

IDEAS BASED POLICY

Three years ago in an edition of *Health Matters*, Alastair McCapra dismissed the notion of evidence-based public health as a “technocratic fantasy”¹, arguing that it is both impossible and undesirable to take politics out of public health. It is now over a decade since the newly elected Labour government first espoused the virtue of basing policies on “what works”, and claims about the need to base policies on evidence seem to prevail². Yet, in my own exploration of the relationship between research and policy for health inequalities in the UK³, I was unable to find a single researcher, policymaker or practitioner who believed that post-1997 public policies had been significantly based on evidence. Even the government’s own independent review of research evidence on health inequalities⁴ was dismissed by a government minister as a device designed to defend already agreed policies. Furthermore, there was widespread support among interviewees for the need to be more open about the politics involved in public health policymaking

All this, however, does not mean that we should conclude research has *no* influence on policy, for it is ideas that emerge from research, instead of the research itself, that often inform policy. As one interviewee put it, the policymaking culture tends to be one of “get me an idea off the shelf”, rather than “what is the evidence?” This may seem like rather a simple point but it is also essential to acknowledge because, once de-coupled from specific their research findings, ideas are more easily amenable to differing interpretations and uses by various actors. The result is that a range of factors unrelated to the nature of the evidence shape the ways in which these ideas are able to influence policy. Consequently, those promoted by charismatic individuals or marketed by lobbyists, those perceived to be attractive to the electorate, and those which easily fit within dominant ideologies, may all have more appeal than anything based upon “evidence” alone.

But if this is the case, why has the notion of evidence-based policy remained so enduring over the past decade? One reason might be that it has proved rather useful to actors on both sides of the research-policy divide: the complexity of the evidence means that policymakers do not usually have to look far for justifications to ignore the more radical research findings, whilst researchers are simultaneously provided with a rationale for consistently seeking further funding. Hence, whilst it may well be time, as McCapra argued, to start being more honest about the inextricable role that politics plays in public health, the notion of evidence-based policy is likely to remain seductively enticing for many within the public health community for some time to come.

If you wish to work with the Politics of Health Group on this or any other public health issues please contact Debbie at contact@pohg.org.uk

¹ McCapra, A. ‘Don’t run from the politics’ *Health Matters*, Issue 56, 16-17. 2004.

² Capability Reviews Team. *Capability Review of the Department of Health*, London: The Cabinet Office. 2007.

³ Smith, K.E. ‘Health inequalities in Scotland and England: the contrasting journeys of ideas from research into policy’ *Social Science and Medicine* 64(7), 1438-49. 2007.

⁴ Acheson, D. *Independent Inquiry into Inequalities in Health*. London: HMSO, 1999.