



Rijksinstituut voor Volksgezondheid
en Milieu
*Ministerie van Volksgezondheid,
Welzijn en Sport*

Reinforcing the link between knowledge and public health policy making

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The facts are coming! The facts are coming!



Gap between need and availability of knowledge

- Every day new (public) health problems on the political agenda, leading to public health knowledge needs

Diabetes and the gadget that could end the 'hypo'

For thousands of people in the UK with type 1 diabetes, controlling their blood sugar levels is a daily struggle. Now a new monitor offers them hope

Should we be worried about drinking milk?

A study linked drinking more than a glass a day with an increase in fractures in women and a rise in the risk for men of dying from

Cannabis use in teens, suicide and school dropout: the jury is still out

A recent study found associations between cannabis use and later poor educational achievement and suicide attempts. But was the cannabis really to blame?

- Fragmented availability of public health knowledge
- No systematic analysis of the public health challenges



Gap between need and availability of knowledge

- Large number of theoretical models about knowledge-translation
- But putting knowledge-translation in practice remains difficult
- Example: 25 years experience with knowledge translation in public health policy making in The Netherlands



A brief history of Dutch Public Health reporting

1991: Request of the Ministry of Health to RIVM

- Give an overview and systematic analysis of available information on health of the Dutch population
- With explicit identification of any gaps in the information supply
- To judge the current Dutch public health status
- To support development of new health policy
(not: judge current health policy!)
- For policymakers at Ministry of Health, Regional Public Health Services, healthcare professionals



1993: First Public Health report



- One book was published, *800 pages*
- Conceptual model of Lalonde, to define the health system, ordering data and information
- Model was operationalised by a set of quantitative indicators
- Huge job, strong collaboration (250 experts) inside and outside the RIVM
- Report presented to Minister of Health (Hans Simons)



Response MoH:

- **No follow-up in a health policy document**
- 'Interesting overview of facts and figures'
- 'No so usable for policymaking, too scientific'
- Nevertheless a 2nd edition is requested



1997: Second Public Health report



- Eight books, *2500 pages*
- What is health? How do you measure health? Health-inequalities? Effectiveness of prevention and healthcare? Healthcare-costs?
- The word 'policy' was systematically removed in drafts by the MoH
- Summarizing report with key-messages (very few policy-recommendations)
- Report is presented to Minister Els Borst

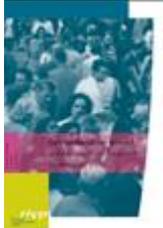


Response MoH

- **No follow-up in a health policy document (except tobacco)**
- 'Low usability for policymaking, too many pages'
- A 3rd edition requested (after much discussion inside MoH)



2002: Third report 'Health on course?'



- Executive summary, *15 pages*
- Summarising report 'Health on course?'
- Websites with information for shortterm policy-support
- Clear key-messages: 'findings' and 'recommendations'
- Report is presented to resigned Minister Aart-Jan de Geus



Response MoH:

- **Followed by policy document 'Living longer healthy' in 2003, first public health document in 25 years**
- 'Key-messages on the desk of the Minister'
- 'A lot of money for so few pages'
- Again discussion about next edition



2006: Fourth report 'Care for health'



- Executive summary, *15 pages*
- Summarising report 'Care for health'
- Websites with information for shortterm policy-support
- Key-messages presented with a clear storyline, with 'findings' and 'consequences of these findings for policy'
- Big point of discussion: Minister did not want the word SEHD in the publication
- Report is presented to resigned Minister Hans Hoogervorst



Response MoH:

- Followed by policy document 'Choosing for healthy living' in 2006
- Followed by new policy document 'Prevention and health' in 2007
- 'Public Health Report will be included in new Public Health Act, as building block for public health policy'



2010: Fifth report 'Towards better health'



- Summarising report 'Towards better health', written as eight essays
- Websites and several background reports
- Report is presented to resigned Minister Ab Klink

Response MoH:



- Followed by policy document 'Health nearby' in 2011
- Public Health Report included in the new Public Health Act
- MoH 'not amused' of an article written by RIVM in Dutch scientific journal about the report





2014: Sixth report 'A healthier Netherlands'

- Executive summary, with key-messages and infographics
- Summarising report 'A healthier Netherlands' online available
- Supportive short video
- Websites
- Policy-free future trends and four normative future scenarios
- Report is presented to Minister Edith Schippers



Response MoH:

- Followed by policy document in 2016
- Supportive to continuation of national prevention program 'All about Health...' (Responsibility deal)





A few key messages from latest Public Health report



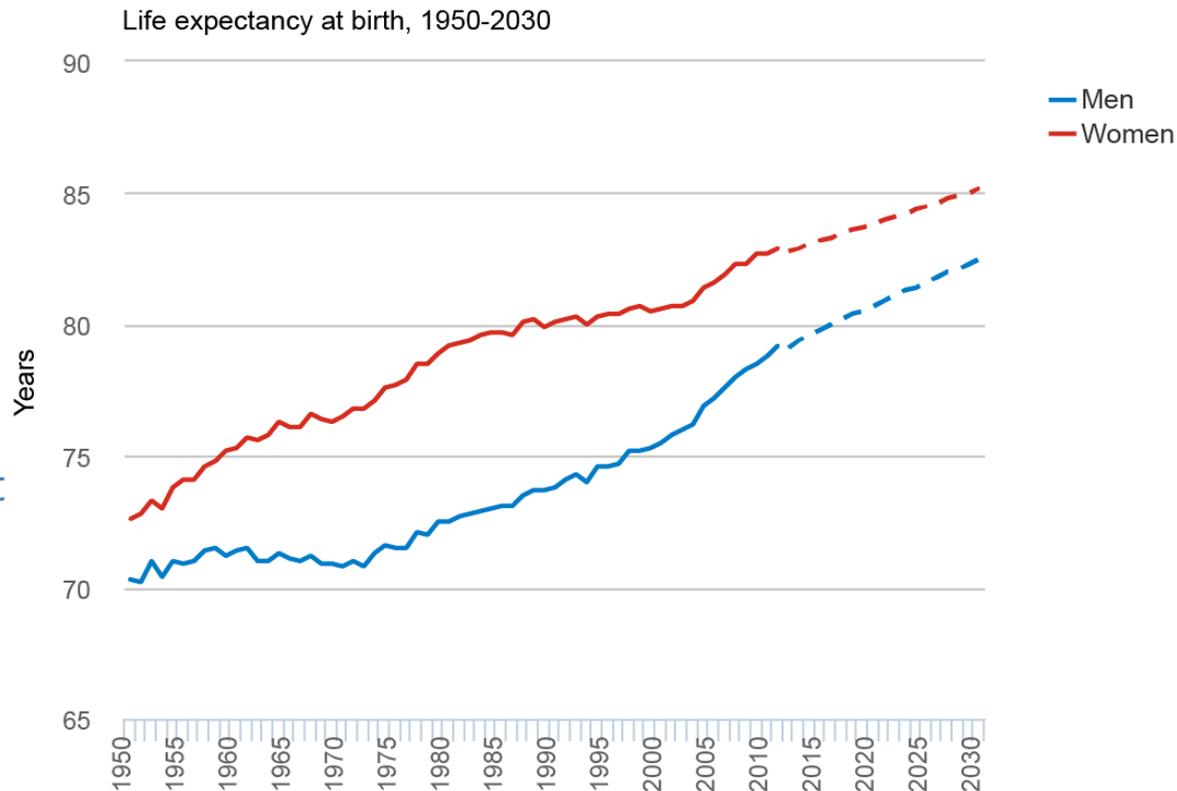


Life expectancy continues to increase

From 2000-2011 a 3 years increase:

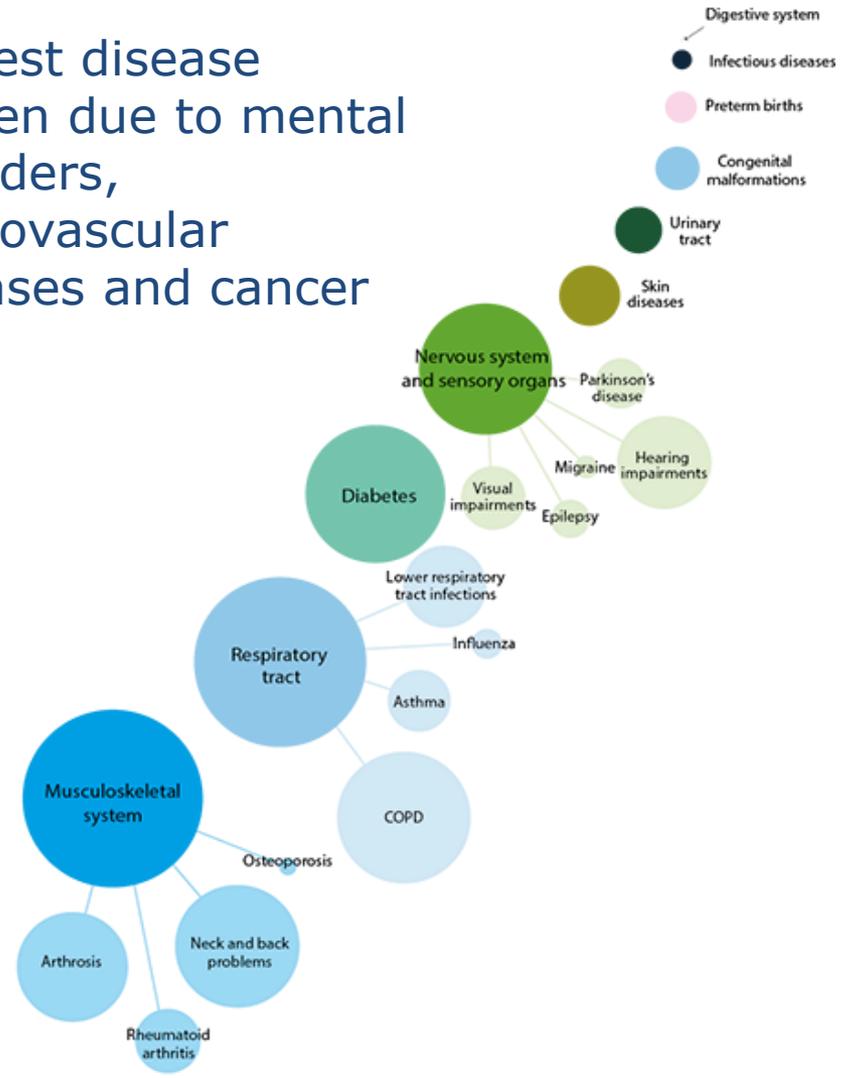
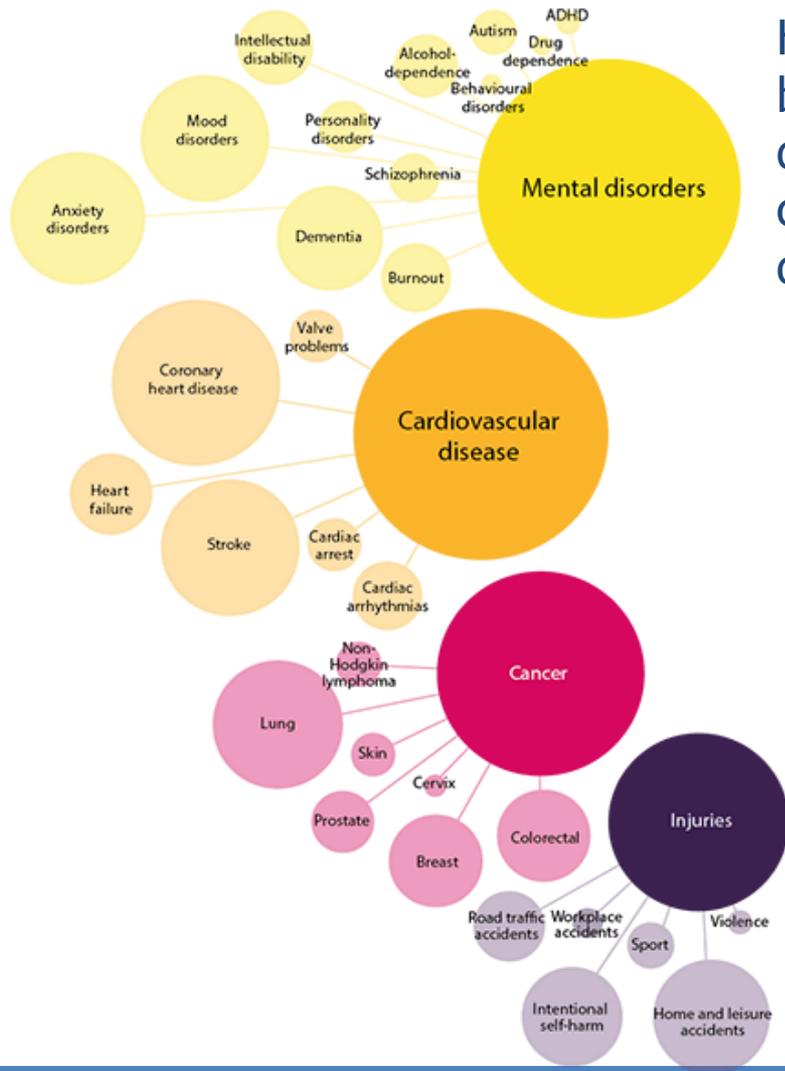
- each week an additional weekend!
- prevention & cure

Till 2030 further increase is expected, less steep than last decade



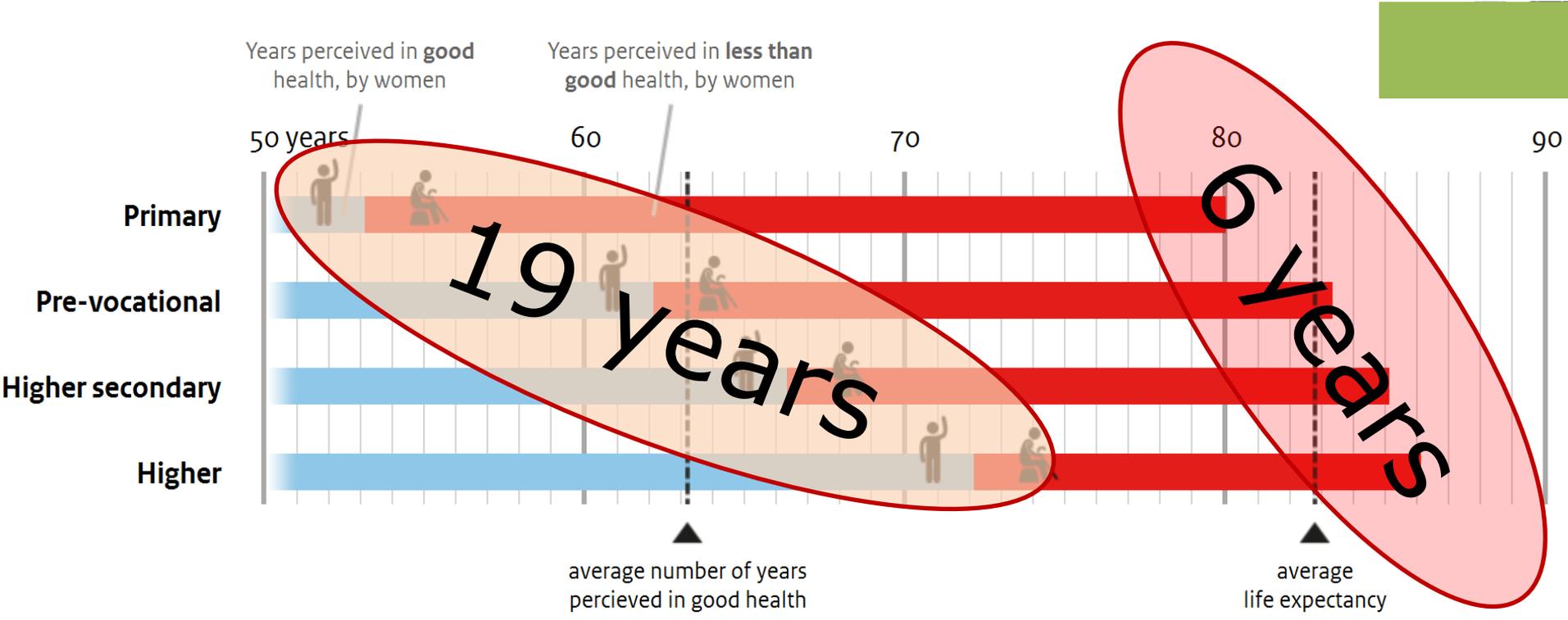


Highest disease burden due to mental disorders, cardiovascular diseases and cancer





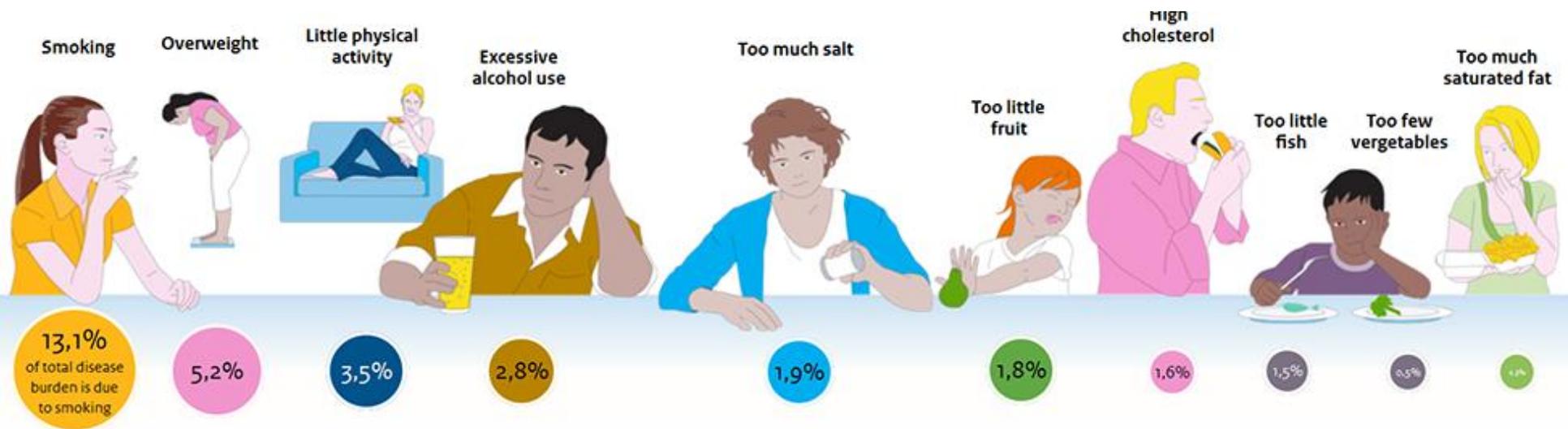
Socio-economic differences remain large





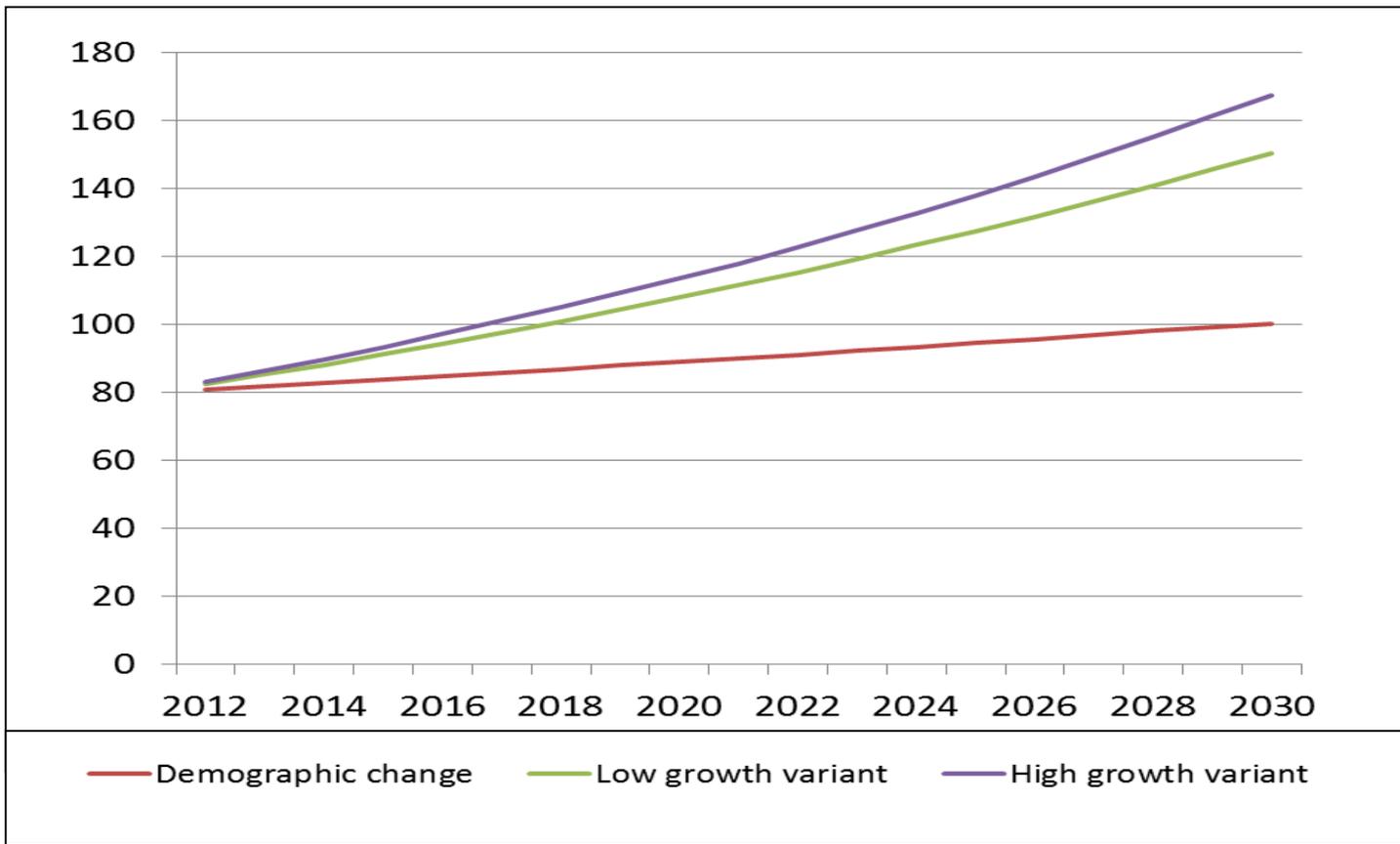
Life style and social/physical environment

- Smoking responsible for 13% of the disease burden
- Followed by overweight, inactivity and food consumption
- Trends: smoking declines, other risks stable
- Workplace-related 5%
- Physical environment 5%





Health care expenditures on the rise ...



... but highly uncertain at what pace



Reinforcing the link between knowledge and public health policy making

Lessons learned



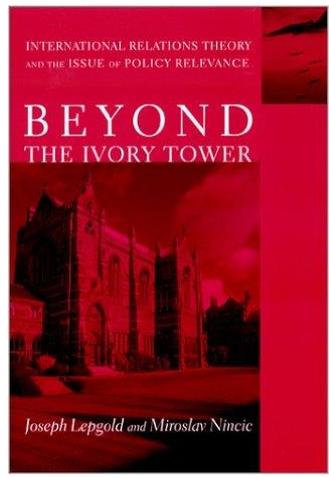


Four main quality domains of public health reporting



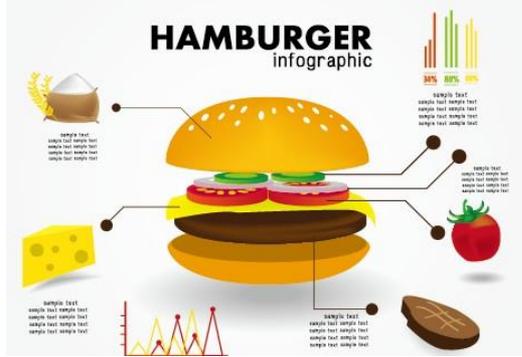
← content

policy relevance →



← process

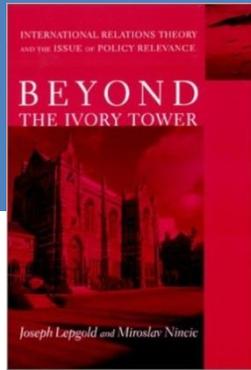
form →





Content: be reliable and scientifically sound

- Conceptual approach: starting from a clear conceptual model, not just from available data
- Integrative approach: relations between health status, health determinants, care and costs, effectiveness information,
- Prospective approach: looking towards the future, trend models, scenario-studies
- Comprehensive, yet with focus on main problems
- Scientific standards: neutral and independent, clear methodology, reliable and timely data, valid indicators, evidence based information



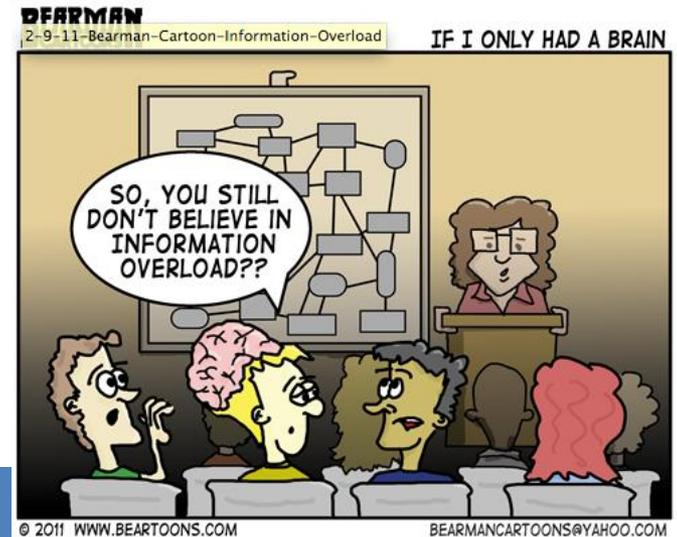
Relevance: detect major issues, describe policy options

- Enlight, e.g. showing relation between health, determinants, care, costs
- Give orientation in a world of competing statistics and positions
- Compare by international/regional benchmarking and time trend analysis
- Help to detect issues of major importance/main problems
- Describe what the policy options are



Form: be an eyecatcher in information overload, adapted to audience

- Traditional report
- Short presentation of key findings e.g. in fact sheet, executive summary, short report, linked with further information
- Narrative
- Infographic
- Newsletter
- Debate
- Website
- App
- Video





Process: invest in alignment and interaction

- Work towards a joint formulation of or agreement about knowledge question
- Be transparent about methods used, during the process, to avoid discussions afterwards
- Ensure vertical alignment between hierarchical levels, both in knowledge organization and policy organization, to avoid surprises and give opportunity to MoH to formulate a good response
- Ensure that timing of the delivery and presentation of the knowledge products is in line with expectations of the MoH



**KEEP
CALM
AND
ALIGN
ON TIME**