Crossing Boundaries – undertaking knowledge-informed public health

Richard Gleave,
Public Health England and the University of Oxford
Common stereotypes

The Academics in their ivory towers

The Policy Makers in Whitehall

The Practitioners at the front-line
The implications of this paradigm

Implication 1 – we face:
• Obstacles
• Barriers
• Gaps
• Hurdles
• Walls

Implication 2 – we undertake:
• Translation
• Transfer
• Exchange
• Use
• Brokerage

Implication 3 – we should focus on:
• Finding ways of shaping demand for evidence
• Finding ways of designing supply of evidence
• Investing in intermediaries who are expert evidence-handlers
The dominant model

The Valleys of Death

The Evidence Ecosystem

The Evidence Ecosystem

- Trustworthy, efficient and integrated Evidence Ecosystem
- Synthesize evidence: Relevant, timely, and living systematic reviews and HTA incorporating new data within existing knowledge.
- Produce and disseminate guidance: Trustworthy and living decision aids, clinical practice guidelines and HTA reports for patients, clinicians and policy-makers to optimize care.
- Produced evidence: Relevant and high-quality primary research, real-world evidence, and big data.
- Implement and evaluate: Clinical decision support and quality improvement initiatives, linked to impact evaluation on practice, care and patient outcomes in dynamic registries, pragmatic trials etc.
## Alternative paradigms for evidence about protecting and improving the public’s health

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<tr>
<th>A “neutral” version</th>
<th>A “critical” version</th>
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<tr>
<td>• We need two-way “knowledge interaction and intermediation” (Davies)</td>
<td>• Knowing-what and knowing-how are bound together (Ryle 1945)</td>
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<td>• We need “know what” (evidence) and “know how” (practice)</td>
<td>• There are different ways of producing knowledge — Mode 2 (Gibbons et al 1995)</td>
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<td>• We need implementation and adoption of new knowledge</td>
<td>• Power/knowledge (Foucault 1975)</td>
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<td>• Argument and rhetoric (Aristotle)</td>
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Three implications for public health

**Complexity**
Harry Rutter argues for a complex systems model of evidence because interventions happen in a complex system (Rutter et al 2017)

**“Scientification”**
John Ashton argues that we tend to adopt an overly positive approach to evidence playing down lived experience

**Politics**
Paul Cairney argues that evidence about political processes and concerns is integral to policymaking
- From “evidence-based public health policy”
- To “politics of evidence-informed public health policymaking and practice”
A field (Bourdieu and Scott)
Evidence-reviewing, advice-giving organisations compete and form coalitions about their evidence and advice following written and hidden rules.

A drama (Goffman and Burke)
Actors prepare the evidence back-stage for a performance that happens front-stage by the decision-makers to the audience(s).
The boundary organisation (Guston) needs to have salience, credibility and legitimacy in these different worlds as they hold the organisation to account.

And it needs actors and ideas that can cross the boundaries.

Conclusion – crossing boundaries