

**Friday 16th October 2009, 9:00 – 10:00**

**Košice, Šrobárova 2, Historical Hall at University Main Building**

**Assoc. Prof. Jitse P. van Dijk**

**Translating research into policy:  
how to cope with systematic difficulties?**

Universities or other research institutes produce epidemiological data on health-risk behaviour such as smoking or negligent driving, or produce forecasts on the likely future burden of various diseases or disabilities. Not every issue which public health experts consider to be a problem is also found to be a problem by the wider public. People need to be convinced that something should be done to change the particular situation before it is recognized as an issue on the wider agenda (Kingdon 1984, 119). In relation to the issue of change, Bachrach and Baratz (1962), who were interested in discovering why there was such an enormous degree of poverty in a society as prosperous as the USA, developed an analytical model which helped them to understand this situation (Bachrach and Baratz 1970, 54). They depicted the policymaking process as a kind of pipeline or tube containing four valves or barriers. All the valves in the model are operated by groups of people who are in favour of preserving the status quo and thus want to keep the valves closed, while other groups in favour of change want the valves to be opened and try to use their influence to achieve this. Kingdon (1984) also points out the necessity of stable coalitions. Coalitions are often not stable over time.

An issue will enter the policy agenda more readily if it originates within government rather than coming from outside (Cobb et al. 1976). In practice this means that public health experts should develop good relationships with the Ministry of Health as a vital element in achieving any intended change. Furthermore, there are two aspects of any issue that should be taken into consideration. The more complicated the manner in which an issue is formulated, the lower the chance that it will reach the agenda (Cobb & Elder 1983). This means that for scientists the most subtle scientific distinctions are not always the most useful tools when it comes to changing society. Secondly, the more an issue is perceived to be likely to change the distribution of values in society, the more difficult its life will be as a policy issue (Lowi 1963). Consequently, an issue should be presented as simply and as rigorously as possible in order to increase the chance of it being accepted.

Those who have more realistic expectations of policy are aware of the fact that after producing the data much still has to be done to influence the public health agenda, such as marketing the data and forming coalitions with partners who have the same aim. Only such an approach will lead to a translation of our very important epidemiological data into public health policy.

**Watch online on <http://www.lf.upjs.sk/omek/lectures.html>**

*Assoc. prof. Jitse P. van Dijk (1950) got his degrees in Medicine as well as in Laws and Public Administration and is specialised in the field of Public Health. He is appointed as an Associate Professor and Principle Researcher in the Department of Social Medicine in the University of Groningen. He lectures on 'The Organisation of the Health Care System' and 'Health Laws'. The subject of his thesis was focused on the structural determinants of municipal health policy in the Netherlands.*

*Since the early nineties he is co-operating with the Safarik University in Kosice. His main research focuses on 'Social Determinants of Health and Health Behaviour in Adolescents' and on 'Quality of Life in Chronic Disease'. He was one of the founders of the Kosice Institute for Society and Health, of which he is the Scientific Director.*

