How Research Can and Should Inform Public Policy

Authors’ Commentaries

Writing this chapter helped crystallize for me the opportunities that academic health centers and researchers have to use their work to address important societal questions. By that, I mean that we should define the questions that society, patients, and healthcare need answered and then work to provide evidence that will help inform policy.

The chapter underscores that it is not as simple as just generating scientific data and evidence, and then the policy follows. It is not evidence-based policy, but evidence-informed policy. As we generate evidence, we need to put that in the context of local cultures, norms, and economic realities and use the evidence in concert with policymakers to inform and generate the best policy. Researchers and policymakers need to work together. When those two worlds collaborate—when policymakers bring their skills in understanding their constituents and communities and combine that with the evidence that is generated by researchers—the result is policy that is the most beneficial and effective.

Academic health centers and their leaders, faculty, and researchers need to reach out beyond their own walls to connect with policymakers and the community. Through meaningful conversations, researchers can gain a deeper understanding of the context in which they are asking their research questions. They can also develop a more intuitive sense of how they can communicate their findings back to policymakers so that research can be used most effectively to help generate policy.

In addition, academic health centers have an opportunity to look at the kinds of questions they are asking. Are we addressing the questions that society, communities, and policymakers really care about? Are we asking the right questions? Are we asking them in the right way? Are we generating the type of evidence that is truly needed? Only by careful listening and by thinking in the complex way that policymakers have to think can we be the most useful and accomplish the ultimate, joint goal of improving health. This allows academic health centers the opportunity to think about research in new ways.

First, they can think about research more broadly. How can it inform the big societal questions? Second, they can approach research via partnerships. Research is not something that can be effectively done solely by academicians in isolation. If we can reach out to policymakers and community members, then we will all have more success with research and heighten its impact.

Finally, there are huge opportunities for new models where academia comes together with government, philanthropy, and industry. When all those stakeholders collaborate to generate evidence that informs health policy, it creates a very powerful and exciting way to move research forward in the future. By being part of these new collaborative models of research, academic health centers can increase the impact of their research and optimize evidence-informed health policy.
For me, one of the most important take-home messages from this chapter is that research can be incredibly useful and powerful in helping to shape policy; but, if misused, research can also be very misleading. I always have had a strong belief that bad data is usually worse than no data. Likewise, bad research is worse than no research. Unfortunately with health policy, particularly because it is so politically charged, some research is simply focused on trying to prove one point or perspective, which is pretty easy to do if you don’t take other factors into consideration when you are looking for a particular answer. This happens in basic research all the time—if you don’t bring in the right covariates and confounders, you often come up with an answer that may serve your hypothesis but may in fact be wrong in other contexts and real-world situations.