Book Review: Beyond Evidence-Based Policy in Public Health: The Interplay of Ideas by Katherine Smith

*In this book, **Katherine Smith** offers an insightful analysis of evidence-based policy, providing an interesting typology with which to deepen our exploration of the relationship between research and policy. **Lee Gregory** finds it a rare book which captures the reader, inviting self-reflection upon how one can engage with research either as an academic, an advocate, or policymaker, and their own research.*

Beyond Evidence-Based Policy in Public Health: The Interplay of Ideas. Katherine Smith. Palgrave Macmillan. October 2013.

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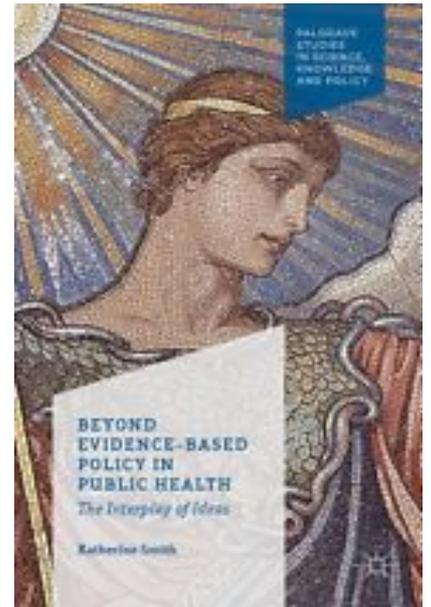
The advocacy of evidence-based policy (EBP) has grown in prominence for more than a decade, whilst attention to health inequalities in the UK has intensified somewhat since the publication of *The Spirit Level*. In this book Katherine Smith explores the relationship between the two, not only providing an interesting exploration of the role of EBP within public health, but also insight in the plight of the contemporary academic in a world of research impact. This book draws together two separate research projects conducted by the author, exploring health inequalities and tobacco control. The former study explored the relationship between health inequalities research and policy in Scotland and England; whilst the latter study examines the use of evidence by tobacco control advocates and the tobacco industry in their efforts to influence policy. Drawing across these two studies Smith examines the different journeys that unfold as research travels into policy-making domains. Whilst the analysis of health inequalities illustrates a less successful impact, the data gathered on tobacco-related health issues demonstrates greater success. Examining these two case studies Smith draws out a convincing four-genre typology for analysing the relationship between policy and research (institutionalised ideas; critical ideas; charismatic ideas; and chameleonic qualities). This typology is developed across chapters 4-6 which examine the research data in relation to a range of theories of EBP set out in earlier chapters.

Chapter four focuses upon the first part of the typology: institutionalised ideas. This chapter initially explores the personal relationships between academics and policymakers, relating this discussion to the perceived roles of academics as either traditional intellectuals or as applied problem solvers (using Gibbons et al.'s distinction between Mode 1 and Mode 2 work). Whilst it remains open to discussion if a close working relationship between academics and policymakers in the second role actually optimises the use of research (and not just increase its flow to policymakers), the chapter reflects on the key ideas within policymaking institutions which shape how research is received. For example, in the health inequalities research, the medical model of health (a framework for explaining ill-health in relation to biological causes rather than environmental and societal causes) and the primacy of economic growth are presented as two institutional ideas which shape how research ideas are translated into policy. Thus the medical model is found to conflict with public health research which demonstrates wider causes of health inequalities beyond the remit of the NHS; whilst, in contrast, the tobacco research provides a more

succinct, single-issue health problem which can be easily engaged by policymakers. Thus, as Smith states 'ideas which only require collaboration between two or three specific policy streams encounter difficulty travelling into policy as a consequence of their failure to fit within one stream' (p.124). By itself such a view negates the possibility of changes in policy direction – and here Chapter Five explores critical and charismatic elements of the typology developed by Smith.

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discussion of institutional ideas started with an examination of academics who view themselves as having a policy-orientated role. Chapter five explores data from those academics that see their role as advocates for social/political change. Interestingly, Smith's data highlights how this group, like the policy-orientated peers, felt that the academic environment was not supportive of this activity, but that recent changes, especially to funding arrangements, encourages the problem-solving, policy relevant orientation, which compelled them to engage in this form of work. Upon this discussion Smith moves to explore how much health inequalities research is critical of government policy but does not provide an alternative policy landscape to reduce inequalities. This differs from the tobacco-control research which was able to provide an alternative with which to influence policy-makers. This distinction underpins the discussion between critical and charismatic ideas. Academics with research critical of government policy do not necessarily provide this coherent alternative. The charismatic typology does provide this alternative often requiring a level of advocacy for policy alternatives which the critical researcher does not engage. The chapter shows how the health inequalities research has yet to move beyond the critical analysis into a coherent message which offers an alternative policy vision to propose to policy makers – something which can be found within the tobacco control data.

Finally, the 'chameleonic' ideas presented in Chapter Six explore two interrelated themes. First under the spotlight is how academics frame their research proposals to funding councils based on what they felt councils "wanted to hear". Consequently 'researchers have acted on the basis that they believe research funding… is constrained or shaped by political and policy preferences' (p.183), limiting the potential for critical/challenging research. Second, Smith examines how policy-makers' own institutional hierarchies impact on the journeys that research evidence can take. This demonstrates how research is expressed and presented in ways which fits the perceptions of what senior civil servants and Minsters want to hear – potentially different from what they may need to hear. Thus the work in *The Spirit Level* which highlights material-structural as well as psychosocial issues of health inequalities finds that the latter is promoted over the former, as this fits current institutional ideas.

This book offers an insightful analysis of EBP, providing an interesting and convincing typology with which to deepen our exploration of the relationship between research and policy. Furthermore, it is a rare book which captures the reader, inviting self-reflection upon how one can engage with research either as an academic, an advocate, or policymaker, and their own

research. Additionally, Smith offers insight into the role of academics resulting from the promotion of EBP by various governments. Smith provides some interesting windows through which we can see the potential challenges of this changing role and its relevance for EBP. This book is highly accessible and engaging and would be beneficial to undergraduate students in health, social policy and public health fields.

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Lee Gregory is a lecturer in Social Policy at the University of Birmingham. His research interests include poverty, public health and alternative forms of welfare provision. Read more reviews by Lee .