

**AUSTRALIAN PRIMARY HEALTH CARE
RESEARCH INSTITUTE**

THE UNIVERSITY OF MELBOURNE

**OPTIMISING THE CONTEXTUALISATION OF EVIDENCE FOR
PRIMARY CARE POLICY MAKING**

**LINKAGE & EXCHANGE TRAVELLING FELLOWSHIP
STREAM SEVEN REPORT**

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CONTEXT

In 2006 APHCRI as part of Stream Four funded a literature review of innovative models for comprehensive primary care delivery. A key finding was that models develop in differing 'historical and cultural contexts', thus potentially influencing the relevance and use of the review. To facilitate evidence use into policy making, the APHCRI uses a linkage and exchange model. It is emphasised that policy making should be based on evidence, however, there is less evidence about how to improve the use of evidence by relating it to the context in which it is likely to be used. A research project was conducted as part of a visit to the United Kingdom to identify strategies to optimise the contextualisation of evidence for primary care policy making.

KEY FINDINGS

- APHCRI's model of linkage and exchange is contributing to establishing relationships between researchers and policy-makers. However, it appears that the model is not sufficiently recognising nor addressing the known contextual factors influencing evidence informed policy-making
- Widely documented contextual factors were reported as influencing the use of evidence in primary care policy-making, ranging from: the need for personal relationships; the variable evidence underpinning primary care; researcher awareness of political ideologies; financial arrangements; policy-maker values and beliefs; to the timing of issues and ideas. This reflects that the context of the evidence, context of the policy-maker and networks are all integral part of the 'context' of policy-making
- Literature addressing the research-policy nexus reveals that due to the complexity, messiness and context-dependent nature of policy-making, shifts are occurring in terminology from evidence-based to evidence-informed policy-making, and approaches to enhancing evidence use in policy-making, from a 'two-communities' approach to a 'network' approach
- APHCRI's model of linkage and exchange appears to still be premised on the 'two communities' theory, thus providing limited opportunity to build interdependent networks of relationships (relational capacity) between policy stakeholders
- APHCRI could further develop its model of linkage and exchange and its strategic leadership role by facilitating better networks between all policy stakeholders, so that 'the networks' become an

important part of the context of primary care policy-making. Hence, ensuring that evidence becomes an integral part of the 'context' of primary care policy-making

- The UK can provide useful insights into ways to develop and strengthen APHCRI's linkage and exchange model, given its investment into and receptivity to evidence-informed policy-making, and its funded initiatives designed to enhance the immediate, medium and longer term use of evidence into primary care policy and broader health policy development via its network approaches
- To further develop APHCRI's linkage and exchange model, a capacity building framework is proposed underpinned by three domains: learning environment; workforce development; and resource infrastructure, as a way to optimise the contextualisation of evidence-informed primary care policy-making.

For more details, please go to the [full report](#)

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