



**Report**  
**Final REPOPA Symposium, Brussels, Belgium 08.09.2017**

**Aro AR, Loncarevic N, Bertram M**  
**University of Southern Denmark**  
**Unit for Health Promotion Research**  
**20.06.2017**

**Notes:**

1. REPOPA = Research into Policy to enhance Physical Activity, [www.repopa.eu](http://www.repopa.eu)
2. This report summarizes the final invitational meeting and its discussions related to the REPOPA Project, financed by EC, 7<sup>th</sup> Framework Program; contract No: 2281532. The authors are responsible for all the contents and points of views presented in the report.
3. Material of the Final REPOPA Symposium can be found at [www.repopa.eu](http://www.repopa.eu)
4. Acknowledgment: We thank all Symposium participants for their contribution. We also thank Leena Eklund Karlsson and Bettina Gundolf for editing this report.

## **Date and venue**

The final REPOPA Symposium was organized on the 8<sup>th</sup> of September 2016 in Scandic Grand Place, Brussels, Belgium.

## **Participants**

In addition to the representatives (n=23) of the REPOPA Project of the partner countries of Denmark, Finland, Italy, the Netherlands, Romania, UK and Canada, the invited participants included over 20 experts representing ministries, institutes and different organizations in Europe ([Symposium participants list](#)). The idea was to connect representatives of REPOPA countries, different sectors relevant to physical activity from organizations both on country level and European level.

## **The goal and the program of the Symposium**

The goal of the symposium was to give the participants the first-hand information on the REPOPA findings and products, to discuss them and their contribution to the policymaking processes of the countries, and to receive expert feedback and further ideas on the work REPOPA has accomplished.

[The Symposium program](#) contained welcoming from the REPOPA Coordinator, Professor *Arja R Aro* as well as from the EC Project Officer for REPOPA *Rachida Ghalouci*. After that, representatives of the six European countries presented and discussed their country-context perspectives on evidence-informed policymaking. Then REPOPA work package leaders summarized the core findings, innovations and added value of their work. The afternoon of the Symposium was spent on group discussions in the format of world café (learning/knowledge café) on four central topics needing further work in evidence-informed policymaking, especially in health enhancing physical activity (HEPA). The topics were facilitators and barriers, competences needed, contextual factors and implementation challenges in developing evidence-informed policies.

## **REPOPA objectives, challenges and status**

**Note:** please see the presentations and other material of the Symposium at <http://www.repopa.eu/news/researchers-can-support-policymakers-their-work>

REPOPA Coordinator, professor Aro laid the basis of the REPOPA project by introducing how using research evidence, for example to strengthen structures of the society in developing physical activity policies, can increase sustainability. She also pointed out that we lack intervention research on this topic, especially on local level, where most of the real-life policymaking in relation to physical activity takes place. She further introduced the concept of *evidence-informed policymaking* (EIP) as an endeavor in which *research knowledge is important*

but it only informs policymaking in which other kinds of contextual knowledge such as resources, values, economic and cultural context are also considered.

REPOPA's research objectives (Figure No1) included to:

- 1) Study the status of use of research and other types of evidence in policymaking by document analysis and stakeholder interviews in six REPOPA EU countries;
- 2) Study two kinds of physical activity policy making interventions - policy game and locally tailored Stewardship interventions to increase evidence-informed policymaking;
- 3) Develop indicators and other tools to assess the level of evidence-informed decision- and policymaking.

In addition, REPOPA's objective was to provide an international virtual umbrella platform and support establishing national web-based platforms for evidence-informed policymaking. Finally, REPOPA also had an objective to carry out project process evaluation.

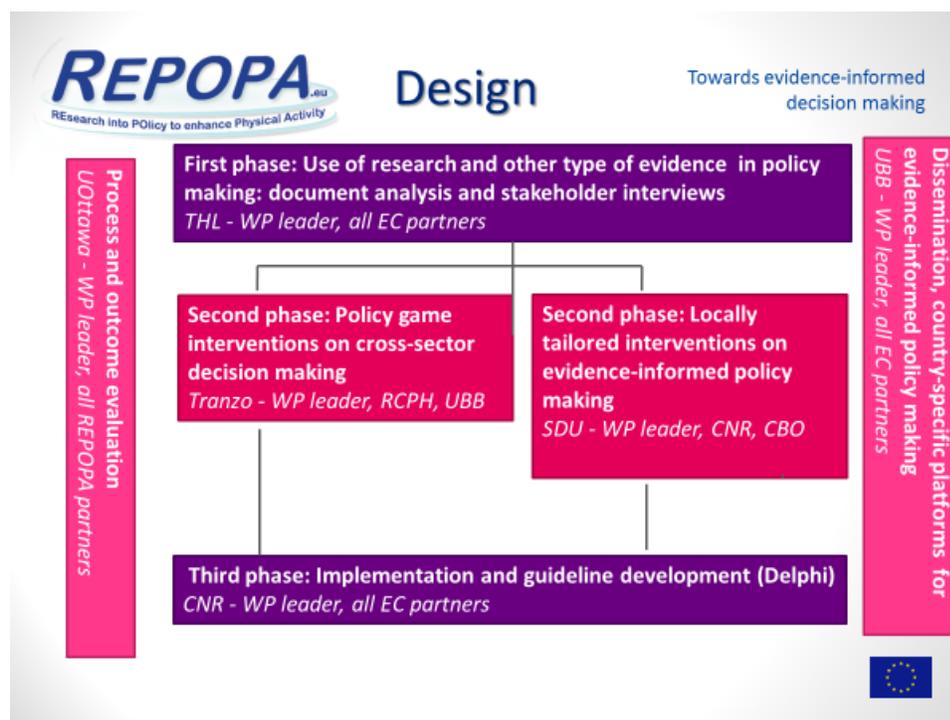


Figure No1. REPOPA design, work packages, project flow, [partner institutes and countries](#). For the abbreviations of the REPOPA partner institutes, please see [www.repopa.eu](http://www.repopa.eu)

REPOPA innovation includes doing research on equal footing with real-life policymaking process; being programmatic, meaning that the intervention design and methods were tailored to the needs of the contexts; that the rather long interventions were not standardized by contents but by function; that the project also produced practical outcomes such as national virtual platforms for evidence-informed policymaking and validated indicators and tools for assessing how evidence-informed policies are; further, the project had an inbuilt process evaluation. The

challenges of this REPOPA approach included the time pressure of programmatic research; unpredictable nature of real-world policymaking; and difficulties in marketing the rather new approach of evidence-informed policymaking.

### **Baseline findings**

The first-year results in the REPOPA project (Work package 1-WP1) confirmed that research evidence was **not** the only kind of evidence used in physical activity policymaking; it was intertwined with empirical evidence from good practice, physical activity culture in general, former policies, regulations and values and traditions. WP1 Leader *Timo Ståhl* concluded that there was a clear need for explicit procedures for using the best available research evidence in the policymaking process; further, the roles and responsibilities in policymaking process need to be defined, and an audit tool (such as REPOPA indicators) to assess the readiness of the organizations to use research evidence, needs to be developed. This was found by studying 21 existing physical activity policies in six REPOPA European countries and by interviewing 86 stakeholders involved in making those policies.

For the papers and reports, including e.g. the final project report, published from the baseline findings as well as from other parts of the project, please see [here](#).

### **Intervention findings**

Based on the first-year findings, the project went further to develop two kinds of policymaking interventions to learn if policymakers could be helped in finding and using research evidence. Both simulation policy game and Stewardship interventions were carried out in three REPOPA EU countries.

The simulation policy game of work package 2 (WP2) proved to increase insight into HEPA policy process, including organizations' networks and stakeholder roles; it also seemed to change attitudes and behavior (intentions) in collaboration. WP2 Leader *Ien van de Goor* added that the policy game impact varied due to different countries' administrative structures and policy contexts.

Stewardship-based interventions in WP3, which were tailored to local policy needs, proved to be useful for policymakers to learn to take the needs and values of the policy target groups into account. WP3 Co-Leader *Maja Bertram* pointed out that politicians also learned to request for more research evidence, and that the interventions seemed to increase organizational procedures for evidence-informed policymaking.

## **Delphi study to develop indicators for evidence-informed policymaking**

REPOPA project further developed the findings into usable tools such as measurable indicators for evidence-informed policymaking. These indicators can be used as a checklist in policymaking to assess how well the policy in question is evidence-informed. The indicators were developed in WP4 by an international two-round Delphi panel of 82 and 103 experts respectively. Agreed indicators were also tested in the contexts of six REPOPA EU countries. WP4 Leader *Adriana Valente* also described the evidence briefs and guidance resources developed based on national feedback.

REPOPA used physical activity as the theme in its work; however, the lessons learned and tools developed can be applied to other fields, especially in healthy living.

In the dissemination WP (WP6) the project also built a web-based umbrella platform with country platforms for evidence-informed policymaking in physical activity. WP6 leader *Razvan Chereches* concluded that these platforms as interest groups can bring together different actors and sectors in the countries to network and collaborate in combining research evidence and real-life policymaking. Finally, REPOPA had an in-built evaluation mechanism to monitor and guide the project work in WP5. WP 5 leader *Nancy Edwards* summarized that a participatory, utilization-oriented process evaluation can increase utility and timely uptake of findings by the Consortium. Further, she mentioned that the used evaluation framework for evaluation proved to be useful for identifying some evaluation indicators; all in all, an embedded evaluation team can provide both internal and external lens of monitoring and evaluation for a project like REPOPA.

## **The country presentations**

The purpose of the country presentations was to give examples (thus not a whole country analysis) of the evidence-informed policymaking environment in each REPOPA EU country. The following questions had been sent to the speakers in beforehand:

*How would you describe the current situation/ the main challenges/changes expected in evidence-informed policymaking in physical activity in your country?*

Denmark: Troels Rasmussen, member of the Board of Directors at Danish Gymnastics and Sports Organization (DGI), pointed out that in Denmark evidence and policymaking are mostly not closely linked. The main challenges seemed to be that in physical activity ‘the point is already taken’ – physical activity is already seen healthy; evidence also speaks to mind, not heart; to ordinary people – and to politicians - evidence is something special; marketing seems to be stronger than academic evidence, also in physical activity. The main law in relation to physical activity in Denmark is based on philosophy, not evidence; local policymaking takes place according to the available facilities) and are influenced by opinion, not research. Rasmussen concluded by questioning if more emphasis in the future on economics would lead

to use of more evidence - or would it be even more based on marketing and opinions? He gave an example: smoking policy was not implemented because of new evidence; it was done because of public opinion; smoking became 'not-hot'.

Finland: Ilkka Turunen, Ministry of Education and Culture, Department of Leadership, Special Government Advisor presented how rather abundant information from surveys, research and assessments is scattered and not readily available; there is not so much dialogue among various actors and science fields; knowledge is used rather unsystematically, mostly when arguing about the need for change in sports policy; methods and means available today should be developed to enable information transfer more effectively to decision makers. Turunen saw as biggest challenges: researchers are not fully aware/do not understand the decision-making context; random use of research in foresight work, planning and evaluation; impact of sport policy measures are insufficiently evaluated and more dialogue is needed and speaking the same language among researchers, experts, developers and decision makers. Turunen suggested to invest in open/public data, technology applications to be used in monitoring physical activity, digitalization, consultation via internet etc.

Italy: Daniela Galeone, Ministry of Health, Department of Public Health and Innovation described the Italian strategy for promoting physical activity being based on the national program 'Gaining health, making healthy choices easy' which is program for non-communicable diseases; it is implemented in all regions according to the principles of Health in All Policies, whole of government and whole of society. Monitoring tools and surveillance systems are developed on the main risk factors (for non-communicable diseases?) to promote evidence-informed policymaking on different societal levels; attention is paid to inequalities and on the life course approach and good practice plus evidence-based interventions.

The challenges mentioned included developing appropriate, evidence-based government policies and interventions, increasing awareness of the importance of physical activity, health impact assessment of different sectors, collaboration between health sector and other sectors and stakeholders, support research in vulnerable groups, explore innovative approaches and technologies to promote physical activity and to enhance citizens' and communities' empowerment.

The changes expected cover increased awareness and commitment of policymakers to implement Health in All Policies approach, improve communication and knowledge exchange between researchers, policymakers and citizens; develop capable communities enhancing participation and strengthening organizational and social skills; reduction of health inequalities.

The Netherlands: Maarten Koornneef, Dutch Ministry of Health, Welfare and Sport stated that policy entities use research information in relation to political values and (local) priorities. Since 2014 there has been national, coordinated public health data collection including sports and physical activity; the data are online in yearly Health Status and Forecast Report and Report on Sports. There is also a national database of research informed public health interventions including Sports and Physical Activity (Knowledge Centre for Sport NL since 2016).

The main challenges for evidence-informed policymaking include improvement of the connections with (local) policymakers in different sectors; to find balanced, high level evidence requirements in (individual) health care sector and the evidence needed for community oriented approaches and measures, and to improve evidence for a mix of general measures and measures for target groups such as age, health risk and socio-economic.

The expected changes in evidence-informed policymaking are steady improvement of the position of research and innovation in sports; stability or decrease in research and innovation in physical activity; tendency of more opinion- based and market-oriented sports policy; possibly less defensive use of physical activity research in other policies.

Romania: Dragos Cosmin Preda, Ministry of Youth and Sport presented the country activities in the Intergovernmental Working Group on Preventing Corruption and the agenda: The use of information and communication technology for the implementation of the Convention to facilitate public sector transparency and combatting corruption as well as protecting the integrity of the sport, promoting good governance in sport and reducing corruption in these areas.

The expected changes: the Romanian Ministry of Youth and Sports fully assumed the Romanian Government Memorandum on increasing transparency and the standardization of the display of public information. A working group has been reiterated between institutions and other bodies to facilitate collaboration, need for assistance in legal, institutional, policy development, capacity building, analysis, research/data collection and classification of these types of assistance.

UK: Nanette Mutrie, Physical Activity for Health Sport, Physical Education and Health Sciences, University of Edinburgh, UK, presented the active collaboration between Ministry of Sport and Public Health, National Strategy Group for Sport and Physical Activity, evidence sub-groups providing input. She emphasized how policy likes to be evidence-based, but politicians take their own views; she saw as the main challenge appealing ideas (with political lobby) that have no resources implications but also no evidence; an example is 'daily mile'. Professor Mutrie expected more accountability and therefore more need for evidence and outcomes framework.

### **World Café discussion**

World Café group work session was used to discuss the main findings of the REPOPA project and especially the gaps in research in evidence-informed policymaking using physical activity as the topic. Over 40 experts in different fields of six countries in Europe (both REPOPA partners and external experts) and two REPOPA partners from Canada took part. Four themes dealt with in four café tables were related to the integration of research evidence and real-world policymaking, communication competences of research and policymakers, integrating context in evidence-informed policymaking and challenges of implementation of evidence-informed

policymaking. In the end at a plenary session the table facilitators summarized the discussion at their respective tables. The notes were collected and are summarized in this report.

### **Summary of the world café discussions per theme/table**

**Theme 1:** *How to integrate research evidence/knowledge and real-world policymaking? Do we know enough about facilitators, barriers and best practices of evidence-informed policymaking? If yes, what do we know is working - and on what kind of conditions? If not, what needs to be studied further?*

It appeared that we do not know sufficiently about the facilitators of evidence-informed policymaking. Especially those not following the abundant literature or directly working with the issue do not know these facilitators. Furthermore, knowledge of the effectiveness of interventions is scarce, which means that knowledge of best practices is also limited.

Next to knowing what is meant by evidence (either evidence-based or evidence-informed), it should be also considered who has produced the evidence and where is the evidence coming from (research/patients/citizens), but also how and when in the policymaking process evidence could be used. Also, it is important to remember that examples of practical evidence can come from different sectors.

The table agreed that research evidence is the core evidence; however, practical issues such as traffic jams can be triggers of new policy actions like facilitating cycling policy. Researchers should be aware that policy makers do not pay attention to the quality of evidence so much; instead emotional issues related to case studies can be crucial.

Evidence-informed policymaking (EIP) could be facilitated by: applying different sources of evidence and taking care that the same policy language is used and spoken by researchers (to 'sell' the evidence) and policymakers; making sure that the evidence is not too technical, and that is made useful and easily available at local level; using social media and its vivid tools instead of long reports. In addition, collaboration in general is an important facilitator for EIP.

Researchers should know the policy agenda, perspective and vision of the policymakers to be able to provide evidence. The participants of the workshop thought that it would be good to have on-going dialogue between researchers and policy makers at different stages of the policy making. Furthermore, the participants pointed out that evidence does not directly feed into policy; instead, a lot of democratic decisions need to be taken before evidence will lead to concrete policy measures. It was discussed that even if we know the barriers to the evidence-informed policymaking, we do not know how to overcome them.

**Theme 2:** *Do we have sufficient competences in communicating between research and policy makers and different stakeholders? If yes, what kinds of competences are important? If not, what kinds of competences are needed on both sides? How could we improve these competences?*

The participants of the table pointed out that it is important to define what kind of stakeholders we want to communicate research to (public - local, national, international; private/no-public such as citizens or NGOs); business; or media). Also, the context needs to be considered in the communication strategy. Communicators should be clear in their messages, have respect and

pay attention to the views and values of the stakeholders. Politicians need to understand what they need in terms of evidence and clearly know what they want to communicate. On the other hand, scientific evidence is often difficult to explain in a simple way and with only a few options. Maybe the best is to mix different kinds of information strategies.

Facilitators to improve communication could include a mediator/knowledge broker with the aim of helping policymakers to understand their evidence needs; helping researchers to translate research and decrease the complexity of research knowledge (knowledge translation); helping to reach a common understanding and to link the competences of various parts, also between politicians from different sectors such as health transport etc.; helping to build stakeholders' consensus about the political choices, which is a requisite for implementation, as politicians cannot impose top-down orders.

The mediator /knowledge broker should have competences in motivational approach (motivation for change, positive effect of actions); diplomacy; understanding what stakeholders need to know and what they already know; academic background; knowledge of the policymaking process.

The participants also discussed evidence briefs, such as those developed by REPOPA and circulated at the Symposium; availability and their quality depend on the context. Further, interaction between researchers and policy makers as well as training politicians to understand research was seen important; On the other hand, empowerment of citizens in understanding science (scientific citizenship) could be enhanced. In addition, comments were made that decision makers should be able to understand what they need in terms of evidence and not what they want (example: statistics can be used to say anything). Also, policy makers face a challenge in investing in long term programs due to their relatively short election terms; this may lead to use polls kind of research instead of research evidence needing more time to produce.

**Theme 3:** *How can context be better integrated or more fully considered in evidence-informed policymaking? Are the indicators for evidence-informed policymaking which REPOPA developed, the way to go? How could the REPOPA indicators be used? How would you develop the indicators further?*

The participants of the table 3 brought up issues such as the importance of “helicopter view” from both researchers and policy makers to know where we are going. This concerns e.g. the use of different languages and different perspectives; the importance to know knowledge producers and users; the acknowledgement that local level evidence is never enough but instead we need international evidence adapted to the local context. It was felt that it is important that local people carry out a resource mapping and that people with sincere interest should be used as advocates; expert knowledge should be used where research evidence is still lacking; researchers should move on from the elevator speech and engage policymakers in more timely manners and in depth in the research/communication process to give them sense/significance of adopting evidence-informed policymaking process.

The participants achieved a consensus on three most important themes to be further discussed by the following groups: 1) participatory approach; 2) local level specific evidence; 3) resource mapping is important to understand the way to proceed.

The second group at this table pondered how to facilitate resource mapping to find resources e.g. lacking money; it was agreed that general knowledge can be adapted to local context with rather little money especially with specific questions. It became clear how participatory approach can have its challenges e.g. when a practice is continued due to its popularity even in the absence of research evidence (prostate cancer screening in some contexts) and how policy can be effective and later accepted even without initial public acceptance such as ban on public smoking.

The key messages from the second group were: as a policymaker, collaboration and search for evidence are important and that any bit of data could be used; 2) timing and political context are very important when discussing participatory approaches; and 3) more resources are needed for policy relevant knowledge generation.

**Theme 4:** *Implementation of evidence-informed policymaking is a challenge: why is that? Your experiences in the area? Facilitators and barriers for implementation? How to enhance implementation and learning from others? What should be the next steps in research and practice related to implementation?*

The participants of the table 4 discussed the Consolidated Framework for Implementation Research (Damschroeder L, Impl Sci 2009;4:50) and agreed on the barriers presented in it being: 1) policy itself (may not be feasible for practice); 2) individual factors related to professionals (lack of motivation, attitudes); 3) characteristics of organizations and their structure (e.g. readiness for change); 4) environment of an organization (e.g. attitudes); 5) implementation process (high/low quality of the process depending on e.g. whether there is a proper planning for implementation).

It was also added that policy itself might be fine and well done but the politics may be a barrier which hinders putting the policy into action due to lack of favorable policy window.

Further, policymakers may lack expertise and experience due to recruiting process /organizational factors (e.g., rotation of civil servants in different posts means that the gathered experience is lost); implementation requires both human resources, proper planning and money. Often there is also lack of money and resources for the implementation phase and lack of attention to 'implementing' the implementation plan (putting the plan into action). There is also lack of money to train civil servants in implementation (e.g., knowledge on theories of implementation and of behavior change and social change). Also, civil servants could be trained to deal with resistance to change, for example, on-the job training ensuring continuity. On the other hand, also researchers should be trained and participate in the facilitation of implementation.

Policy makers (but also health professionals and practitioners) lack incentives to use evidence. This might be due to policy makers doubts whether evidence based is better than actions not using evidence.

The participants also discussed the importance of monitoring implementation of evidence-informed policies. The participants thought that it would help if the policy making process, participants and outcomes are made clear and transparent. Using research impact indicators should be a long-term exercise to show real and sustained results. Monitoring could be for accountability - or for developmental purpose; it is important to be aware what we measure and what this measure counts ('what is measured, counts').

## **Conclusion**

The final REPOPA symposium provided a fruitful occasion to present the main results and challenges of REPOPA to external experts and get their views on the work accomplished. The country presentations provided useful contextual information to understand REPOPA results. In addition, World Café discussions both provided new perspectives on the four topics dealt with and brought suggestions for new research and development. The Symposium also enhanced networking across countries, cultures and stakeholders from a rather wide range of sectors and actors in Europe.