

Research utilisation and knowledge mobilisation in the commissioning and joint planning of public health interventions to reduce alcohol-related harms: a qualitative case design using a cocreation approach

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Plain English summary

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Plain English summary

Considerable money and effort is spent on research to establish what works to improve the nation's health, but we know the findings are not always used. In this study, we co-operated with one case study site in Scotland and one in England in order to work together to explore how research evidence is used when public health initiatives are developed, and what other factors are considered.

We carried out 69 interviews, two focus groups, 14 observations and three workshops, and followed the planning and commissioning of one initiative to reduce alcohol-related harm in each site. These were picked by our case study partners, who also helped us to interpret the findings. The topics picked were licensing (Scotland) and reducing maternal alcohol consumption (England). We found that research evidence is used in high-level planning documents to identify problems, but that locally collected information is more influential in deciding on what actions to take.

Evidence is more likely to be used if presented visually and verbally, by a trusted person (rather than written) and if it is about the 'here-and-now' of the people using it. Other concerns like risk and fit into local life are all taken into account. The need to consider different factors and find a blend that is likely to work locally is illustrated in a visual theory as competing 'pulls'. In this study gaining shared agreement was more difficult across a purchaser-provider split (England) than within shared organisational arrangements (Scotland), but the study was small and more research is needed to confirm the findings.

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