Practical Strategies for Improving Utilization of Research for Policy, Program Design and Practice

Presentation for the A Road Map from Research to Practice: Upbring’s 2nd Annual Conference on Child Maltreatment
(Dr. Peter J. Pecora, Austin, April 10, 2017)

Acknowledgements

Dr. Pecora is Managing Director of Research Services, Casey Family Programs, and Professor, School of Social Work, University of Washington. E-mail: Ppecora@casey.org Phone: 206-270-4936


Thanks to my colleagues at Casey Research Services, Chapin Hall and USC who contributed ideas and participated in the Research Utilization Roundtable that was held in 2015. (See: https://www.casey.org/roundtable-utilization-research/) I appreciate Kimberly DuMont of the William T. Grant Foundation, David Gough, Larry Palinkas, Susan Maciolek and Alison Metz for their advice and review of Casey reports in this area.
Practical Strategies for Improving Utilization of Research for Policy, Program Design and Practice

Abstract

Using research evidence is critical to child welfare agencies’ ability to offer effective programs, yet gaps exist between research evidence and needs within the field. Child welfare staff need dedicated time to access evidence, and skills to evaluate the credibility and fit of research with local needs. Researchers can reduce the gap through collaborative projects that are relevant, timely, and accessible (Killos et al., 2017).

Data and research-informed policy, management and practice is essential during times of:

- Scarce resources
- The need to identify families and communities most at risk for child maltreatment and other social problems
- The need to more precisely match child, parent and family needs with the right interventions
- Continuing economic, racial and other forms of disparity
Quality program implementation costs money and takes time, so we need to choose wisely.

![Figure 1. Implementation Stages](image)

Source: Fixen et. al., (2005); Metz & Bartley (2012, p. 12)

Research evidence results from

“systematically applied research methods and analyses. Research evidence can be quantitative or qualitative …. [It] can be generated by child welfare agencies themselves, university researchers, research organizations, think tanks, government agencies, consultants, foundations, and others” (Wulczyn, Alpert, & Price-Monahan, 2014).
And yet research is not used extensively
As it could be..... Why?

“...translating discoveries into health” is more
than merely disseminating scientific information

Policymakers and practitioners ask key questions:

✓ Are the results of this research useful and
easy to understand?

✓ Can these results be meaningfully applied
in the clinical setting?

All parties struggle with the question of how best to
support the application of high-quality research
within complex child welfare and other systems.
Developing an intervention…

A. *Begins with:* A community or organizational needs assessment; Review of relevant literature and meta-analysis of previous research findings.

B. *Continues with:* field experimentation, analysis of data, and intervention or product development.

C. *Moves to:* diffusion and dissemination of the product or intervention, evaluation of that as it is implemented.

Idea courtesy of David Gough (London Research Utilization Clearinghouse)
Does your organizational culture, climate and leadership help or hinder RU?

Organizational *culture* is defined by normative behavioral practices and expectations that characterize the way that work is conducted in an organization or unit (Glisson, Duke, & Green, 2006; Sorensen, 2002).

*Climate* is the psychological impact of the work environment on a person’s individual well-being (James & James, 1989).

E.g., How do we encourage critical thinking – such as careful Problem conceptualization before jumping to a solution, Broad consideration of data -- including looking for and considering counterfactuals.

---

**Trusted intermediaries**

- Can be a powerful and practical way to help research findings get used.

  *As a researcher, you want to be one or know one!*

Intermediaries include research institutions, professional organizations, partners, coalitions, networks, peers and constituents. They are able to communicate evidence from various sources, sustain interest and provide resources at various stages of the research or policymaking process (DuMont, 2013).

**Successful innovations that encourage use of research are**

1. evident to stakeholders
2. grounded within existing values and practices
3. simple and easy to use
4. flexible
5. produce observable results

(Rogers, 2003).
RU Strategies to Consider

Create opportunities for joint problem framing and review of relevant research via:

- Community Cafes
- Agency brown bag discussions
- Data retreats with carefully designed agenda

Increase stakeholder investment, by using research study co-creation approaches.

Nurture data use champions and change agents.

Identify and use social networks.

Make research accessible

- Present research in a way that is interesting and easy to understand. E.g., use clear headlines, pay attentions to the complexities but in clear language, use of infographics (see next slide)
- Translate research findings into specific directions for practice.
- Present research at a frequency/exposure rate that is helpful for retention and utilization.
Figure 6. Los Angeles Safe Sleeping Ad Using a More Positive Approach

http://safesleepforbaby.com/how-to-keep-your-baby.shtml

**How to Keep Your Baby Safe**

Parents and caregivers can reduce the risk of infant death from suffocation by being aware of and following these safe sleeping practices.

1. Share a room, not a bed.
2. Lay baby down to sleep in a crib or bassinet.
3. Place babies on their back every time - at night and for naps.
4. Give babies space to breathe - no pillows, bumpers, blankets or toys.
Develop and Test Prevention Strategies


Model of Health Behavior (adapted from (Fishbein et al., 2001))

Lessons from Bicycle Helmet and Safe Sleeping Campaigns from Rivera & Johnston (2013)

1. Surveillance. Most public health activities begin with data collection (e.g., National Violent Death Reporting System)

2. Prevention Focus: Large improvements in health over the last century have occurred primarily through interventions at the population level.

This is not to discount the importance of effective treatments at the individual level, but the health of the public is more easily and feasibly improved at the population level.
Using Data and Research Findings (Cont.)

• Build leadership and staff capacity to apply new research evidence to designing and implementing practice.

• Regularly collect and use data on the fidelity to the model or practice.

• Use innovation-diffusion processes to help with adoption and utilization.
Using Data and Research Findings (Cont.)

- “Repair work” may need to happen where trust needs to be built first because the community has been betrayed through "drive by research" (Personal Communication, Megan Bair-Merritt, February 14, 2017)

- RU requires both subject matter expertise and softer skills from facilitation—such as how to enter a meeting, explore a problem, etc. (Personal Communication, Allison Metz, February 14, 2017)

- We need to ask tough questions in a way that brings people with us.

Can your research findings or data configured to be…..

Accurate…..Actionable…..Accessible ……and Appropriate?
In closing…

Research is most meaningful when child welfare leaders, practitioners, and researchers are able to engage early on, share ownership of research outcomes, and collaboratively build trusted relationships and infrastructure from the inception of a new research project or idea.

Child welfare leaders should create regular and routine opportunities within their organizations to discuss the role of research and research findings in most effectively moving their mission forward (Roberts et al., 2017, pp. 4-5).

References


References (Cont.)


