Evidence Commission report

How would you bridge the gap between evidence and policy?

• What is the biggest gap that the ‘First 1000 days’ report says need to be filled?
  1) Recognise the importance of the first 1000 days
  2) Provide comprehensive support for parents in the first 1000 days
  3) Identify and respond systematically to risk factors using the tests and tiered interventions found in the 2020 review
  4) Improve equity and quality in services
  5) Improve cross-sectoral collaboration
  6) Advance research, knowledge and understanding

• Where would you put your energies in bridging the highest-priority gaps?
  a) Helping parents to make choices
  b) Enabling local providers to learn and improve
  c) Encouraging government to support a and b, and to do some things that only government can do

Approach #1: Put evidence at the centre of everyday life

• Where do parents now make choices, and go for information to inform choices, about a range of issues in the first 1000 days?
  - Make evidence-based choices the default option (e.g., AI algorithms in Amazon) or make evidence-based information the default information (e.g., Facebook/Twitter and YouTube)
  - Make evidence-based choices the easy option (e.g., multiple strategies like supermarkets’ placement of healthy foods)
  - Make evidence available to me when people are making choices, both general approaches to making choices (e.g., Wirecutter for purchasing products, 80,000 hours for volunteering time, and GiveWell for donating money) and specific choices (e.g., life marks and drug fact boxes)
  - Helping people judge what others are claiming (e.g., factcheck.com and fact-checking websites) or more generally find (and receive) reliable information on a topic (e.g., McMaster Optimal Aging Portal)

• Is there a team that has the capacity to identify the right partners and to ensure that the right evidence, lived experiences, behavioural insights, and other inputs are brought to the partnership?

Approach #2: Enable ongoing ‘learning and improvement’ to pursue a range of issues that are within ‘local’ control

• What are the candidate issues (1 psychological tests, 2 psychosocial interventions, 3 beginning to combine them into a ‘population-health and wellbeing management framework’)?
  - There an opportunity to use ‘learning and improvement’ cycles
  - Identify your population (or a priority population with which to start)
  - Segment the population into groups with shared needs (based on 1 above) and barriers to accessing services
  - Co-design child and/or parent-centred care models and service mix (including 2 above)
  - Implement the models in ways that ensure reach (especially among those who oftenaren’t reached)
  - Monitor and evaluate using an equity-sensitive quadruple aim approach

• Is there a team that has the capacity to provide coaching, facilitate collaboratives, etc. to support learning and improvement
We need to formalize and strengthen national evidence-support systems alongside the research system and the innovation system.

Evidence-support systems - described as an understanding of a national or state context, including timelines, decision-makers, and the evidence for a given issue - can be a key way to address the evidence for a given issue in a way that is relevant for policymakers.

Examples of evidence-support systems include:
- Access to evidence: A system that can combine the power of national evidence and the power of global evidence.
- Expert-led processes that integrate guidance with methods expert and team experience, peer-reviewed evidence summaries, and clarify what evidence and experiences underlie the recommendations, as well as citizen and stakeholder engagement processes that provide ways for the evidence to be used.
- Systems that support ongoing and updated evidence, with a focus on accuracy and transparency.
- Processes for:
  1. Identifying evidence needs
  2. Identifying and packaging evidence that meets these needs within set time constraints
  3. Engaging with decision-makers (including policy and political processes)
  4. Incorporating evidence into major processes (e.g., council submissions, budget proposals, strategic planning).

An evidence-support system needs to rely on the combined power of local evidence (what has been learned in Australia) and global evidence (what has been learned from around the world, including how it varies by groups and contexts).

Forms of evidence:
- Data analytics
- Modeling
- Evaluation
- Behavioral / implementation research
- Qualitative insights

Steps where it adds the greatest value:
1. Understanding and prioritizing needs
2. Selecting an option to inform the problem
3. Matching the form of evidence to the right issues and contexts
4. Introducing and prioritizing solutions
5. Monitoring and evaluating implementation

An evidence-support system also needs to use the right strategies to support the use of best evidence for the right issues and contexts.

Forms of evidence that may need to be included in evidence syntheses:
- COVID-19 evidence
- Climate change evidence
- Ecosystem health evidence
- Indigenous health evidence
- Development evidence
- Health equity evidence
- Health and all other sectors evidence

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Why formalize and strengthen evidence-support systems now?

- Cadre of political leaders who have personal experience with what worked well during COVID-19 and what could work better (and with how their counterparts in other countries appeared to be better supported with best evidence)
- Innovations in evidence products and processes, such as living evidence syntheses and living guidelines
- Lesson learned about needing to have evidence supports in place that can pivot to address future crises
- COVID-19 evidence investments coming to an end
- Recognition of the growing array of societal challenges where best evidence is needed, such as the first 1000 days, climate action, etc.

How would you bridge the gap between evidence and policy?

- What is the biggest gap that the ‘First 1000 days’ report says need to be filled? Why?
  1) Recognize the importance of the first 1000 days (e.g., review existing action plans and develop implementation plans)
  2) Provide comprehensive support for parents in the first 1000 days, including through a digital platform
  3) Identify and respond systematically to risk factors (using the tests and tiered interventions found in the 2020 review), and bring in the idea of ‘population-health (and wellbeing) management’
  4) Improve equity and quality in services (including training and monitoring, ‘learning and improvement’)
  5) Improve cross-sectoral collaboration (including healthcare, social services, child production, and early education)
  6) Advance research, knowledge and understanding, including for the research gaps identified in the 2020 review
- Where would you put your energies in bridging the highest-priority gaps? Why?
  a) Put evidence at the centre of everyday life for parents
  b) Enable ongoing ‘learning and improvement’ to pursue a range of issues that are within ‘local’ control
  c) Respond in a timely way when a ‘window of opportunity’ opens for government to pursue a ‘meaty’ issue