Place	Place Directorate
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Date:	30/10/2017
Subject:	Essential Evidence on a page: No 163 Negotiating multi-sectoral evidence on transport & health

Top line: Research suggests that the most pronounced difference in negotiating multi-sectoral evidence on transport and health is a preference by transport specialists for what has been done previously, and for systematic evidence synthesis by public health specialists.

For the prevention and control of chronic diseases, two strategies are frequently highlighted: that public health should be evidence based, and that it should develop a multi-sectoral approach. At the end of a study of the health impacts of the Cambridge guided busway, researchers used a knowledge exchange forum to explore how stake-holders assessed, negotiated and intended to apply multi-sectoral evidence in policy and practice at the intersection of transport and health. [1] The researchers aimed to better understand knowledge exchange challenges, and with working in multi-sectoral remits.

There appears to be limited evidence for the effectiveness of "evidence-based knowledge exchange" and its underlying mechanisms, and little progress in effecting successful knowledge exchange. It may be that many studies have shown little understanding of the "realpolitik of 'getting evidence into practice'", and that what is needed is to understand the context and complexity of evidence use in detail. Multi-sectoral evidence – produced by a variety of disciplines with multiple methods and research designs – is discussed in similar ways. While there might be established ways of judging evidence for its rigour and strength within health/medicine, an increasingly outwardly looking field that embraces evidence from other sectors and disciplines has a much more challenging task at hand. Yet, public health strategies, which cut across sectors such as urban planning, must get to grips with the type of evidence that is produced.

Researchers aimed to explore and capture the complexity of a multi-sectoral evidence approach through interactive events and semi-structured interviews with a range of actors engaged in the Busway project. Public health policymakers explained that in the absence of shared budgets, a "health benefit" business case was often too readily considered a clear responsibility for the health budget. They also saw a danger in considering health as a pure "add-on" to other priorities and benefits such as economic growth, because "add-ons" were vulnerable in a time of budget cuts. Moreover, 'evidence' was a source of tension. Health colleagues were used to the notion of evidence synthesis and the status accorded to evidence, guided by an "evidence hierarchy".[2] In contrast, transport colleagues were more interested in precedence – whether something had been done before and "worked" elsewhere.

Participants discussed the challenge of "not knowing enough" as a common, manageable experience for decision-makers but also as a weakness for lobbying them convincingly. From a research perspective, this was debated in terms of a shift from "evidence-based" to "evidence-informed" practice in public health. This was echoed by suggestions that while practitioners and policymakers might be quite experienced and familiar with the notion of "evidence-informed" practice, researchers might need to be more confident in conveying the "best available" evidence. It was also noted that knowledge brokers and generalists could help bridge this gap between research and practice, and some participants attempted to fulfil this role themselves.

[1] Guell, C., Mackett, R., Ogilvie, D. 2017 Negotiating multisectoral evidence: a qualitative study of knowledge exchange at the intersection of transport and public health, *BMC Public Health*, 17:17.
[2] See https://travelwest.info/project/ee-3-the-evidence-hierarchy