectors as well.

I have also found recently specific recommendations for authors how to make their research known to policy-makers. Such guides look to me promising if they are country- and subject-specific.

Helpful hints for sharing research with people in policy (the UK)
https://www.emeraldgrouppublishing.com/opinion-and-blog/helpful-hints-sharing-research-people-policy

Connecting research with policy: Guide to writing for policy-makers (Australia, National Environmental Science Program) https://www.nespthreatenedspecies.edu.au/publications-and-tools/connecting-research-with-policy-guide-to-writing-for-policy-makers

Research Engagement with Policy Makers: a practical guide to writing policy briefs (the UK, NIHR Policy Research Unit in Behavioural Science) https://osf.io/m25qp

David Cawthorpe (Canada): May I draw your attention to the following article about Nature. The Fall of 'Nature' A once-respected journal has announced that it will be subordinating science to ideology. https://quillette.com/2022/08/28/the-fall-of-nature/

2.2 Open access

NPW: An initial thought from me is that (almost) all research should at least be available in a peer-reviewed journal, and the paper should ideally be freely accessible to all. ('Tertiary research' is an exception, as this is typically defined in terms of policy briefs and clinical guidelines. Even then, tertiary research should (almost) always be peer-reviewed, and indeed the process for WHO guidelines, for example, is more rigorous than standard peer review.)

As Chris Zielinski has said, policymakers are not likely to 'spend their Sundays reading academic biomedical journals' [https://www.hifa.org/dgroups-rss/communicating-health-research-11-q1-what-do-we-mean-%CB%9Ceffective-communication-health] The question then becomes: how can the findings of a paper be made more accessible, and more useful, to policymakers? A more digestible format is the policy brief. Chris suspects policymakers are not likely to read these either. So do some of us take it for granted that policy briefs have an impact?

NPW: Many of us would argue that open access is a critical aspect of effective communication of health research to policymakers. It promotes transparency and trust, and it allows the policymaker (and those who write policy briefs or use other methods to inform the policymaker) to interrogate the full text.

PLOS, and their flagship journal PLOS Medicine, is one of the pioneers of open access publishing. Here, PLOS leaders discuss their 'values-driven vision for change in the scholarly community': [Read online with links to blogs: bit.ly/3QeCs7G]

2.3 Pre-prints

Joseph Ana (Nigeria): Today, researchers can pre-print their work before or whilst they submit their manuscript to a journal of choice, thereby side-stepping traditional peer review scrutiny. The result is that before the peer reviewed and 'approved' research report is published, policy makers already have seen and / or read the unscrutinised version. Therefore, increasingly, policy is informed by the un-peer reviewed pre print and implementation already on the way before the 'approved' peer reviewed version is published. Retractions have been known to happen, too late before harm has happened in some instances. It can also have serious consequences for all the stakeholders (end user / community, implementer, policy makers, researcher, etc), as was frequently the case when the covid-19 pandemic was at its peak in 2020, for example the mis-information and dis-information about the pandemic, including the correct treatment, the vaccines and in some instances there are doubters who question whether there is a pandemic at al, even with all the incredible level of mortality and socio-economic damage, everywhere. This relatively 'new' world of research to publication to policy makers and practice needs to take account of the effects of such unregulated open access.

2.4 Blogs

Joseph Ana (Nigeria): One other influencer or confounder of the current research to publishing to policy to practice pathway is the blog!. In the beginning, about 1994, again with the availability of the internet, what has now more or less settled with the title, 'Blog' had several monikers: 'online diary', 'personal web page', 'web blog', etc, with the common denominator, that they represent personal opinion which is not peer reviewed. The initiated (researcher, author, journals, subject experts, etc) know that blogs are personal opinion, without peer review but the uninitiated politician-policy maker does not know that. Today, blogging in addition to being largely for fun, is increasingly being used to 'report' some research finding or observations, by-passing the tradition peer review scrutiny, just like the pre-print…

Preprints and Blogs apart from the labels, need to carry some Alert sign, especially for the uninitiated politician-policy maker, so that they and other readers including initiated policy makers and the media know that these are the personal opinion of the researcher.

2.5 Policy briefs

Joseph Ana (Nigeria): How can the findings of a paper be made more accessible, and more useful, to policymakers? The answer lies in recognizing significant characteristics of a policy brief as one tool aimed to increase the possibility of transferring research to policy and then practice. By nature, policy briefs are different from academic reports. They are meant to be presented to usually, a non academic chief executive / policy maker to aid policy making that is based on evidence, informal, brief, clear and engaging in a positive tone. To be effective and persuasive, it should not be dominated by technical and specialist jargons. The chief executive should not have to browse google to search for meaning of terminologies in the brief.

Policy briefs are generally valued by policy-makers, so long as they meet the criteria listed above. In addition, the writer /author of the brief must bear the policy maker and his needs in mind. It should easy to read because decision-making is already a complex process, with other conflicting interests, ideas and values in the mix, to take account of. Furthermore, prior established credibility of the writer/author and the research source are equally important. In our experience, a policy brief should not be more than three pages which the often busy chief executive can spend between thirty minutes to one hour to read, leisurely, understand, and act on.

2.6 Popular culture
Richard Fitton (UK): Researchers may also need to consider communicating with "influencers" as the UN did using the South Korea K-pop group BTS last year General Assembly.

2.7 Communicating with other researchers, funders
Chris Zielinski (UK): I think the definition you provide needs unpacking a bit: "Effective communication: From a researcher point of view, this means that their research is considered by policymakers where appropriate. This implies that it is visible, accessible, clear and readily understandable, that it is seen by policymakers as relevant and reliable, and that it is in a format that meets the perceived needs of policymakers."

This seems to suggest that the only purpose for communicating research is to be "considered appropriate" by policymakers. But this is far from the whole story. Health research is carried out in distinctly different institution and undere a range of circumstances and conditions.

For example, the research carried out by academics in a university setting needs to convince the academic hierarchy that it is/was worth doing - you won't get your PhD without that trusted communication tool, the thesis, and you won't get tenure or Professorship without a strong publications (= effective communications) record.

Equally, research funded by a government or other source will need to communicate effectively with the funding source - not necessarily at the policymaking level. So the funder's priorities come into play. In the UK, research funded by the National Institute of Health and Care Research (NIHR) is often funded so as to improve the educational establishment itself - to set up or strengthen new research capabilities and units, to train staff, etc. - which is not exactly policymaking.

Commercially funded health research usually has product-related goals. As in the other examples above, policymaking and policymakers don't enter into it.

So the definition of "effective communication" for health researchers proposed seems too narrow. A more accurate definition could be something like, "From a researcher point of view, this means that their research is considered as appropriate by the relevant target audiences, including funders, academic authorities and policymakers, among others. In all cases, research communications should be visible, accessible, clear and readily understandable. Effective research communications for policymakers should be in a format that meets their perceived needs, and should be seen as relevant and reliable."

2.8 Co-creation

Ellos Lodzeni (Malawi): Any Research which has to be relevant must involve and engage the users through their Associations or organizations. This will ensure that all relevant factors have been taken into account and there is acceptance and coperation from the users. User co-creation is very critical. Any deviation will produce sub standard results. Users are experts in their own right due to personal experiences.

2.9 Interaction with policymakers

Wilber Sabiiti (UK): Is there anything that we can learn from COVID-19 response? The response was generally led by politicians (non-scientists in general) at national level with support from scientists in the form of advisory committees. Did the politicians do a good job in communicating the messages to the public? Did the scientists do a good job in communicating evidence to the political leaders? Were there some good communication practices that we could borrow a leaf from? COVID-19 makes a perfect example because it set a scenario where there was hunger for evidence to support policy decisions almost daily.

COVID-19 pandemic, particularly between March 2020 and March 2021 is a perfect example of a scenario in which policy makers and decision makers expressed hunger and readiness to receive research evidence to inform their course of action. Consequently, the channels of communication between researchers (scientists) and policy makers were established and open 24-7 for evidence to stream in and get used as quickly as possible. We often heard politicians, say, 'we are following science for every decision taken. There was a direct line of communication between scientists (national scientific advisory committees) and policy makers and often media played the 3rd partly role of informing the public of decisions taken. The advisory committees served as research evidence translators before passing it on to policy makers for action. One take home from this is that readiness to receive information by the recipient (policy maker) from the communicator (researcher) is a critical for effective communication. COVID-19 was a unique situation, a public health emergency of a disease with little known about and inevitably instilled fear in everyone including policy makers, and perhaps thats why we saw the hunger for evidence. How then do researchers maintain such a direct channel of communication in non-emergency periods? Will it be the art of communicating the information from their research? Will it be identifying and placing information in spaces where policy makers are more likely to interact with it? Will it be communicating in the first instance why their research is worth the policymakers attention in order to get their attention? It seems humans are more likely to pay attention to a message if they believe there is something valuable to them. By answering these questions, we may produce one of the effective ways to communicate health research to policy- and decision-makers.

Chris Zielinski (UK): On one hand we have researchers and on the other policy makers: Researchers have been academically prepared and trained by experience and example to write up their work according to a standard format known to everybody. The research is then submitted to a journal for publication, where it is usually reviewed by another researcher or academic, and then - if it clears all the hurdles - published in what is typically a low-circulation journal only read by other academics and researchers working in the field. Citations in later publications give it some continued life. If the author is lucky, the paper will be collected up into a systematic review, or form part of a policy paper extracted from a collection of papers published on a particular topic. Policy makers (in the expanded definition adopted here) range from complete politicians who may have no scientific background or academic competence, to subject specialists who are themselves former researchers and academics. Most policy makers lie between these two extremes. In most countries, the former instruct the latter - health policy is usually set at senior levels, typically (but not always) in a ministry of health. It is nice to imagine that health policy makers spend their Sundays reading academic biomedical journals - or even the policy briefs laboriously prepared for them by intermediaries - nice, but completely unlikely. Instead, they kick on the TV, grab the newspaper, listen to a podcast or read a tweet. To them, whatever health issue is making the headlines is clearly the most important one, especially in democratic societies where no elected official wants angry or disappointed voters. Only after consuming the evening news do they reluctantly begin to peruse their policy briefs.

So if new health research is to be taken up by policy makers, there needs to be a strong and conscious effort for the research community to interact with the media. Let's remember that the aim is not just R2P - research to policy but R2P2P - research to policy, and then from policy to practice. (The latter is actually the point of the whole exercise.) The application of policy implies creating community understanding and awareness, and this will never come purely from research published in academic journals. We need joint efforts, collaborations and partnerships between research and media. HIFA could consider what mechanisms are possible for such interaction, and advocate for establishing them.

3. What is the role of researchers in research communication, beyond publication of their paper? What is the role of other stakeholders (eg communication professionals, editors, media, public health professionals and critical thinkers)

4. What are the needs and preferences of policymakers?

4.1 General

Chikezie Nwankwor (Nigeria):

[1] Communications: How to communicate effectively to policy makers - A guide for Academics

https://www.bennettinstitute.cam.ac.uk/publications/effective_communications/ [1]

Introduction: The difficulty of communicating complex knowledge to policy makers has generated a substantial literature. Ironically despite this wealth of literature the evidence on what works in communicating scientific findings is mixed[1] although there is a growing consensus that the starting point should always be your audience(s). This may seem obvious but understanding how policy makers process evidence and the context in which they operate is key [2]. Policy makers often have too much information to digest so will use heuristics to filter information and make decisions quickly. So ask yourself how can I help policy makers process what it is I want to say? What should my communication strategy be? What format should I communicate in and when should I communicate? Finding the right time to communicate can also effect whether you have a receptive audience or not...

Increase your visibility...

The way you present or frame your evidence can have a fundamental effect on how it is understood and whether its taken up by policy makers... Using stories or tailoring your message can help with framing your evidence...

[2] Bringing Policymakers to Science Through Communication: A Perspective From Latin America

This perspective article aims at providing some recommendations to build bridges between science and decision-making parties through communication, by exploring how Latin American diplomats and policymakers engage with scientific knowledge...]

https://www.frontiersin.org/articles/10.3389/frma.2021.654191/full [2]

4.2 Evidence-informed policymaking

Khin Thet Wai (Myanmar): Points to ponder for researchers in hitting the broader perspectives of evidence-informed policy

- My experience of involvement in three research studies that focused tropical diseases (multiple helminth infections, dengue and Japanese Encephalitis) [1-3] has generated the requirement for extended scope of evidence-informed health policy at the central level. Three themes are emanated for consideration of researchers: hierarchical health care infrastructure, multiple stakeholder networks and transdisciplinary model.

- The scope of evidence-informed policy in health sector depends on the best available research evidence to leverage the impact of the action plan by engaging the different levels of decision-makers (central level, local level) and collaborative partners.

- In the resource-constrained settings of lower and middle income countries (LMIC), researchers are able to promote the utilisation of policy-linked research findings through strengthening of scientifically sound and ethically competent research works from the outset. Besides, it is critical to choose the health priorities, the appropriate study context and collaborative approaches.

- The quality of deliverables as an input for evidence-informed policy depends on the capacity of researchers at every stage of research and the stringent assessment of funding agencies by filtering low quality proposals.

- The Special Programme for Research and Training in Tropical Diseases at the World Health Organization (WHO/TDR) funded implementation research (small grant) on multiple helminth infections in flooded rural areas in collaboration with Township Health Department highlighted the necessity of extended scope of evidence-informed health policy in form of rural development policy to mitigate the targeted health problem [1].

- The intervention study (implementation research) in controlling dengue vector breeding sites in peri-urban areas [2] funded by WHO/TDR and IDRC pointed out the involvement of multiple stakeholder networks (administrative authorities, education sector, municipal authorities for urban water supply and refuse disposal) apart from community members. Notably, the scope and impact of evidence-informed health policy needs to cover multiple sectors such as intensification of preventive guidelines in urban wards and schools to control dengue vector breeding sites and enhancing urban continuous water supply policy and regular refuse collection system and policy of municipal authorities.

- The operational research study on Japanese Encephalitis confined to secondary data from program records and a survey database of health service provider perceptions. This research was conducted through the Structured Operational Research and Training Initiative (SORT IT), a global partnership led by WHO/TDR. The training program, within which this paper was developed, was funded by the Department for International Development (DFID), London, UK. Salient findings that includes the necessity to take into account of pig vaccination to be carried out in collaboration with the veterinarian sector clearly outlines the encroachment of evidence-based health policy for one health intervention guidelines and policy.

4.3 Global and local evidence

NPW: 'What local, contextual evidence is needed when transferring and adapting an intervention or strategy to a specific LMIC setting?' This paper aims to answer this question with regards to cancer prevention and control. Citation, abstract and a comment from me below.

CITATION: JCO Glob Oncol. 2022 Aug;8:e2200054. doi: 10.1200/GO.22.00054. Role of Local Evidence in Transferring Evidence-Based Interventions to Low- and Middle-Income Country Settings: Application to Global Cancer Prevention and Control. Parascandola M(1), Neta G(2), Salloum RG(3), Shelley D(4), Rositch AF(5).

COMMENT (NPW): In the full text, the authors 'offer some additional tools and best practices for researchers to consider', drawing on the broader literature and their own experience: '1. Engage stakeholders: Whole system stakeholders should be involved from the start in identifying priorities, framing research questions and participating in study design decisions to both build commitment and to ensure that relevant data needs are addressed. Stakeholder groups should include implementers as well as policymakers. 2. Apply conceptual frameworks: Conceptual frameworks and theories, such as the Consolidated Framework for Implementation Research... 3. Use hybrid study designs when feasible: Study designs should consider and include process, context, and outcome measures aligned with stakeholder priorities... 4. Promote standardized context reporting: Publications often lack information about context. Standardized reporting of the context in which an intervention was tested would allow for greater understanding of the role of local factors and transferability... 5. Embed capacity building: To account for local context in the design, conduct, and

interpretation of research studies, it is essential to have participation of skilled local researchers...'

Also, it seems to me that the challenge of systematically merging global with local evidence is huge and highly complex. Do you have practical experience of such synthesis? What are the most promising approaches?

4.4 Applicability of evidence from HICs

Oluwatosin Caleb Adeyemi (Nigeria): I have some experience with this in Contraceptive Programming led by youth. In about six years of research and policy work targeted at improving youth access to contraceptives, stakeholders and youth identified that integrating contraceptive access with usual care was most effective where youth-friendliness was instituted. However, programme after programme attempted to implement a 'Youth-friendly clinic' separated from standard care. IYAFP in Nigeria continues to provide this evidence to INGOs, but most funders appear to be set on implementing evidence from HICs to LMICs. You can follow our work and literature publications on the PRB website-https://www.prb.org/projects/empowering-evidence-driven-advocacy/

5. What can be done to better support researchers in the communication of health research?

NPW: This 'systematic review of reviews' finds that 'the translation of new evidence was limited predominantly by individual-level issues and less frequently by organisational factors. Inadequate knowledge and skills of individuals to conduct, organise, utilise and appraise research literature were the primary individual-level barriers. Limited access to research evidence and lack of equipment were the key organisational challenges.'

CITATION: Identifying barriers and facilitators of translating research evidence into clinical practice: A systematic review of reviews.
Abu-Odah H et al. Health Soc Care Community. 2022 Jul 1. doi: 10.1111/hsc.13898.

COMMENTS (NPW)

1. The authors start with the rather provocative premise that 'Healthcare professionals' lack of motivation, lack of continuous education, uncooperative and unsupportive organisational culture and the disintegration between knowledge producers and users are the key barriers to the translation of research into clinical practice.'
2. They note that 'Establishing collaborations and partnerships between policy makers and health professionals at all levels and stages of the research process were the main facilitators of the knowledge translation process'.
3. I have not had a chance to read through the whole text in depth, but it seems that the paper says hardly anything, if anything at all, on the role of researchers in research communication.

6. Case studies

1. NPW: This article in Medscape raises interesting points and questions about communicating health research. In this case there is overwhelming evidence that alcohol causes multiple adverse effects on physical and mental health, but this evidence has not yet

translated into policy and practice. Below are extracts, and comments from me. [Is there a failure in research communication or is it just that policymakers have chosen to ignore the evidence?]

Forwarded from Medscape. Read in full:
https://www.medscape.com/viewarticle/980022?src=mkm_ret_220908_mscpmrk_trdalrtuk03_int&uac=438458DX&impID=4617848&faf=1

-- Alcohol Warning Labels Need Updates to Reflect Harms: NEJM Roxanne Nelson, RN, BSN

Warning labels on alcoholic products need to be updated to spell out details of potential harm in order to make them more effective, say two US researchers.

The current labeling, which has not changed for 30 years, focuses on risks during pregnancy and with operating machinery and includes a vague statement that alcohol "may cause health problems."

This is "so understated that it borders on being misleading," the two researchers argue.

The science related to the use of alcohol has moved on, and there is now firm evidence of harm. Alcohol has been classified by the International Agency for Research on Cancer (IARC) as a group 1 carcinogen and has been linked to an increased risk of many types of cancer. Drinking alcohol has also been linked to a wide range of other diseases, from liver disease to pancreatitis to some types of heart disease, the authors note.

Yet the general public is mostly unaware of the most serious health risks that are associated with alcohol consumption, they point out.

"We believe Americans deserve the opportunity to make well-informed decisions about their alcohol consumption," say Anna H. Grummon, PhD, MSPH, of the Harvard T. H. Chan School of Public Health, Boston, Massachusetts, and Marissa G. Hall, PhD, MSPH, of the University of North Carolina at Chapel Hill...

However, as previously reported by Medscape Medical News, pressure from the alcohol industry led to changes in the Yukon project, and while a general health warning remains, the label about increased cancer risk was removed.

The alcohol industry has tried to suppress efforts to educate the public, and this has created problems in conveying health information to consumers, the authors note. The industry spends more than $1 billion each year to market its products in the United States. --

COMMENTS (NPW): 1. When considering 'effective communication of health research', we need to be thinking not only about the impact of a single study, but also on how research findings combine with existing research evidence. 2. In the case of policymaking to update alcohol warning labels, as with most policies, the decision is typically taken by a collective of policymakers. That said, a senior policymaker (such as the president or health minister of a country) can champion the cause. 3. Whether single or multiple, policymakers need compelling evidence, both to direct them to their favoured policy, and to persuade others of the merits of that policy. 4. Different policymakers will have different motivations. While a

health minister may favour to update alcohol warning labels to decrease consumption, the president may be more interested to increase consumption, perhaps to generate more tax revenue. The Japanese government for example is actively *encouraging* young people to drink more alcohol: https://www.bbc.co.uk/news/world-asia-62585809 5. There is a human-rights dimension to this discussion. As HIFA has demonstrated in our white paper with the New York Law School, governments have a legal obligation under international human rights law to ensure that their citizens have access to reliable healthcare information. This implies that governments have a legal obligation to update alcohol warnings so that citizens are better informed.

With the above in mind, and considering the question of alcohol warning labels (or any other health policy), we can reflect on the five questions that guide our discussion: 1. What do we mean by 'Effective communication of health research to policymakers? How do we measure it? 2. What are the different approaches to communicating research (eg academic journals, policy briefs, interaction with policymakers, press releases, social media, infographics, use of video)? What is your experience with these approaches? What works and what doesn't? 3. What is the role of researchers in research communication, beyond publication of their paper? What is the role of other stakeholders (eg communication professionals, editors, media, public health professionals and critical thinkers) 4. What are the needs and preferences of policymakers? 5. What can be done to better support researchers in the communication of health research?

Neil PW, 11 September 2022