What is evidence, in a broader perspective?

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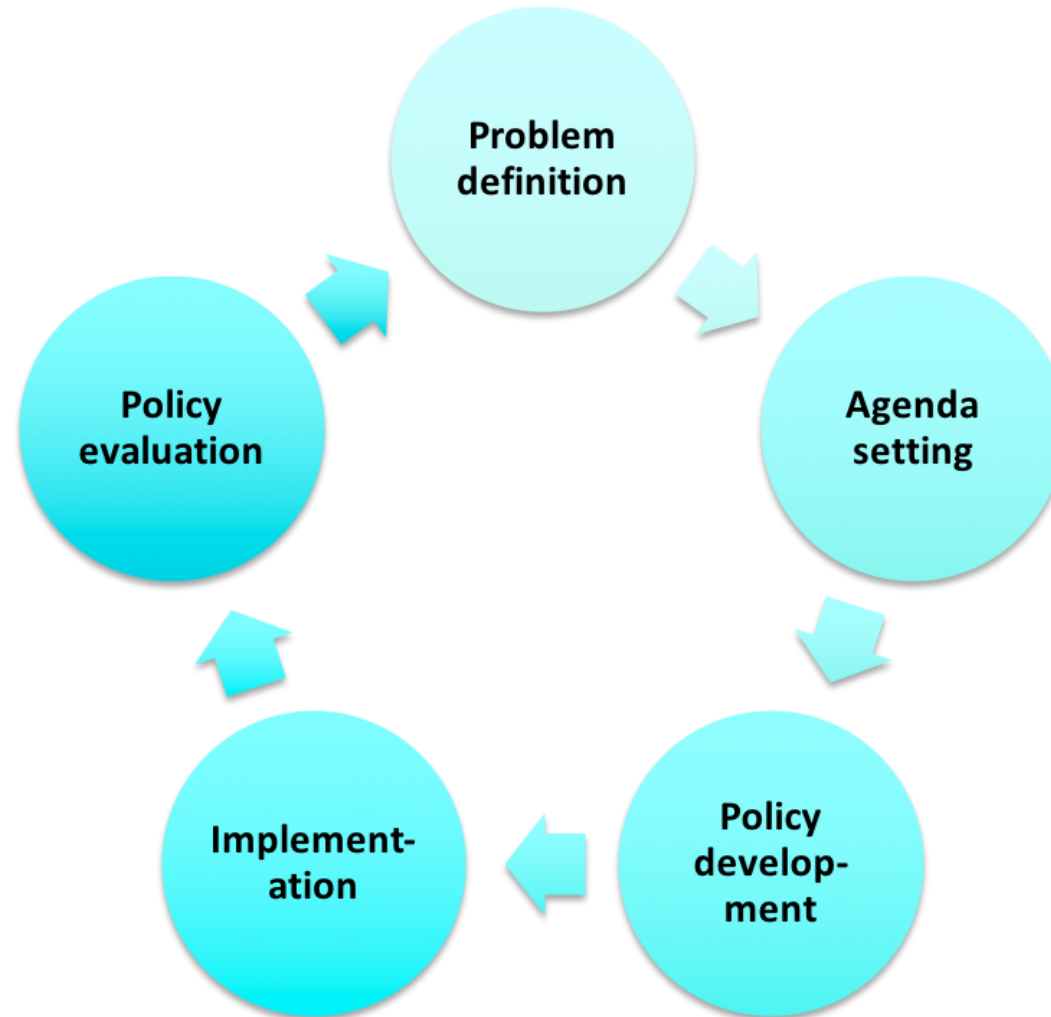
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What is evidence?

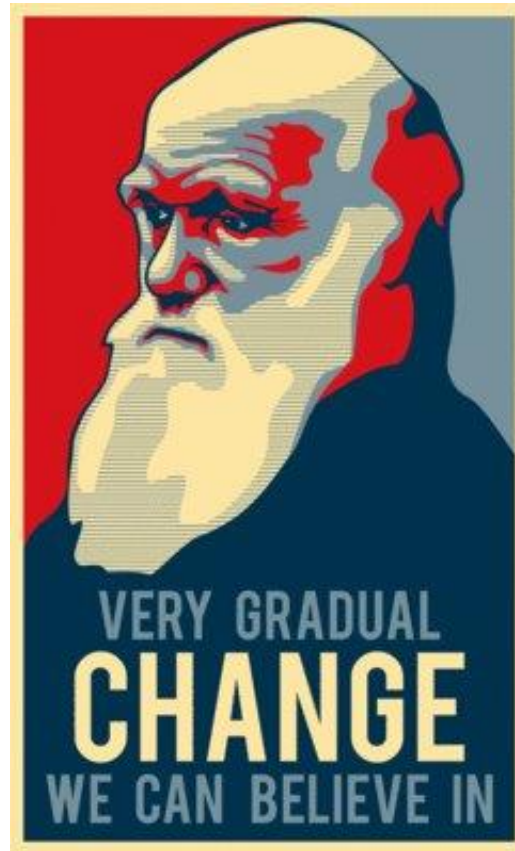How applicable is this in non-medical settings?
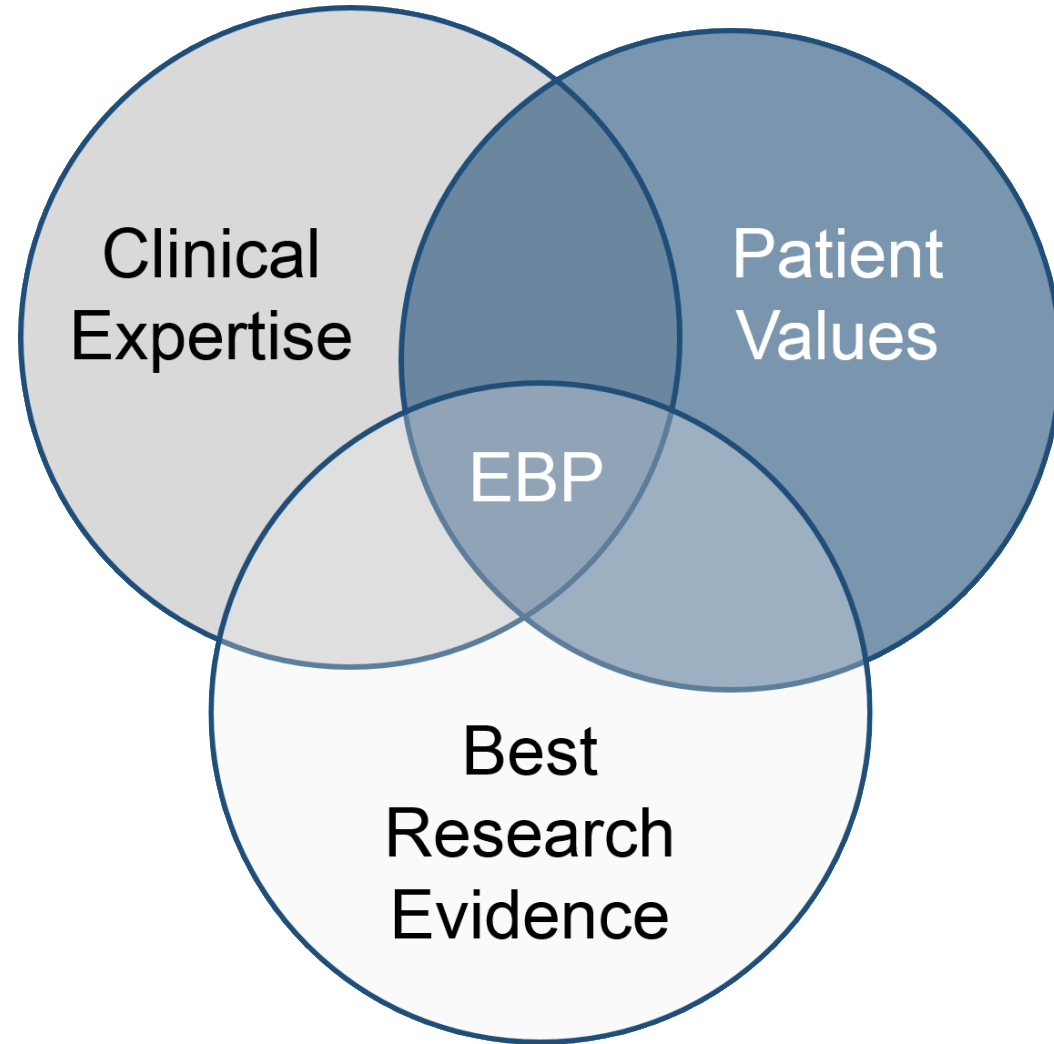
What is a policy?

How often is policy this rational?

What drives policy change?

Path dependency
Bounded rationality
Advocacy coalitions
Path shaping
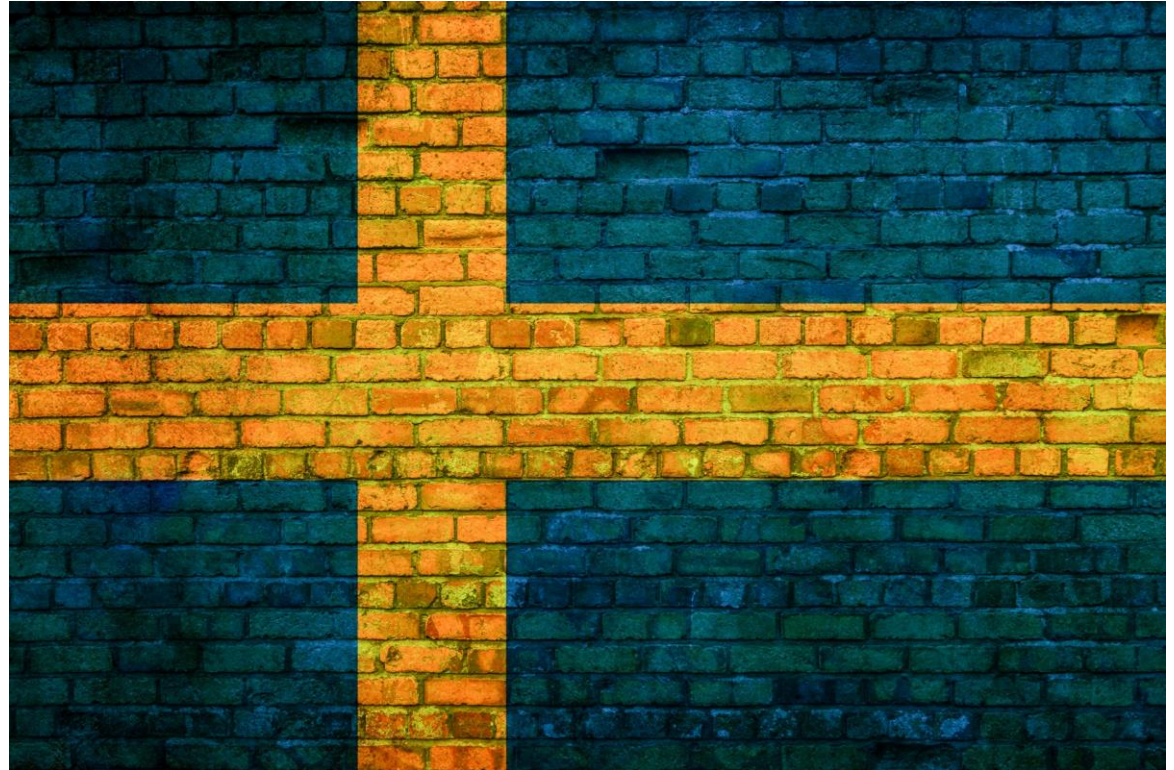
Evidence-based policy?

Can research-based knowledge be "translated" into policy?

A Swedish example

The development of activation policy in sickness insurance

From the individual to the system

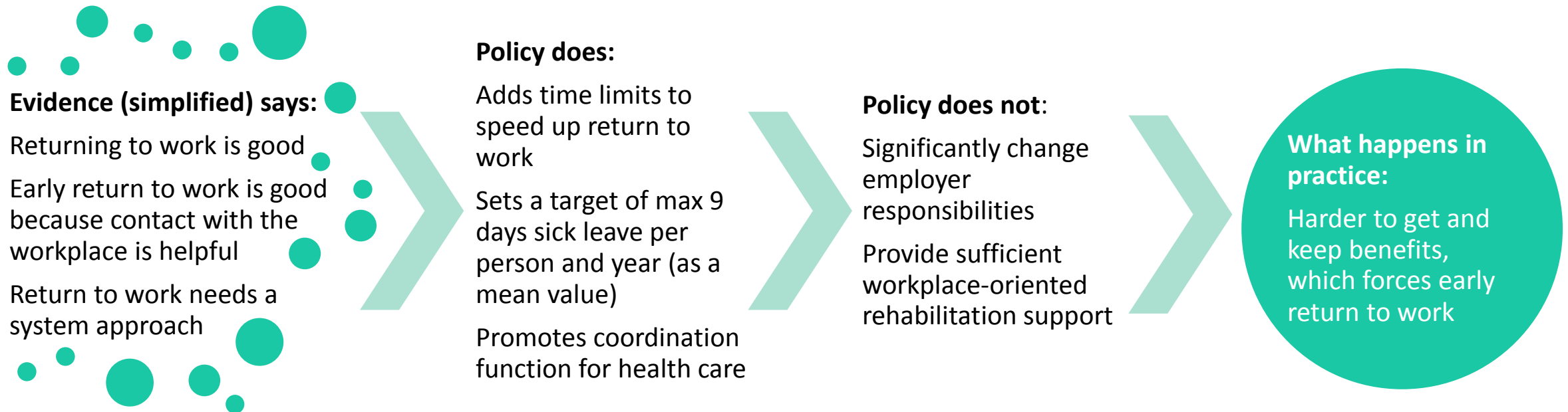2006-2008

Activating the individual

Based on economic research on human behavior

2015-2018

Activating the system

Based on health research on rehabilitation in a social system

From evidence, via policy, to practice?

Evidence (simplified) says:

Returning to work is good

Early return to work is good because contact with the workplace is helpful

Return to work needs a system approach

Policy does:

Adds time limits to speed up return to work

Sets a target of max 9 days sick leave per person and year (as a mean value)

Promotes coordination function for health care

Policy does not:

Significantly change employer responsibilities

Provide sufficient workplace-oriented rehabilitation support

What happens in practice:

Harder to get and keep benefits, which forces early return to work

Taylor & Francis
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ORIGINAL ARTICLE

Applying theories to better understand socio-political challenges in implementing evidence-based work disability prevention strategies

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ABSTRACT

Purpose: This article explores and applies theories for analyzing socio-political aspects of implementation of work disability prevention (WDP) strategies.

Method: For the analysis, theories from political science are explained and discussed in relation to case examples from three jurisdictions (Sweden, Brazil and Québec).

Results: Implementation of WDP strategies may be studied through a conceptual framework that targets: (1) the institutional system in which policy-makers and other stakeholders reside; (2) the ambiguity and conflicts regarding what to do and how to do it; (3) the bounded rationality, path dependency and social systems of different stakeholders; and (4) coalitions formed by different stakeholders and power relations between them. In the case examples, the design of social insurance systems, the access to and infrastructure of healthcare systems, labor market policies, employers' level of responsibility, the regulatory environment, and the general knowledge of WDP issues among stakeholders played different roles in the implementation of policies based on scientific evidence.

Conclusions: Future research may involve participatory approaches focusing on building coalitions and communities of practice with policy-makers and stakeholders, in order to build trust, facilitate cooperation, and to better promote evidence utilization.

Take home messages

- What counts as "evidence" in policy depends on current trends, political majorities, and coalitions between interest groups

- Policy develops slowly and is influenced by many interests

- To promote research uptake on the policy level, researchers need to engage in translational activities and interact with policy-makers and stakeholders over time

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