

Knowledge Sharing and Public Policies: A Representation of Influence Processes

Knowledge sharing and public policy series

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This briefing note is the first in a series of documents focused on sharing knowledge in the context of public policy development. All of the documents available to date may be found at www.ncchpp.ca > Projects > Knowledge Sharing.

How can we increase the influence of public health knowledge on public policy development? Public health actors who produce and convey such knowledge hope that it will serve to shape the public policies adopted by various levels of government so that these policies will improve the health of the population. However, their efforts rarely result in such tangible achievements.

Indeed, public health knowledge is just one of the factors weighing in the balance when public policies are being developed, and it alone cannot determine decisions. However, such knowledge does have a role to play. Gaining a better understanding of how knowledge circulates in the political sphere can help improve knowledge-sharing practices so as to increase their desired outcomes.

In order to deepen this understanding, a graphic representation (a logic model) of the processes through which knowledge can influence public policy is presented here. A logic model represents the chain of intermediate effects expected between an intervention (here, the sharing of knowledge) and the ultimate effect desired. The logic model helps create a better understanding of how the intervention functions, step by step (Morestin & Castonguay, 2013). The objective here is to prompt readers of this document to reflect on their knowledge-sharing practices, on the context in which they are carried out, on the actors involved and on the factors they are able to act upon to facilitate the knowledge-sharing process.

In this document, we briefly present the foundations on which this logic model is based and how it should be understood. We then detail its different components, thus sketching a portrait of how knowledge sharing can influence public

policy. Questions are included in the text to stimulate the reader's reflection.

The foundations underlying this work

We first produced an initial version of the logic model, based on our knowledge of the subject, our professional experience and on previous work representing the outcomes of knowledge sharing (Morestin & NCCHPP working group on knowledge sharing, 2013). This initial version was also discussed as a team.

We then conducted a systematic review of the literature on knowledge sharing to influence public policies that have an impact on population health.¹ This study of the literature broadly confirmed our initial hypotheses, while allowing us to refine some of the details of the logic model.

Correctly interpreting a logic model

Like all logic models, this one represents a simplified and non-exhaustive version of reality. Some elements are not represented or are not detailed because they are peripheral to the main subject (for example, factors influencing public policy development that are beyond the control of those who produce and convey public health knowledge).

Moreover, the logic model represents an ideal situation in which all the expected effects occur. But in reality, it is common:

- for a step in the process to be only partially carried out, which also affects the realization of the subsequent steps; or
- for a step in the process to never occur. In this case, none of the subsequent expected effects can occur and the process is interrupted. This failure of the process can occur at any time, sometimes even at the first step.

¹ The parameters of this literature review and the resulting analyses are described in other documents in this series.



This is why attention must be paid to determining factors, that is, to elements that allow a given effect to be triggered more/less effectively (or not at all), thus enabling (or not) the process to move on to the next step.

Bearing these reservations in mind, the logic model is a useful tool for guiding one through the knowledge-sharing process, for shedding light on elements that had not been considered or for calling preconceived notions into question.

An anatomy of knowledge sharing aimed at influencing public policy

This section addresses the following points:

1. What knowledge to share?
2. The main actors involved
3. Overview of the process
4. The role of policy advisors
5. Do policy makers act as conveyors of knowledge?
6. Knowledge sharing and healthy public policies

The text in this section goes hand in hand with the logic model. To facilitate understanding, we have broken down the model into two figures. We recommend that the reader begin by examining Figure 1, and then read this section for detailed explanations about the logic model's elements.

1 WHAT KNOWLEDGE TO SHARE?

Up to this point, we have been discussing “public health knowledge.” More specifically, this refers to knowledge that is considered scientifically legitimate, a point requiring some clarification.

The definition of what is considered to be scientific knowledge varies (Contandriopoulos, Lemire, Denis, & Tremblay, 2010; Oliver, Lorenc, & Innvaer, 2014).² For public health researchers and professionals, only research-based data is traditionally included (considered more or less broadly; for example, inclusion or exclusion of social sciences research). But increasingly, there is also recognition of expert knowledge, acquired through the accumulation of

² In this introductory document, we have cited only a few major references, chosen to guide the reader who would like to investigate further. The complete bibliography can be found in the document describing our knowledge sharing and public policy project.

theoretical knowledge and practical experience during the course of a career, as well as knowledge based on the analysis of data (for example, public health surveillance data) (Lemire, Souffez, & Laurendeau, 2009). For political actors, the net is cast wider and sources of scientific knowledge include all those previously mentioned, as well as needs analyses, impact assessments, modelling, data found in the grey literature, etc. (Bowen, Zwi, Sainsbury, & Whitehead, 2009; Oliver et al., 2014). We postulate that, ultimately, what renders knowledge “scientific” in the eyes of political actors is the scientific legitimacy they attribute to the actors putting forth the knowledge. In this document, we favour this definition because considering political actors’ point of view is interesting since they are the ones public health actors are trying to address. That said, dialogue among actors may well change political actors’ view of what knowledge they consider to be scientific.

As indicated by the term knowledge “sharing,” the process should constitute an exchange in which political actors also contribute their own knowledge, for example about the socio-political context and upcoming issues for the government, and public health actors take this into account (for example, to choose research topics as well as the aspects of these that their study will focus on, in order to produce knowledge about possible courses of action that are relevant given the context). But often, this dialogue is lacking and there is merely a “transfer” of knowledge between the public health sphere and the political sphere.

Questions for reflection

- What type of knowledge do you wish to share with political actors?
- Are you trying to collect knowledge from the political actors you are addressing, so as to guide your own activities? What type of knowledge, and how do you collect it?

2 THE MAIN ACTORS INVOLVED

2.1 Political actors

When discussing public policy, one automatically thinks of one type of political actor: **policy makers** (e.g., municipal councillors, ministers, members of Parliament). But another type of actor plays an important role, as will be seen further on: the **advisors** of policy makers. In this document, the

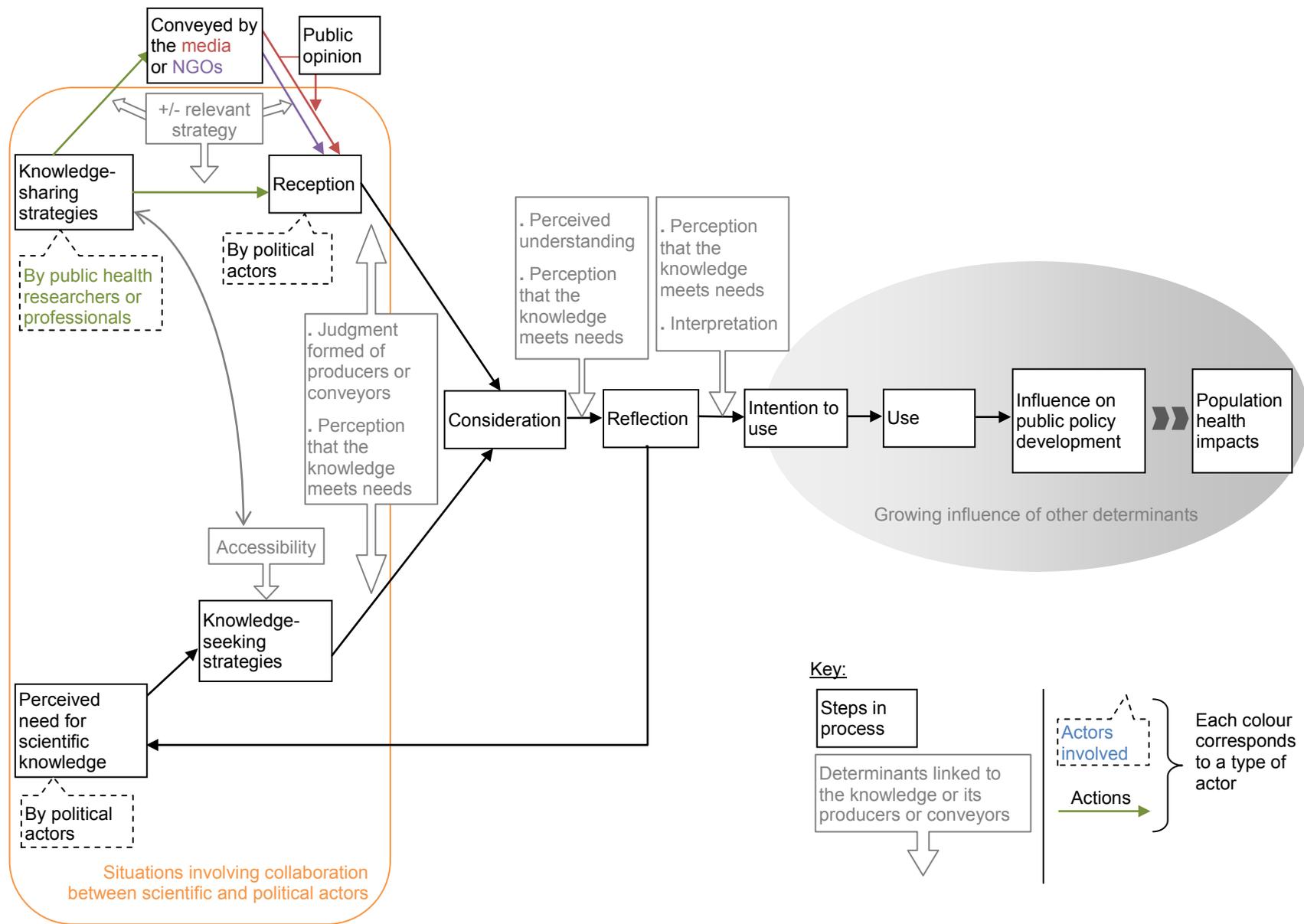


Figure 1 – Knowledge sharing and public policy – Simplified representation

term “advisor” applies to persons who fulfill this professional role within governmental structures (vs. persons who occasionally give advice to policy makers). This category encompasses civil servants involved in public policy development as well as high level advisors.

2.2 Public health actors

Those that can have scientific legitimacy in the eyes of political actors³ are **researchers** as well as **public health professionals** (due to the deep-rooted culture of evidence use in the public health field and perhaps also, more vaguely, due to its perceived relationship with the field of medicine, each constituting one facet of the health system). Public health professionals work within public organizations, and those among them whose main professional role consists in developing public policies also qualify for our definition of policy advisors. However, these instances of a double role concern only a minority among public health professionals.

3 OVERVIEW OF THE PROCESS

References to elements in the logic model in Figure 1 are indicated in boldface throughout the text (in black for **steps in the process**, in grey for **determining factors**).

3.1 How scientific knowledge enters the political sphere

Knowledge sharing can follow three configurations (Lavis, Ross, McLeod, & Gildiner, 2003):

- 1) it can be initiated by the producers or conveyors of knowledge (see Box 1 for examples of production and conveyance);
- 2) it can be initiated by political actors⁴; or
- 3) it can fall within the context of a pre-existing collaboration between actors.

Question for reflection

- In which configuration(s) do your activities for sharing knowledge with political actors take place?

³ Other public health actors, for example non-governmental organizations, can play a role in the sharing of knowledge. But their legitimacy in the eyes of political actors does not derive from a scientific role; rather, it derives from the fact that they represent the demands of certain population groups, thus taking part in the democratic process.

⁴ We use the general term “political actors” in instances where no particularity distinguishes policy makers from their advisors, nor vice versa.

Box 1 — Producing and conveying knowledge

Examples of knowledge production: Carrying out original research; producing a literature review; analyzing epidemiological surveillance data; providing expert advice; etc.

Conveying knowledge consists of transmitting knowledge produced by others, in its original form or in a transformed state. **For example:** transmitting an evaluation report that one has received; writing and disseminating a streamlined summary of a scientific study; briefing a policy maker on the current state of research on a given subject; etc.

The three knowledge-sharing configurations correspond to three points of entry into the logic model.

First point of entry (upper left in the logic model): Public health researchers and professionals who wish to inform political actors of knowledge generated by themselves or by others implement **knowledge-sharing strategies**, which may be diverse in nature.⁵

These strategies can directly target political actors, or they can intentionally engage other actors. For subjects of concern to public health, two types of actor are regularly mobilized:

- the **media**: the resonance they can give to knowledge can attract the attention of political actors either directly or through the media’s influence on **public opinion** (Leask, Hooker, & King, 2010);
- **non-governmental organizations (NGOs)** that are active with regards to public health issues (for example, community organizations and foundations): scientific knowledge acquires added weight when it is reiterated and linked to the demands of these organizations, which have their own networks and means of action and whose legitimacy is based on their representation of citizens’ demands (Gagnon, 2012).

⁵ We are referring here to ad hoc strategies, and not to collaborations such as those described further on. Some examples of ad hoc strategies: sending a monitoring report to political actors; meeting with a policy maker to discuss the link between the results of a study and the policy maker’s own concerns; issuing a press release presenting the results of an evaluation of a public policy; testifying as an expert during parliamentary committee hearings; etc.

It should be noted that these actors as well as others (lobbyists, unions, private companies, etc.) can also spontaneously seize on scientific knowledge to incorporate it into their strategies for influencing public policy.⁶ Regardless of whether or not it is solicited, the intervention of other actors cannot be controlled: they have their own objectives and may represent knowledge in a manner its producers did not expect (Lomas, 2000; Gagnon, 2012). In any case, the fact of various actors conveying scientific knowledge contributes to its outreach, sometimes to the point of integrating it into the body of common knowledge (Lomas, 2000). Once knowledge has become common currency, it can come to political actors' minds seemingly spontaneously—although actually, knowledge-sharing efforts were indeed deployed at first to initiate the process through which this knowledge eventually became part of the common knowledge.

Since public health professionals work within public organizations, sometimes their options for sharing knowledge are circumscribed by procedures (e.g., temporary embargo on publications; obligation of having publications endorsed by management before release; external communications handled by management only; observance of public consultation periods before engaging in any discussion with policy makers; etc.). Public health professionals should find out whether such procedures exist in their organizations. Even if such procedures give them leeway to use other knowledge-sharing strategies, they should make sure that the latter would not risk compromising the official procedure as a result of bypassing it.

Whether direct or indirect, the knowledge-sharing **strategy** selected may be **more relevant or less relevant** to ensuring that the knowledge actually reaches the actors targeted. Conveying knowledge through political actors' usual information sources can favour the success of this step, which determines whether they will **receive** the knowledge.

⁶ This phenomenon is not represented in the logic model because, here, we are only mapping strategies initiated by public health professionals and researchers.

Questions for reflection

- Have you analyzed the information sources used by the political actors you wish to reach?
- If you are a public health professional, are you subject to specific procedures regarding knowledge sharing?
- Have you ever worked with the media or with NGOs to amplify a message addressed to political actors?
- What advantages and disadvantages do you see in doing so? Have you found ways to limit the disadvantages?

Second point of entry (bottom-left in the logic model):

When political actors have a **need for scientific knowledge** (or more precisely, knowledge they define as scientific), they implement **knowledge-seeking strategies**, targeting either sources where it is available in the form of an *object* (document, audio or video recording, etc.), or *persons* (Haynes et al., 2011). These persons may be producers of knowledge or they may be some form of knowledge conveyor, "authorized" or not by its producers. For example, researchers may think that an expert in their same field will be able to adequately transmit their research findings when consulted by a policy maker; whereas they may deplore the way a lobbyist, when consulted, might manipulate these findings.

The main determining factor here is the **accessibility** of the knowledge or of the persons conveying it: Does the desired knowledge exist? Do political actors know what sources to turn to? How capable are they of sorting through the knowledge they find and retaining that which interests them? Producers and conveyors of knowledge can take action to address some of these points: disseminating knowledge that is aligned with current issues; making themselves available or raising awareness of accessible sources of knowledge; favouring sources typically consulted by political actors, sources without barriers to access (for example, those not requiring payment for consulting a document); etc. The accessibility of knowledge therefore depends in part on the knowledge-sharing strategies applied to it; this relationship is represented in the logic model by a grey curve with bidirectional arrows.

Question for reflection

- What do you do to make knowledge more accessible to political actors?

Third point of entry: Unlike ad hoc strategies implemented by scientific or political actors, **situations involving collaboration** are characterized by more sustained and repeated contact between these actors, and thereby automatically place scientific knowledge in the hands of political actors. This is why, in the logic model, the orange box representing such situations encompasses all the initial steps in the process.

However, there are many forms of collaboration, each associated with greater or lesser involvement on the part of political actors. A gradation exists between the acts of mandating a study, of providing long-term funding for a research or knowledge-sharing group, or of participating in a research project. And there is a greater chance that knowledge will automatically be shared during more sustained collaborations: this could be realized, for example, if political actors participate in the research process by contributing their own knowledge and concerns regarding the subject under study, and/or if they get to be exposed to scientific knowledge as soon as it emerges because they attentively track the progress of the project. Conditions are less favourable in the case where a political actor simply mandates a study and delegates its production to researchers.

Question for reflection

- If you have engaged in collaborations with political actors, have they proven conducive to knowledge sharing?

Whatever the initial knowledge-sharing configuration, if all has gone well so far, the scientific knowledge will now be in the hands of political actors. But several steps remain to be traversed before any outcome can be expected.

3.2 Uptake by political actors

Less data are available regarding this part of the process, which consists of an individual reflective process that by nature cannot be easily studied. Nevertheless, some aspects have been documented, which allows us to outline this process.

When political actors receive or locate scientific knowledge, they first carry out a preliminary sort to determine whether they will examine it carefully. On the one hand, they form a **judgment of the producers or conveyors of knowledge** based on the credibility they attribute to these persons, on their

perception of how easy it is to communicate with them, etc. The organizations that employ such persons can also be a factor in how they are judged (Liverani, Hawkins, & Parkhurst, 2013). It is difficult, but not impossible, to have an impact on this factor: for example, one can identify and target more favourably inclined political actors for knowledge sharing; alternatively, if one does not possess the expected qualities, one can delegate knowledge sharing to partners who will be better perceived. On the other hand, political actors sort knowledge depending on their **perception that the knowledge meets their needs**. Knowledge must be focused on a subject they are currently concerned about: political actors respond based on their own agendas, not those of knowledge producers (Bogenschneider & Corbett, 2010; Lomas, 2000). Knowledge that arrives at an inopportune time meets no perceived need, and in general it will not be processed (McCaughey & Bruning, 2010). Furthermore, knowledge is not received into a conceptual vacuum, but by individuals who already have an opinion based on prior knowledge and on their values and interests. This orients their perception of new knowledge, sometimes even leading them to reject that which too strongly challenges their opinions (Lomas, 2000; Contandriopoulos et al., 2010; Gauvin, 2014). Thus, the way knowledge is framed is important: it must be shown to be aligned with the issues that interest political actors, and insofar as possible, with their values and interests (McCaughey & Bruning, 2010; Liverani et al., 2013). Of course, the possibilities for reframing are limited by the imperative of preserving the knowledge's integrity. Finally, the format in which knowledge is presented must be carefully chosen such that political actors consider it sufficiently easy to process given their time constraints.

If preliminary sorting proves conclusive, the political actors engage in genuine **consideration** of the knowledge: they read it if it is in written form, or listen to it carefully if it is an oral communication. Once the political actors have examined the knowledge more closely, they again evaluate the extent to which it meets their needs. In addition, another factor comes into play: their understanding of the knowledge, or rather their **perceived understanding** (correct or not). Without perceived understanding, political actors may cease to examine the knowledge. Thus, when conveying knowledge, it is necessary to analyze the prior knowledge of the persons targeted and adapt the message addressed to them accordingly.

If the knowledge passes the test of this second appraisal, it becomes the subject of **reflection**. It may also occur, at this stage, that political actors wish to obtain additional knowledge, which leads back to the "Perceived need for scientific knowledge" box on the left in the logic model.

At the reflection stage, political actors interpret new knowledge based on what they already know and believe about a subject and, especially, based on their objectives (McCaughey & Bruning, 2010). Thus, the perception that the knowledge meets their needs again comes into play, but this time with a focus on how it ties into the objectives being pursued, which is natural since at this stage the actors are beginning to envision a concrete use. Yet another factor is involved: the **interpretation** of the knowledge. It emerges transformed by reflection because individuals sometimes misunderstand it, they integrate it with their prior knowledge, and they are tempted (more or less consciously) to manipulate it to make it consistent with their objectives. Thus, at this stage the determining factors influence not only whether or not the knowledge will move on to the next step, but also in what form it will arrive there. Is it possible to act on these factors? As previously mentioned, one can analyze the prior knowledge and the objectives of political actors and, insofar as possible, frame knowledge to tie in with these. One can also work on the clarity of messages to avoid errors of comprehension (McCaughey & Bruning, 2010). The remainder is beyond control.

When reflection by a political actor produces an **intention to use** knowledge, it is therefore not always in the manner its producers and conveyors intended. Knowledge gets transformed. Political actors sometimes retain only certain aspects of a body of knowledge presented to them, and still other times they only want to use the knowledge as a scientific justification for something they had already intended to do (Lemire et al., 2009; Nutley, Walter, & Davies, 2007). Sometimes, reflection does not lead to a specific or immediate intention to use the knowledge, but it helps to change a political actor's way of thinking, which is nonetheless an interesting effect that can have concrete consequences later on (Lemire et al., 2009; Nutley et al., 2007).

Questions for reflection

- Have you thought about how the political actors you are addressing perceive you, your organization and, if applicable, your work partners?
- How do you keep abreast of political and social current affairs related to your work topics (information sources, scanning mechanisms, etc.)?
- Have you analyzed the positions of the various political actors you wish to address (their objectives, interests, values, prior knowledge)?
- Do you reflect on the framing of the messages that you disseminate?
- Which formats are preferred by the political actors you are addressing?

3.3 Concrete public policy outcomes

The *intention* to use knowledge does not always result in its *actual use*. The uptake of knowledge, including the intention to use it, takes place within individuals and remains within the realm of thought. On the other hand, moving on to the actual use of knowledge involves engaging in the public policy development process, which is a collective process (Contandriopoulos et al., 2010). Integrating scientific knowledge into an argument so as to back up a bill of law, calling on an expert to testify, or invoking an evaluation report at a press conference to justify government intervention – these actions are based on team decisions, which may differ from individual team members' intentions to use the knowledge. In this regard, Flitcroft and colleagues refer to "institutional filters" (Flitcroft, Gillespie, Salkeld, Carter, & Trevena, 2011).

If scientific knowledge is used by political actors, the hope is that it will have an **influence on public policy development**. Thus, it is hoped that it will contribute to placing a public health problem on the political agenda; to the formulation of a public policy; to a decision to choose one policy option over another (or, more marginally, to the revision of an option such that it takes better account of health); to the abolition of a policy that has negative health impacts; to the extension of a policy that has positive impacts; etc. (Oliver et al., 2014).

Clearly, the ultimate goal of sharing public health knowledge is to improve the **population health impacts** of public policies.

The more distant the outcomes of knowledge sharing, the greater the number of factors that are in

play, and the further these escape the control of knowledge producers and conveyors. We might point to economic or social constraints, to electoral promises, to pressure exerted by various other actors (for example, the corporate sector, interest groups, public opinion), or to the greater or lesser decisional power of various political actors – to mention only a few factors that influence public policy development. The determinants of the health status of populations, for their part, are countless. Thus, even in the best of cases, the sharing of scientific knowledge can only *contribute* to improvements in these areas.

4 THE ROLE OF POLICY ADVISORS

Although they are often forgotten, the advisors of policy makers (including civil servants) play an important role in knowledge sharing. They are more involved than policy makers in the details of the preparatory work of public policy development, and are therefore more naturally inclined to be interested in scientific knowledge that can inform this process. Moreover, public health researchers or professionals are sometimes appointed to advisory positions, to which they bring their scientific culture (Bogenschneider & Corbett, 2010). In Figure 2, the actions of advisors are indicated by blue arrows, as distinct from the black arrows indicating the actions of policy makers.

Advisors can act in two ways. On their own initiative, they may perceive a use for scientific knowledge, seek it out, examine it and reflect on it. They may also carry out these actions at the request of a policy maker (indicated in Figure 2 by the word "delegation"). Indeed, public health researchers or professionals attempting to reach policy makers directly should be aware that the latter often transmit the scientific knowledge they receive to their advisors, leaving them to process it.

Following reflection and sometimes having already formulated a suggestion regarding its use, an advisor may decide to transmit the knowledge to the policy maker for whom he or she works, which is indicated by the blue arrow pointing back to the "Knowledge-sharing strategies" box at the top left of the logic model. The advisor then, in turn, becomes a conveyor of knowledge to the policy maker.

Given the pivotal role of policy advisors, public health actors who engage in knowledge-sharing strategies should not neglect them.

Question for reflection

- Who do you address to draw attention to public health knowledge: policy makers, their advisors?

5 DO POLICY MAKERS ACT AS CONVEYORS OF KNOWLEDGE?

Once policy makers have taken up scientific knowledge and wish to use it, they often happen to convey it to other policy makers. Even when policies are specific to their own sectors, they must convince other policy makers (for example: municipal councillors who vote on a draft bylaw; the premier who manages trade-offs between different departments' projects).

One could ask if, at this stage, the knowledge shared is purely scientific in nature: during the process of successive uptake by various political actors, the original knowledge may have been transformed. This is why the conveyance of knowledge by policy makers is not represented in the logic model.

In the end, as summarized in Figure 3, public health knowledge may circulate through up to three circuits before it ends up potentially influencing public policy development:

- from public health researchers or professionals to political actors;
- from policy advisors to policy makers (within the health sector); and
- (with reservations concerning the nature of the knowledge) from health sector policy makers to other policy makers.

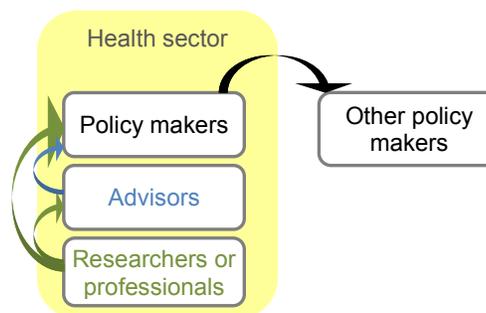


Figure 3 Circulation of knowledge between actors

6 KNOWLEDGE SHARING AND HEALTHY PUBLIC POLICIES

Healthy public policies seek to improve the conditions under which people are born, grow, live, work and age, because these conditions strongly influence health (Milio, 2001; World Health Organization, 2014). Given this goal, healthy public policies often involve other sectors (for example, housing, education, agri-food, transport, etc.). Therefore, public health knowledge may be used to feed the development of public policies in these other sectors.

Such sharing of knowledge may happen at several levels (for an example in the field of food policies, see Wegener, Raine, & Hanning, 2012). Public health researchers or professionals may share knowledge with policy advisors in the sector concerned, in the hope that the latter take up the public health's stance and convey this knowledge to the policy makers they work for. Health sector policy makers may also convey public health knowledge to their counterparts in the sector concerned once they become convinced themselves that action is warranted.

Sharing knowledge with actors from another sector raises additional challenges, because these actors have a different "culture." The way they define scientific knowledge may diverge from the definition(s) in use within the health sector (Armstrong, Doyle, Lamb, & Waters, 2006). Making sure that the knowledge being shared is understandable is all the more necessary, since it is aimed at actors who are less familiar with health issues. One should also be aware that the way these actors view public health knowledge depends on how useful they consider it. For instance: Do they see added value in this knowledge compared with the knowledge that is already in circulation in their sector? Do they feel that it really makes them learn more? Do they see using health knowledge as a way of adding legitimacy to their own interventions?⁷

Thus, sharing public health knowledge with actors from other sectors raises challenges. However, it is a key strategy for promoting the health of the population through intervening on living conditions.

Questions for reflection

- Have you ever shared public health knowledge with political actors from another sector? Did you face specific challenges in doing so?
- If you wish to address actors from another sector, have you analyzed their positions (their objectives, interests, values, prior knowledge)?

Conclusion

By examining the logic model presented in this document, we can observe that scientific knowledge must traverse several steps with the intervention of several actors, going through more or less recurrent processes that do not always guarantee direct outcomes on public policy. This is why scientific knowledge can only, at best, *contribute* to influencing the development of public policies. This realization should not discourage public health actors. Within the democratic system, it is normal for different voices to be heard and for the tasks of arbitration and decision making to belong to those whom the population has chosen to govern. The role of science must be asserted, but its limits must also be recognized. We hope nevertheless to have offered readers some avenues for reflection about their knowledge-sharing practices and, perhaps, about how to make them more efficient.

This logic model provides an overview of all the processes through which knowledge can influence public policy. In follow-up to this subject, topic-specific documents based on the systematic literature review that we carried out will more thoroughly examine the empirical evidence relating to different aspects of knowledge sharing. This more targeted but also more in-depth approach will make it possible to draw lessons for action.

⁷ For practical examples, see (among others) the previously referenced study by Wegener and colleagues (2012), or the study by Allender, Cavill, Parker, & Foster (2009) on urban and transport planners' views.

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