

Knowledge Sharing and Public Policies: Method and Preliminary Results of a Literature Review

Knowledge sharing and public policy series

November 2015

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

One of the pervasive questions in health promotion is: how can we put forward public health knowledge to support public policy development? Yet public health actors find little information about how to proceed.

This briefing note describes the method that we used to conduct a literature review on this subject and presents, by way of preliminary results, a mapping of the knowledge-sharing contexts studied in the documents we selected.

Why a literature review?

Those who wish to share scientific knowledge to inform public policy development wonder where to turn for guidance that is specific, drawn from practical experiences, and synthesized.

To begin with, for a long time research has focused on knowledge sharing targeting professional practices, while suggesting that the lessons drawn were equally applicable to the policy realm. However, this is not the case, as has been pointed out by Contandriopoulos and colleagues, among others. When sharing knowledge targeting a professional practice, we are attempting to influence relatively autonomous individuals, in the sense that the decision of whether or not to modify their professional conduct is largely their own. On the other hand, knowledge sharing targeting the development of public policies enters into a system in which decisions are *collective* in nature and are made by *interdependent* individuals (Contandriopoulos, Lemire, Denis, & Tremblay, 2010). Thus, knowledge sharing within this complex context requires specific research.

Secondly, the literature on knowledge sharing, especially that which examines public policies,

remains dominated by theoretical texts. Intensive sorting is required to locate publications that present empirical data on knowledge-sharing experiences aimed at influencing public policies.

Thirdly, recent literature reviews on the subject are lacking. There is a need to be met, because this type of synthesis is suitable for informing those who have neither the time nor the mandate to search for and study all that has been written on the subject. A few recent literature reviews have focused on related subjects (Mitton, Adair, McKenzie, Patten, & Perry, 2007; Orton, Lloyd-Williams, Taylor-Robinson, O'Flaherty, & Capewell, 2011; Dagenais et al., 2013; Oliver, Innvaer, Lorenc, Woodman, & Thomas, 2014a), but they do not really cover the subject which concerns us here, for one or more of the following reasons:

- They fail to highlight the specific characteristics of public policy decision makers or decision making, as compared to other types of decision makers and decision making (for example, by not dealing separately with public policies and program management); and/or
- They only examine health care or public health policies, without thoroughly covering healthy public policies; and/or
- They focus on the use of knowledge (which is a result), and not on the process of knowledge sharing (as is also noted by Oliver, Lorenc, & Innvaer, 2014b); and/or
- They use a restrictive definition of scientific knowledge (research-based evidence), whereas the types of knowledge that political actors consider to be scientific are much more diverse (Oliver et al., 2014b; Morestin, 2015a).

Objective

Our literature review focuses on knowledge sharing to influence public policies that have an impact on population health, and aims to draw useful lessons for public health actors hoping to improve their knowledge-sharing practices.

Briefing Note

For up-to-date knowledge relating to healthy public policy



Centre de collaboration nationale
sur les politiques publiques et la santé

National Collaborating Centre
for Healthy Public Policy

Institut national
de santé publique

Québec



Therefore, this literature review only takes into account documents that present *empirical* data on experiences involving similar actors, and it focuses on the knowledge-sharing *process* and on the *determining factors* that public health actors are able to act upon.

Method

LOGIC MODEL

We began by constructing a logic model that describes the processes through which public health knowledge can influence public policies.¹ The construction of logic models serves various purposes (Morestin & Castonguay, 2013). In this case, the aim was to put down on paper our hypotheses about knowledge sharing targeting public policies, in order to clarify the aspects that would be examined in the literature review. This logic model helped us to separate relevant information from off-topic material during the documentary search and during the extraction and coding of data.

INCLUSION CRITERIA

These criteria are detailed in Table 1. The documentary search focused on literature published between January 2000 and December 2014.

DOCUMENTARY SOURCES

Using the OVID, EBSCO and ProQuest platforms, we queried the following **databases**: MEDLINE, EMBASE, Global Health, EBM Reviews, CINAHL, Health Policy Reference Center, Psychology and Behavioral Sciences Collection, PsycINFO, SocINDEX, Public Affairs Index, Political Science Complete, Environmental Sciences and Pollution Management, ERIC, PILOTS, ProQuest Sociology, Social Services Abstracts, Sociological Abstracts. This diversity was desirable, because publications on knowledge sharing targeting healthy public policies can originate from various disciplinary fields.

The documentary search in databases was based on a combination of five concepts, each expressed as a list of keywords that was as comprehensive as possible:²

- Knowledge sharing;
- Influencing public policy;
- Political actors involved in public policy development;
- Knowledge producers and conveyors (researchers, experts, professionals, etc.);
- Public policies that relate to health.

We also found documents through snowballing, by examining the **bibliographies of recent literature reviews** on neighbouring subjects (Orton et al., 2011; Dagenais et al., 2013; Oliver et al., 2014a).

Finally, we located some documents through our ongoing **scan** of the subject.

RESULTS OF THE DOCUMENTARY SEARCH

One hundred and five documents that met the inclusion criteria were selected (Figure 1). Their reference information is presented in the appendix.

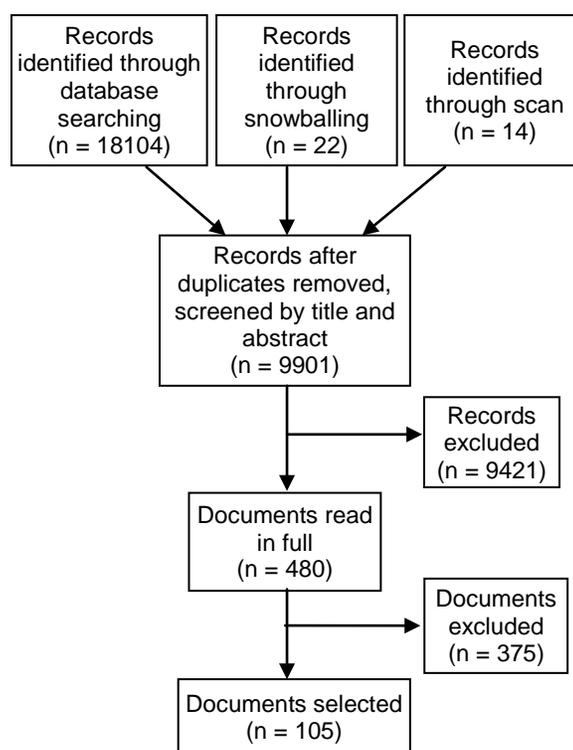


Figure 1 Flow diagram

¹ To view this logic model and read the accompanying explanations, see Morestin (2015a).

² The complete search query (the combination of keywords using the syntaxes of the three platforms consulted) is

presented in a separate document (Morestin, 2015b), for readers who may wish to draw upon it for inspiration or to reproduce it in whole or in part for their own work.

Table 1 – Inclusion criteria

Main subject of the document*	
<ul style="list-style-type: none"> - The knowledge-sharing process, - or its determining factors that public health actors are able to act upon <p><i>Exclusions:</i></p> <ul style="list-style-type: none"> - <i>Other determining factors of public policy development</i> - <i>Focus on whether knowledge was used, without examination of the reasons</i> 	
Type of data presented in the document	
<p>Research-based empirical data (including case studies), published in scientific journals or in the form of grey literature (research reports, dissertations, etc.)</p> <p><i>Exclusions:</i></p> <ul style="list-style-type: none"> - <i>Theoretical reflections on knowledge sharing</i> - <i>Literature reviews, as this type of document provides less detailed data than primary studies (on the other hand, we collected all the primary studies synthesized in literature reviews found during our documentary search and subjected these to our inclusion criteria.)</i> 	
Actors studied in the document*	
(for inclusion: at least one of the types of actors listed below)	
<p>Public health actors:</p> <ul style="list-style-type: none"> - Researchers - Public health professionals 	<p>Political actors:</p> <ul style="list-style-type: none"> - Policy makers - Advisors of policy makers (advisors working within government structures) <p><i>Exclusion: decision makers not involved in policy making (e.g.: program managers)</i></p>
Type of knowledge shared between actors*	
<p>Knowledge considered by political actors to be scientific</p> <p><i>Exclusion: influence strategies not involving knowledge sharing</i></p>	
Type of policy to be influenced	
<p>Public policies targeting the health of populations or patients:</p> <ul style="list-style-type: none"> - Policies adopted in the health sector: <ul style="list-style-type: none"> o Public health policies o Health care policies** - Healthy public policies (adopted in other sectors) <p><i>Exclusions:</i></p> <ul style="list-style-type: none"> - <i>Internal policies (for example: an institution's nutrition policy)</i> - <i>Policies dealing with the organization of the health system (for example: recruitment policies)</i> 	
Country/ies considered: Canada, the United States, Western European countries, Australia, and/or New Zealand	
Publication date: between January 2000 and December 2014	
Language of publication: English, French, Spanish or Portuguese	

* For more detailed explanations concerning the knowledge sharing process, its determining factors, the actors involved and the types of knowledge shared, see Morestin (2015a).

** We are focused primarily on population health and health promotion. However, like public health policies, health care policies are adopted within the health sector. Research on knowledge sharing to influence health care policy can therefore provide lessons applicable to public health policy. That said, we will compare experiences targeting these two categories of public policies in order to highlight possible differences.

Using an approach described in detail elsewhere (Morestin, Gauvin, Hogue, & Benoit, 2010), we examined the research designs and methods of the documents selected, but did not exclude any documents on this basis. It would be difficult to apply uniform “quality” criteria, because, given the subject, even studies based on methods such as documentary analysis or participant observation are admissible. However, readers will be alerted whenever documents are prone to bias.

EXTRACTION AND CODING

Our coding process³ was similar to that described by Ritchie and Spencer (1994) and was designed to be both systematic and flexible. The documents selected were imported into the qualitative analysis software NVivo 10, where they were read and processed in a systematic order (reverse chronology and alphabetically by first author: 2014 publications from A to Z, then 2013 publications from A to Z, etc.).

We performed open coding on the first ten documents, that is, we created codes to reflect relevant themes as they were encountered in the documents. We then suspended the coding process to reflect on the codes thus far created. We added codes based on questions facing public health actors who attempt to share knowledge to influence public policies (questions raised by our partners, by participants in our training sessions, or in the literature). We resumed the coding process using this enriched list of codes, and a few additional codes emerged during the process (see Box 1).

All documents selected for inclusion in this literature review were read, coded, and then re-read to validate the initial coding.

Box 1 - List of questions that guided coding

- What knowledge sources are consulted by political actors?
- What types of knowledge do they consider useful?
- Is public health knowledge accessible and understandable to political actors?
- What attitudes and skills do they expect to find in knowledge producers and conveyors?
- Do personal relationships play an important role in knowledge sharing?
- Where is the line between knowledge sharing and advocacy?
- Who are the influential actors who are likely to support knowledge sharing?
- What role do the advisors of policy makers play in knowledge sharing?
- What role do the media play in sharing public health knowledge?
- What role do non-governmental organizations play?
- How do political actors use public health knowledge?
- Does sharing knowledge with political actors produce lasting effects?
- What lessons can be drawn from situations involving collaboration between knowledge producers and political actors (functioning, expectations of partners and results)?

ANALYSIS

Because the subject covered is wide-ranging, the analysis will be carried out and published in segments. For example, if we examine the theme of the role played by personal relationships in knowledge sharing, we will isolate and analyze all the passages coded under this theme. We will also carry out sub-analyses to identify any context-specific characteristics (see the Mapping section below for more details about the contextual elements that will be examined). For each theme analyzed,⁴ we will publish a short narrative synthesis containing an analysis of the data extracted from the literature and the lessons that can be drawn from it.

³ In qualitative analysis, coding consists of classifying the data collected under relevant themes for analysis (codes). In the case of a literature review, this involves identifying relevant passages in the selected documents and classifying each passage under one or more codes.

⁴ We will cover only some of the themes listed in Box 1 since, for others, the data extracted from the literature is not sufficiently abundant or significant.

Mapping of knowledge-sharing contexts in the documents selected

Presented below are some of the characteristics of the documents selected for this literature review: the countries studied, the actors interviewed, and the types of governments and public policies that were targeted for knowledge sharing in the cases studied. In our thematic analyses, sub-analyses will determine whether or not these elements are variables with appreciable impact on the theme under study (for example, do the knowledge sources consulted by political actors vary according to the type of government to which they belong?). These sub-analyses will also allow readers to compare their own situations (which could involve, for example, addressing the advisors of a provincial legislator about a public health policy) to the contexts in which the analyzed data were collected, allowing them to assess the extent to which the lessons drawn may apply to their own situations.

IN WHICH COUNTRIES WAS THE RESEARCH CARRIED OUT?

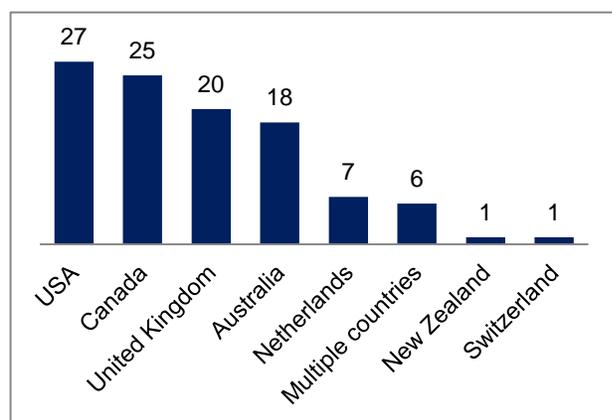


Figure 2 Distribution of documents by country

As Figure 2 shows, the majority of the documents in our corpus focus on just a few countries among the ones listed in our inclusion criteria. In almost all cases, the studies were conducted by national research teams. Canada figures prominently, especially given that, overall, research spending is much less in Canada than it is in the United States or in the United Kingdom.

WHO ARE THE ACTORS INTERVIEWED?

As indicated in Table 2, the advisors of policy makers are the most represented: 71 out of 105

documents present their perspectives regarding knowledge sharing. It may be assumed that this is because advisors are more available than policy makers (for example, to participate in interviews). As regards public health actors, the perspectives of researchers are much more heavily represented (in 53 documents) than those of public health professionals (in 14 documents). One possible reason is that many studies narrowly define scientific knowledge (as research-based evidence), which influences who is recruited for interviews.

Table 2 – Distribution of documents by types of actors interviewed

Number of documents* presenting the point of view of:		
Political actors	Policy makers	40
	Advisors	71
	Unspecified	7
Public health actors	Researchers	53
	Professionals	14

* Some documents present the point of view of several types of actors, which is why the total exceeds the number of documents selected (105).

WHAT TYPE OF GOVERNMENT WAS TARGETED FOR KNOWLEDGE SHARING?

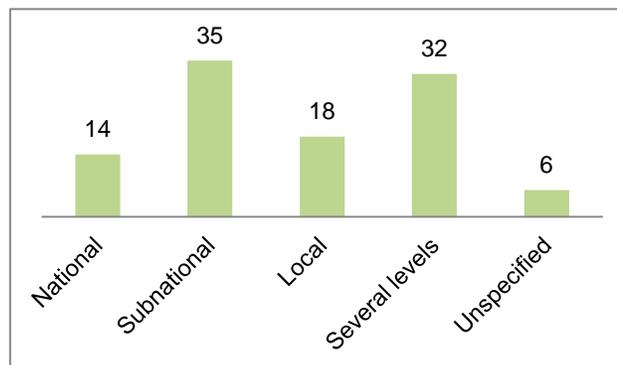


Figure 3 Distribution of documents by level of government studied

As shown in Figure 3, the largest number of documents in our corpus (35) examine experiences of sharing knowledge with subnational government actors (e.g., at the provincial or federated state level). A national-level government was less often the focus of study (in 14 documents, including 6 concerning federal states and 8 concerning unitary

states⁵), as were local-level governments (municipalities, counties, etc.). Finally, a large number of documents (32) studied several levels of government.

With regard to government branches (Figure 4), the documents selected are much more focused on sharing knowledge with the executive branch (for example, a ministry) than on knowledge sharing that targets the legislature (MPs, senators, etc.). We have classified as “not applicable” a few documents that do not specify the branch of government studied, but this category mainly includes all the studies focused on local governments, because it is more difficult to distinguish between executive and legislative functions at this level; which explains the relatively high number of documents under this heading.

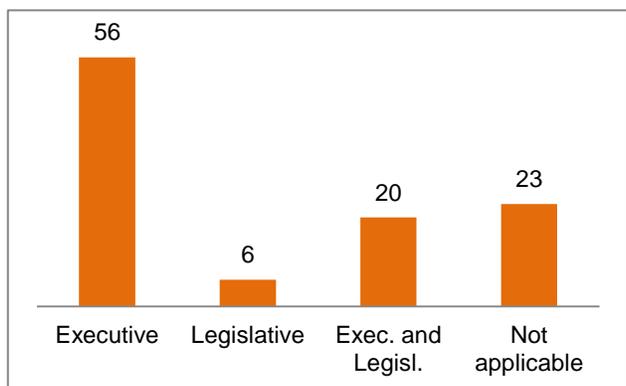


Figure 4 Distribution of documents by government branch studied

Figure 5 provides an overview of the distribution of documents by branch and level of government studied (excluding the local level).

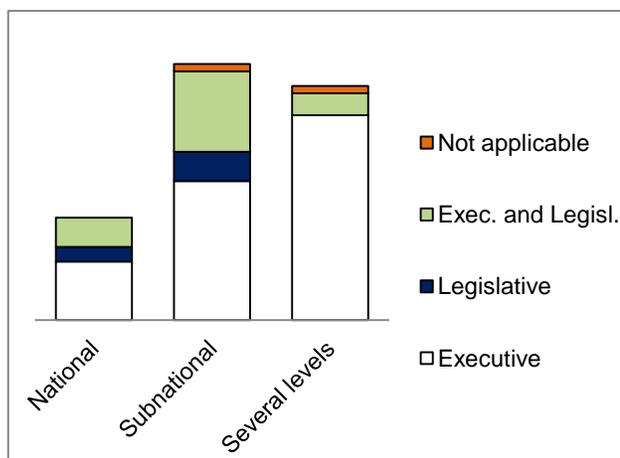


Figure 5 Distribution of documents by level and branch of government studied

WHAT TYPE OF PUBLIC POLICY WAS TARGETED FOR KNOWLEDGE SHARING?

Here our analyses will serve to examine whether the knowledge-sharing process differs depending on whether it targets policies adopted by the health sector or by other sectors (such as healthy public policies - HPPs). Within the health sector, we will also compare health care policies and public health policies.

However, many of the documents selected do not clearly specify the type of policy that was at issue. In Figure 6, the category “HPP and health policy” includes, among others, studies which cover several government sectors, including health, but which do not compare the results associated with the different sectors.

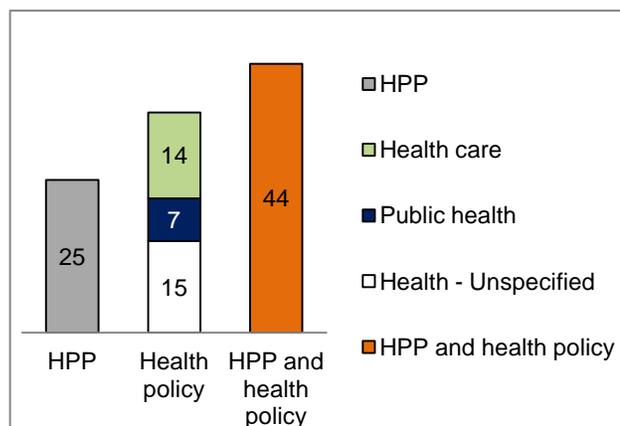


Figure 6 Distribution of documents by type of public policy at issue

⁵ In a **federal state**, power is shared between the national level and the subnational level, and generally the distribution of power cannot be modified without the consent of subnational units (e.g.: provinces in Canada, states in the United States). In a **unitary state**, power is concentrated at the national level; even when the latter has chosen to devolve powers to other units, it may in theory take these powers away without their consent. For instance, the United Kingdom is a unitary state that has devolved a number of powers to Scotland, Wales and Northern Ireland; however, it may decide unilaterally to alter this devolution. Some unitary states have devolved lesser powers.

Box 2 - Spotlight on the Canadian documents selected

As with the studies conducted in other countries, policy advisors and researchers are over-represented among the actors interviewed. Conversely, policy makers and public health professionals are even less represented in the Canadian documents.

Few of the Canadian studies in our corpus focus on the federal government or on local governments. Provincial governments are the focus of more studies, but most of the documents that cover several provinces do not compare the results of one with another; we have specific data only for Ontario, Québec and Manitoba. Sharing knowledge with actors in the legislative branch is even less studied than in other countries.

As regards the type of public policy targeted, the Canadian documents selected have a similar distribution to those of other countries, except that there is a little less focus on knowledge sharing related to HPPs.

Interested readers can download an interactive Table⁶ which makes it possible to sort the documents in our corpus according to characteristics of interest (for example, to locate the documents that study sharing knowledge with the legislative branch in the United States).

Conclusion

Through the documentary search, we identified 105 documents that met our inclusion criteria. This is more than we expected to find on the subject of knowledge sharing to influence public policies that have an impact on population health. It seems that certain aspects have received little attention from researchers so far; these include the point of view of public health professionals, sharing knowledge with actors in the legislature, and knowledge sharing that targets national or local governments.⁷ The corpus selected nevertheless constitutes a rich basis for the thematic analyses we will be producing.

⁶ Available at:
http://www.ncchpp.ca/181/Publications.ccnpps?id_article=1499

⁷ It is important to note that these considerations relate only to the documents that were found and that met our inclusion criteria. It may be that, despite our efforts to perform a thorough documentary search, relevant publications escaped our attention. Moreover, this comment does not concern the distribution of knowledge-sharing efforts themselves: many such efforts are made that are not the subject of research studies.

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November 2015

Author: Florence Morestin, National Collaborating Centre for Healthy Public Policy

SUGGESTED CITATION

Morestin, F. (2015). *Knowledge sharing and public policies: Method and preliminary results of a literature review*. Montréal, Québec: National Collaborating Centre for Healthy Public Policy.

The National Collaborating Centre for Healthy Public Policy (NCCHPP) seeks to increase the expertise of public health actors across Canada in healthy public policy through the development, sharing and use of knowledge. The NCCHPP is one of six centres financed by the Public Health Agency of Canada. The six centres form a network across Canada, each hosted by a different institution and each focusing on a specific topic linked to public health. In addition to the Centres' individual contributions, the network of Collaborating Centres provides focal points for the exchange and common production of knowledge relating to these topics. The National Collaborating Centre for Healthy Public Policy is hosted by the Institut national de santé publique du Québec (INSPQ), a leading centre in public health in Canada.

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the National Collaborating Centre for Healthy Public Policy (NCCHPP). The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

Publication N°: XXXX

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