

# Using conjoint analysis to validate SAGE: A tool to measure research use in health policy/program development

# Outline

- Introduction
  - Benefits and importance of measuring research use in health policy making
  - Developing a measure and system to score research use
  - Aims and benefits of developing a valid scoring system
- Method
  - Using conjoint analysis to develop the scoring system
- Findings of the conjoint analysis
- Discussion
  - How to use the scoring system
  - Positive implications of this scoring system
  - Next steps

# INTRODUCTION

# Measurement of research use

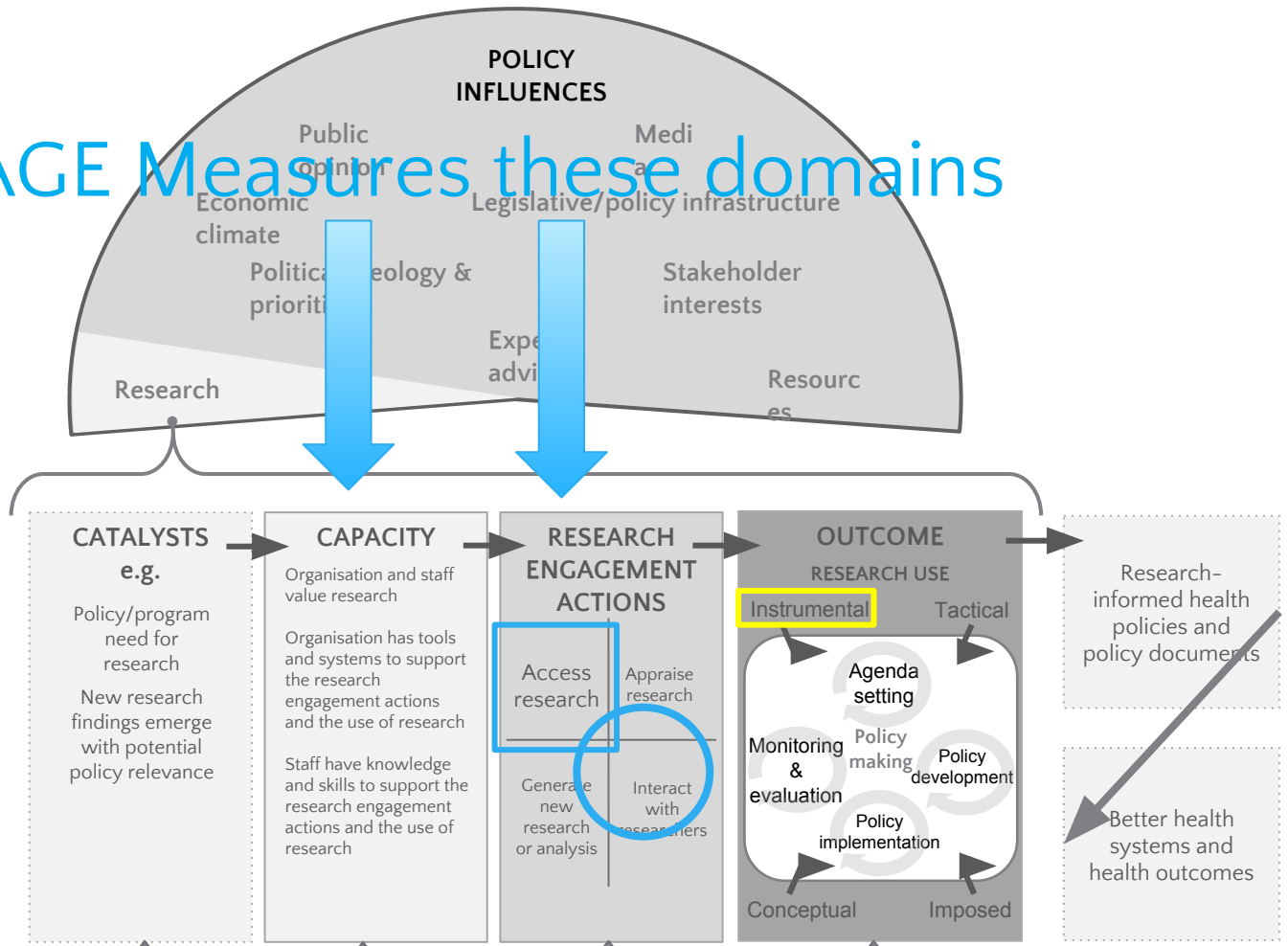
- Policymaking: complex process
- Calls for decision makers to incorporate *more* research into the development of health policies and programs
  - Reduce health spending ↓
  - Improve health systems ↑
  - Improve health ↑
- If we can measure research use –organisation can evaluate their progress towards this goal
- Current measures: few and have limitations

# Development of a new measure: SAGE

- Staff Assessment of enGagement with Evidence from Research
- A comprehensive measure of research use
- Firmly grounded in the SPIRIT Action Framework

# SPIRIT Action Framework

SAGE Measures these domains

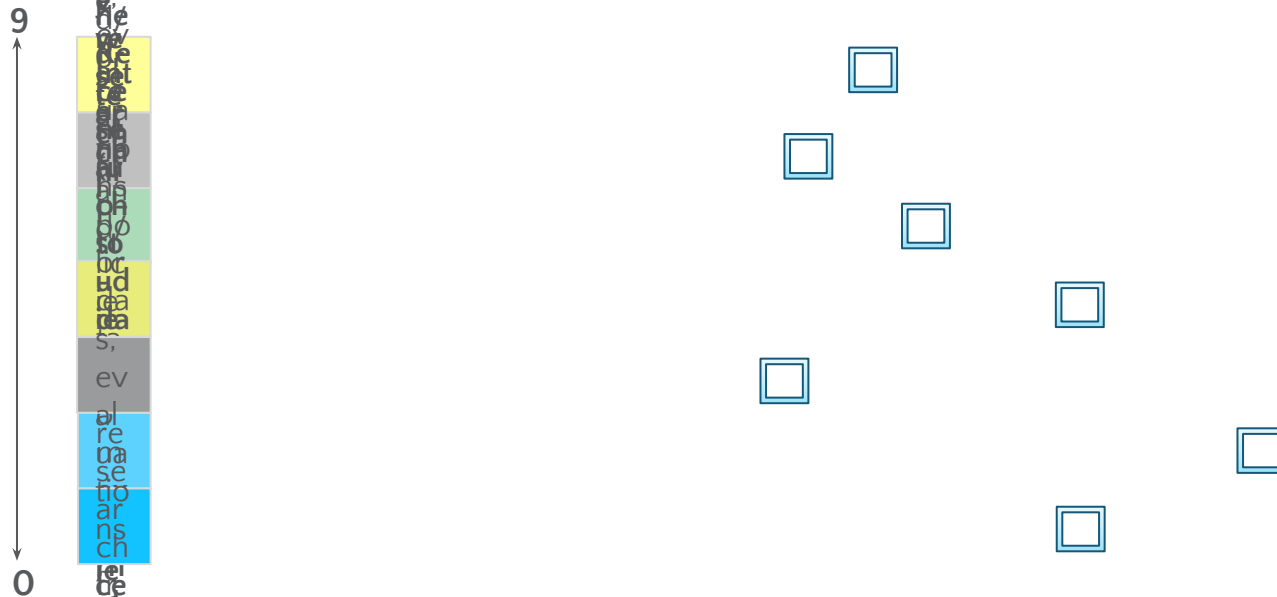


In relation to the development of a *specific policy product or program*

# SAGE – components

1. Comprehensive interview about a policy document
2. Scoring tool – to score interview responses
  - Breaks down each domain into its *key aspects*

Direct the policymaker retrieve and use...



- What score should we assign to each aspect above?

# Aims

- Use **conjoint analysis**, with an **Expert Sample**, to quantify the relative importance of aspects for each:
  - research engagement action
  - Type of research use
- This will:
  - Generate a valid scoring system for REAs/RU
  - Produce an informative scoring system to help agencies maximise their research capacity\*



# METHOD

# Method

1. Recruit Experts sample ( $N = 54$ ).

2. Complete a **Choice survey** – respondents exposed to combinations of key aspects called “profiles”. There is a survey for each **research engagement action** and **type of research use**

3. Rate each profile – does it represent a limited, moderate, or extensive instance of *searching for research, appraising research etc.*

4. Conjoint Analysis – analyse the results of the survey. This will generate a “**utility value**” and “**importance value**” for each key aspect.

5. Utilities are the score assigned to each aspect in the SAGE scoring tool

# Example profile: appraising quality

*To evaluate the quality of research, the policymaker...*

- Assessed whether the research design or conclusions were valid
- Checked whether the research cited, or was referenced in other high-quality research or policy documents
- Consulted experts to assess quality
- Assessed the level of evidence of the research
- Undertook these strategies as part of a pre-specified strategy

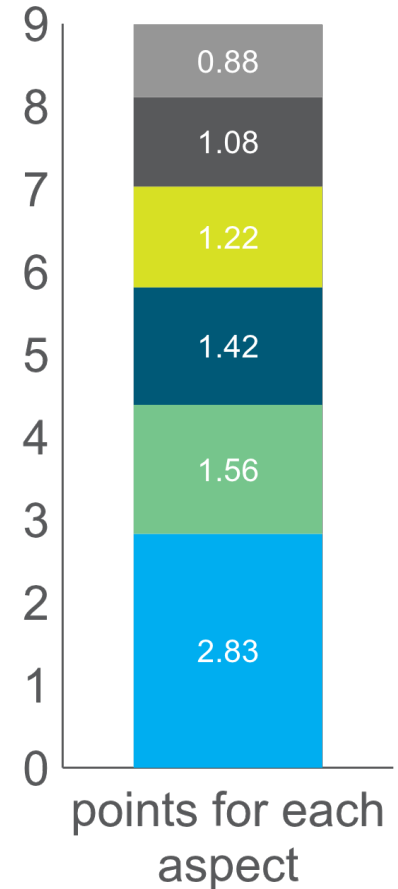
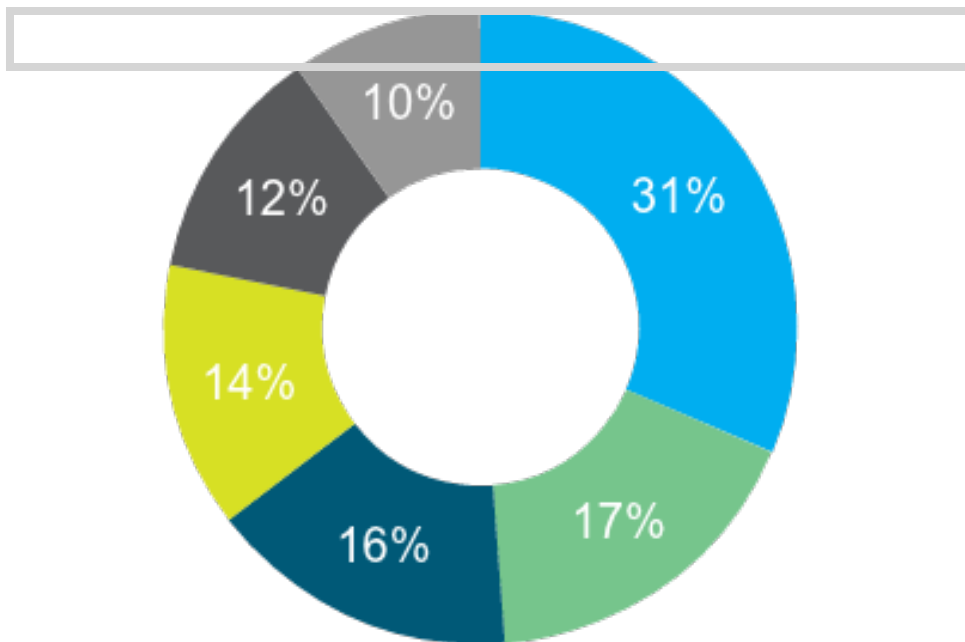
Using the 1-9 scale below, does this scenario **represent a *limited, moderate, or extensive* appraisal of research quality.**

1	2	3	4	5	6	7	8	9
Limited			Moderate			Extensive		

# RESULTS

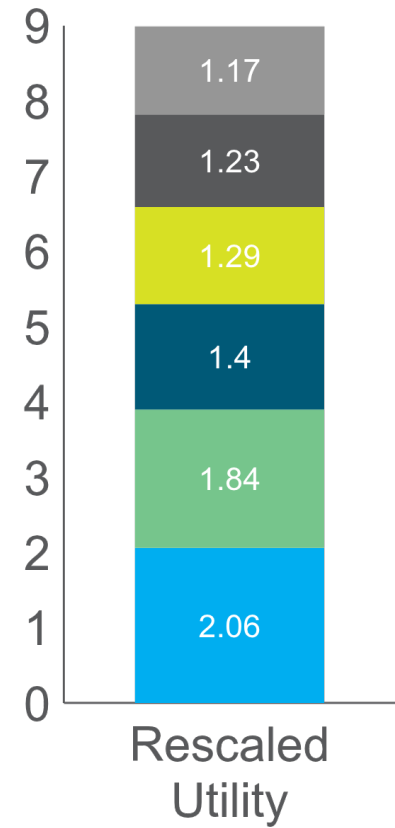
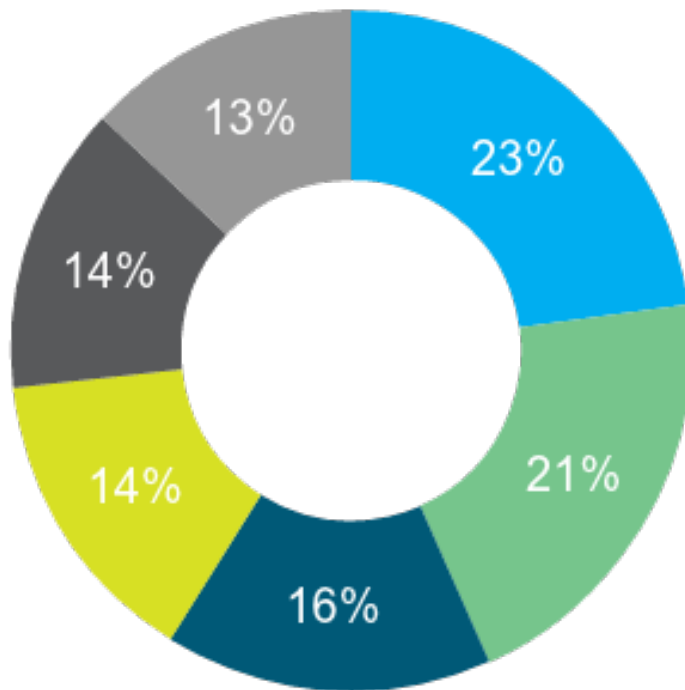
# What is the best way to search for research?

- Academic literature databases and/or physical libraries
- Experts requested to identify research
- Grey literature sources
- Reference lists, citation indices, or databases of references
- Obtained research by chance, on-hand, or provided by colleagues
- Generic databases or search engines



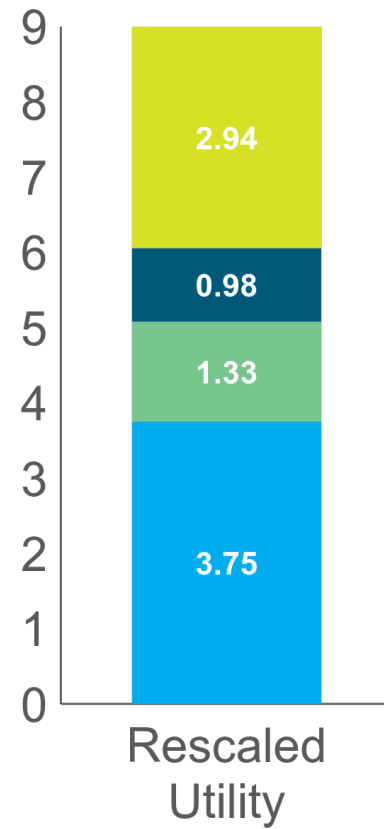
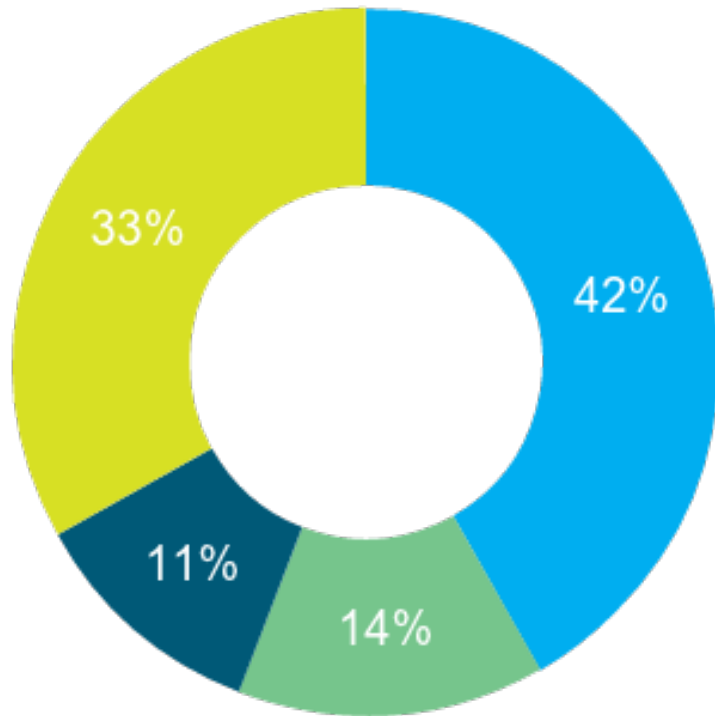
# How should relevance be appraised?

applicable to the policy context or policy issue  
recommendations were actionable and/or feasible  
undertook these actions as part of a pre-specified strategy  
consulted experts to assess the relevance of research  
consistent with previous research on the issue  
compatible with his/her OR the organisation's values, knowledge, or experience



# What are the best sort of interactions with researchers?

- Thorough collaborative activities with researchers
- Less intensive interactions with (other) researchers
- Sporadic contact with (other) researchers
- Actively initiated these interaction activities



# Acknowledging barriers

- Health decision makers, program developers face obstacles that make it difficult to use research
  - Some are more overwhelming than others
- Important to acknowledge these
- Examples of barriers:
  - Lack of access to research databases/journals
  - Self-perceived deficits in research skills
  - Lack of time (!!)
  - No relevant/practical research is available
- SAGE includes a checklist of key barriers as a means of accounting for these
  - Puts scores in context
  - Can inform organisations on what needs improvement



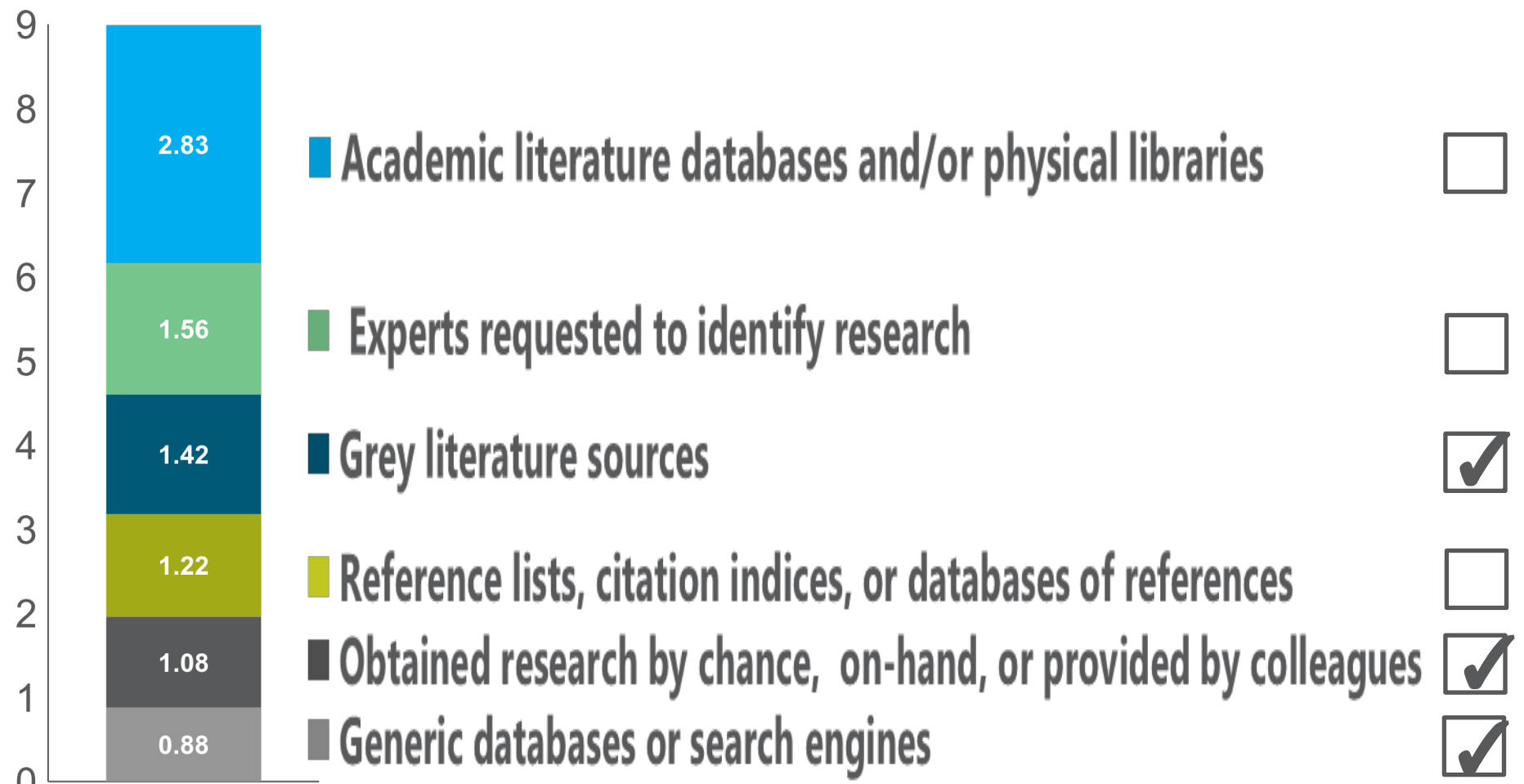
# IMPLICATIONS

# 1. An empirically derived scoring system

- Quantified the relative importance of all key aspects
- Generated a score for each key aspect
- Produced an unbiased, context-sensitive, valid means of scoring research use

# How does the scoring work?

Example: Searching for research



Rescaled Utility

Total = **3.3**

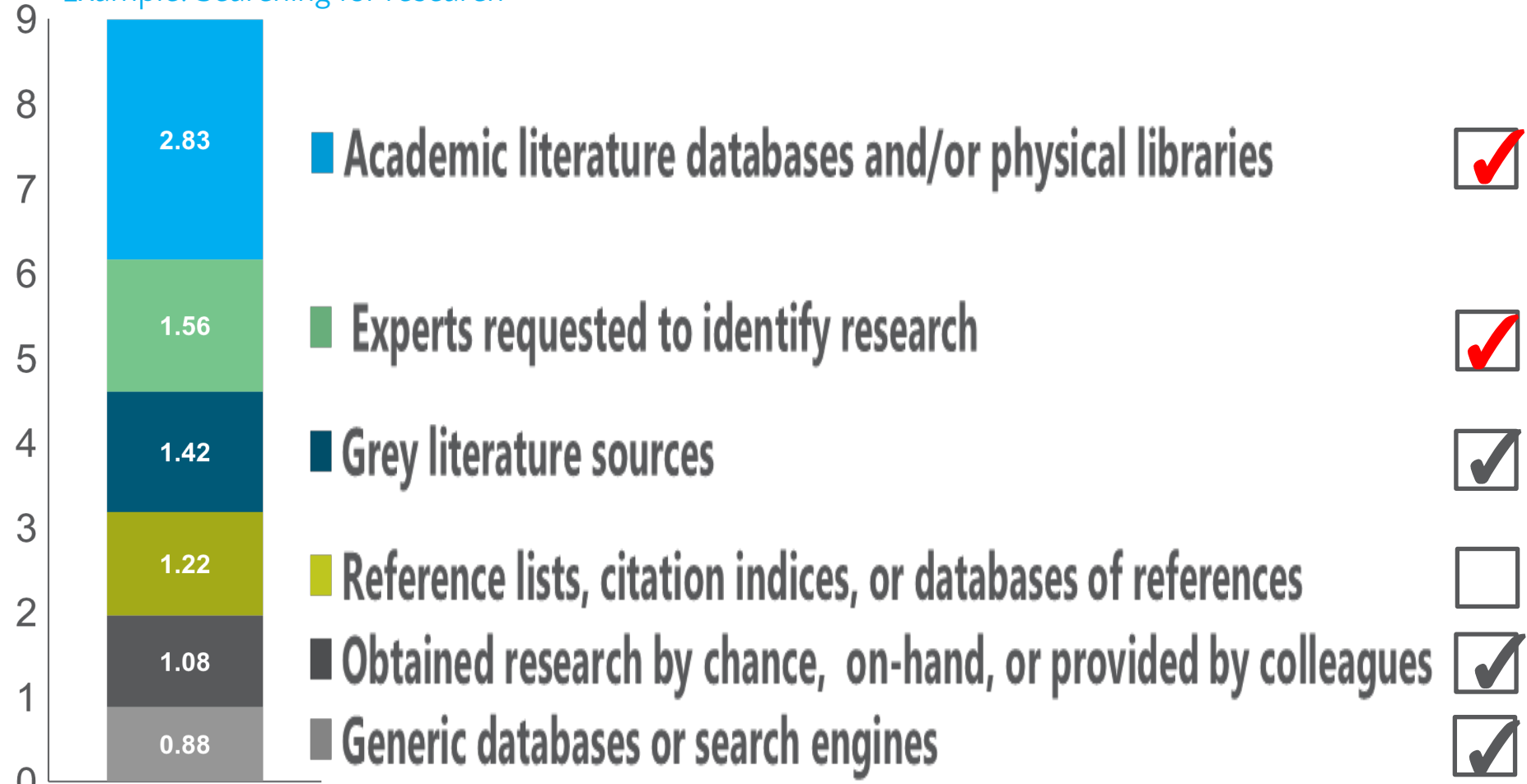
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## 2. An **informative** scoring system

- Scoring tool can be used to increase organisations' research use capacity

# An informative scoring system

Example: Searching for research



Rescaled  
Utility

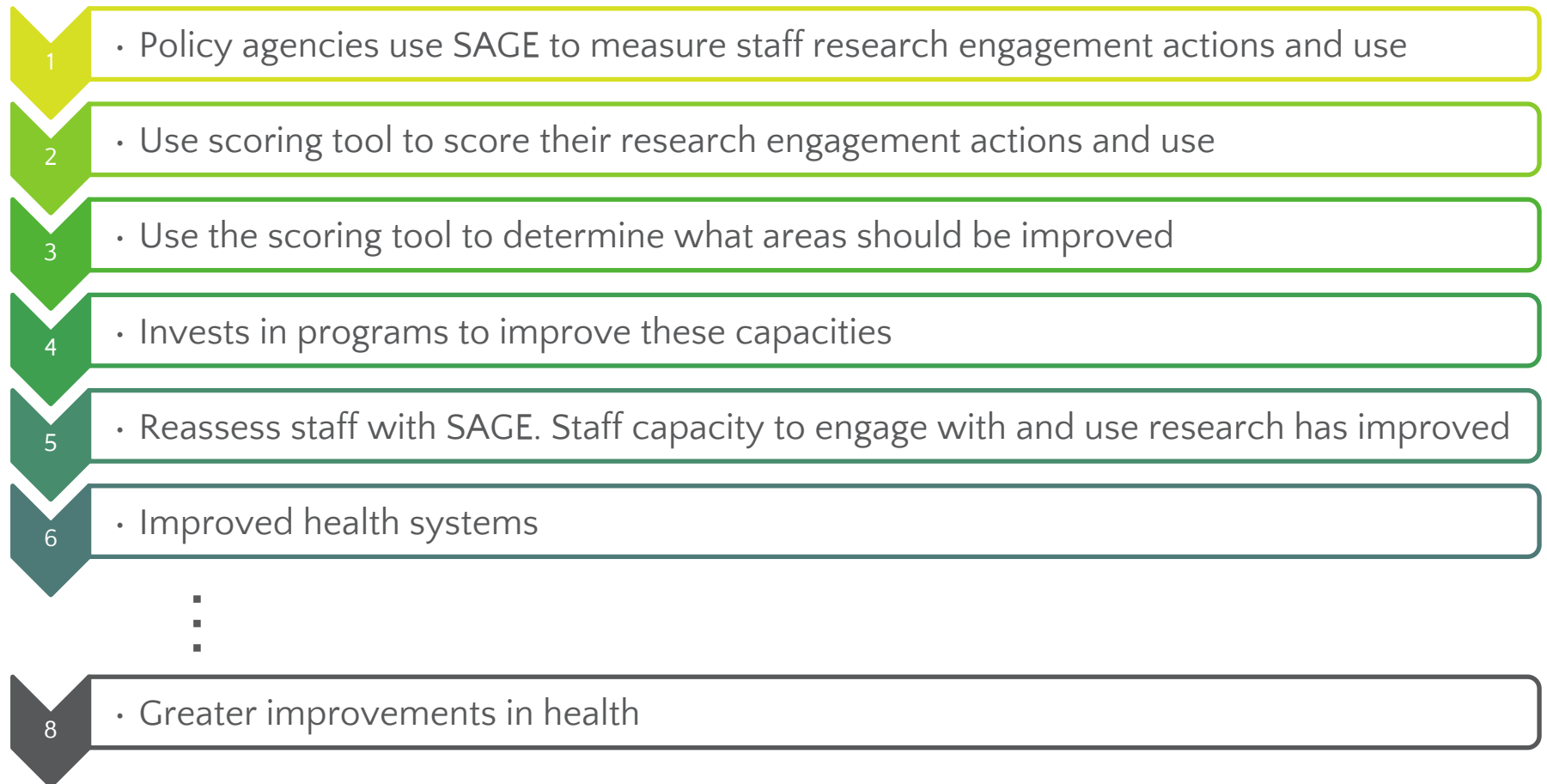
Total = **3.3**

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# Next steps

- Evaluate the practical utility and face validity of the tool
- Evaluate the reliability and validity of the tool

# To conclude – possible long-term benefits of SAGE



Thank you