National Coordinating Committee on School Health and Safety

The Research-Policy-Practice Conundrum: Making the Process Work to Improve Student Outcomes

Report of the Fall Issues Meeting
September 20, 2005

The Fall Issues Meeting of the National Coordinating Committee on School Health and Safety (NCCSHS) was held on September 20, 2005, in Arlington, Virginia. The meeting's theme centered on how to translate research in the field to policy and practice to improve student outcomes in schools nationwide and ultimately achieve educated, safe, and healthy students.

Participating Federal and Non-Federal Agencies and Organizations

Participating agencies and organizations that were represented at the meeting included:

Federal Agencies and Other Governmental Attendees

U.S. Department of Agriculture
    Food and Nutrition Service

U.S. Department of Education (ED)
    Office of Special Education Programs
    Office of Student Achievement and Student Accountability

U.S. Department of Health and Human Services
    Centers for Disease Control and Prevention (CDC), Division of Adolescent and School
        Health (DASH)
    Health Resources and Services Administration (HRSA), Maternal and Child Health
        Bureau (MCHB)
    National Institutes of Health, National Institute for Child Health and Human
        Development
    Office of the Surgeon General

U.S. Senate
    Office of Senator Tom Harkin

Non-Federal Organizations, Foundations, and Other Participants

American Academy of Pediatrics
American Counseling Association
American Heart Association
American School Health Association
Association for Supervision and Curriculum Development

Association of State and Territorial Health Officials
Center for Health and Health Care in Schools
Columbia University
Council for Exceptional Children
Council of Chief State School Officers
Education Development Center
Harvard School of Public Health
Institute for Education Leadership
National Association of County and City Health Officials
National Association of Elementary School Principals
National Association of Health Education Centers
National Association of School Nurses
National Association of State Boards of Education
National Parent-Teacher Association
National School Boards Association
School Social Work Association of America
Simon Fraser University (British Columbia, Canada)
Society for Public Health Education
Society of State Directors of Health, Physical Education and Recreation
The National Academies
University of California, San Diego

Overview

The 2005 Fall Issues Meeting of the National Coordinating Committee on School Health and Safety (NCCSHS) was titled, "The Research-Policy-Practice Conundrum: Making the Process Work to Improve Student Outcomes." Participants represented seven Federal agencies and 26 non-Federal organizations and universities whose goals are to produce and maintain quality programs for improvements in health and education. The meeting featured speakers and expert responses, opportunities for networking, large group discussions, and opportunities for dialogue among committee members. Speakers also addressed specific questions from the participants following their presentations.

To address the mutual concerns of NCCSHS members related to improving education and health outcomes for students, issues and strategies for translating research to policy and practice were discussed. The group also examined implications and possible next steps for NCCSHS in outlining such strategies.

Following the large group discussion, the committee held a brief business meeting.

Welcome and Introduction

Theresa Lewallen, Chair of NCCSHS and Director, Health in Education Initiative at the Association for Supervision and Curriculum Development, welcomed the participants to the meeting. She also thanked the speakers for their time and efforts, provided a brief overview of the agenda, and reviewed other logistical and administrative details of the meeting.

Ms. Lewallen announced the ballot results for the new chair of NCCSHS. Jim Bogden, Safe and Healthy Schools Project Director for the National Association of State Boards of Education was elected. Mr. Bogden will officially take on the responsibilities of Chair January 1, 2006, for a two-year term.

Presentations and Discussion Sessions

Taking Research to Practice (and Back): Toward a Professional Vision of Research in Education

Ms. Lewallen introduced Dr. Daniel Laitsch, Assistant Professor in the Faculty of Education at Simon Fraser University. His presentation focused on: (1) issues related to research use, its translation to practice, and associated barriers and implications, (2) broader policy issues related to research use in using or controlling knowledge, and (3) recommendations for policy and practice.

Dr. Laitsch referred to a study conducted by Hemsley-Brown and Sharp that reviewed education and medical research literature. The study addressed the following questions:

- How do educators use research findings for school improvement?
- Which features of research encourage teachers to use findings in their own practice?
- What role do leaders and diffusion networks play in the dissemination and adoption of research findings?
- Do medical practitioners make greater use of research than educators, and if so, why?

Hemsley-Brown's and Sharp's review of research findings included opinion articles and empirical and medical studies. Findings addressed whether medical practitioners use research and indicated that general practitioners and educators use research less often than surgeons, partly because of career advancement issues.

Dr. Laitsch discussed the role of change agents and dissemination networks. The process of social change requires:

- Trained change agents responsible for the adoption of new ideas
- Opinion leaders influential in their professional networks
- Diffusion networks between researchers and practitioners

Dr. Laitsch outlined the study's conclusions, which included the following:

1. "The conclusions from empirical research, in both education and in nursing, confirm that the main barriers to knowledge use in the public sector are not at the level of individual resistance, but originated in an institutionalized culture that does not foster learning."
2. Managers are key facilitators who need to create and develop a culture that values and uses research.
3. Value, relevance, and timeliness are important.
4. The research design should respect the operational needs of practitioners.

5. Training in research methods and application may raise practitioner acceptance of research findings.
6. Practitioners need sufficient resources to support the capacity for using research (e.g., time, access, and implementation support).
7. There is conflict within the field regarding "fidelity of implementation" and "application in the local context."

Legislation designed for the U.S. Department of Education includes definitions of "scientifically based research." The Institute for Education Sciences includes six types: (1) scientifically based research standards, (2) scientifically valid education research, (3) scientifically valid research, (4) basic research, (5) applied research, and (6) field-initiated research. Dr. Laitsch noted that the many definitions of scientifically based research can create a confusing environment for researchers and practitioners.

Dr. Laitsch explained the Institute's charge, to evaluate research quality and disseminate information about "what works," which led to the development of the "What Works Clearinghouse" (WWC) in 2002. The WWC collects, screens, and identifies studies of the effectiveness of educational interventions (programs, products, practices, and policies) to provide educators, policymakers, researchers, and the public with a central and trusted source of scientific evidence of what works in education.

Dr. Laitsch offered further conclusions, suggestions, and recommendations to researchers and health and education professionals. He concluded that:

- Research plays an increasingly central role in policy and practice debates.
- There are multiple, sometimes competing, interests (some use research to improve policy and practice, while others attempt to use research as a way to control policy and practice).
- Accountability and ethics arguments are two ways research and scientific investigation can be controlled by government.
- Institutional structures in government and academia limit the accessibility of research for the general public.
- By failing to engage the public in research issues, the education profession risks losing autonomy and control to political forces external to, and sometimes less respectful of, the science.

To mitigate barriers related to research use and its translation to practice, researchers and health and education professionals should consider the following:

- **Open Source Journals**—Free electronic journals may alleviate the effects of profit on dissemination, but some scholarly complexity may remain.
- **Internet Transparency**—Electronic knowledge networks can increase communication and transparency.
- **E-memberships**—Lower cost professional memberships may increase access.
- **E-publishing**—E-publishing is a viable form of low-cost information dissemination.

Dr. Laitsch's recommendations in education and across disciplines include strengthening "sunshine" laws, building coalitions, increasing institutional and professional collaborations, and strengthening partnerships. (His complete presentation is available for download at: http://www.sfu.ca/~dlaitsch/NCCSHSpres.pdf (Adobe PDF [1.88M])).

Questions and Comments for Dr. Laitsch

1. *In ongoing dialogue with Federal entities, it may be helpful to alert key education associations to address issues related to research use and its translation to practice. These education associations could develop a campaign that has a simple, yet strong message.*

   Dr. Laitsch supported this suggestion and noted that there are education associations addressing these issues. However, it is challenging to build collaborations, which are critical in combating issues such as these. What efforts can be made to mitigate the general perception that education research is low in quality? Groups such as the American Academy for the Advancement of Science and the Association for Supervision and Curriculum Development could support dialogue across other education groups. Additionally, it would be helpful to develop a science-wide approach to address these issues, but it is a slow process. Also, it is essential to frame the message in a way that people can understand its meaning.

2. *What is happening in education research in the private sector in other countries? It may be helpful for NCCSHS to study data and research from these entities. NCCSHS does not have to rely solely on the information the Federal government disseminates, as the United States is not the only "player" in education or the only source of information. What can be learned from data, information, resources, and publications from other countries?*

   Other than policy and advocacy organizations, there are several worldwide networks and "think tanks" that generate information, research, resources, and publications. Some of these entities require private funding, however, and they should undergo experimental evaluations of their programs.

   Organizations also play a key role, as they are often relied upon to disseminate information and high-quality research and build strong dissemination networks. Simultaneously, other organizations disseminate research focused on policy and advocacy that may not be as relevant or as high quality. To mitigate this, one option is to foster "stronger research consumers."

3. *Some of the work done by NCCSHS members involves securing funds for states and local districts. How can high-quality research be diffused to the districts, schools, and classrooms? How can funds be secured for the long-term sustainability of research-based practices at the classroom level, and how can districts support this?*

   Dr. Laitsch responded that health and education professionals should evaluate how science is being taught in schools and consider changing the way it is taught (from a long-term perspective). Generally, science classes include texts, labs, and hands-on experiments; this

formula could be considered a "recipe," rather than examining the scientific method (e.g., what is the role of the hypothesis, etc.). Typically, the importance of labs in science classes is to achieve the correct answer or outcome. If another answer or outcome is attained, it should be equally important to examine why it occurred.

Research and its utilization should be emphasized in teacher education and training programs, but it is a challenge to implement without building capacity in districts and schools. In districts, collegial support for using research should be developed; research should be used at the building and department levels. Additionally, teachers should be given the time to access research and discuss it in the community (e.g., individual subject-level departments convene and discuss research on language, science, mathematics, etc.). Dr. Laitsch also recommended that teachers examine ways to implement this research in the classroom and to "look beyond" the program.

4. *Dr. Laitsch briefly compared the medical and teaching professions in his presentation. In the medical profession, knowledge change and development is recognized, accepted, and encouraged (i.e., various certifications and examinations). How similar is the teaching profession in this regard?*

Generally, ongoing teacher testing is not a priority. Professional development courses are available; however, these types of exams are sometimes considered to be political mechanisms. There is a certain amount of professional knowledge that teachers must have, but they must also be able to apply this knowledge effectively. Although research in the education field takes place to determine effective teaching strategies, it is not as quantified among those in the field as compared to research in the medical field. The medical profession has tools to assess processes and ensure professionals' accreditations are updated. Perhaps the education field should design a similar, nonpoliticized process, which might strengthen trust in the profession.

5. *The medical profession incorporates "practice-based research networks." This model could be incorporated in other situations. Most medical research is conducted in tertiary care settings; however, it might be beneficial to conduct medical research in primary care settings. Additionally, it might be useful to conduct a study on parental acceptance. This model would require volunteers to donate their time and a small amount of funding (e.g., small grants from a pharmaceutical company). In this way, research would be less costly (rather than large-scale studies), and the research would be conducted in the settings where the findings would be used.*

Dr. Laitsch noted that this model is similar to "action research," in which teachers collaborate, brainstorm, and pose questions. The research findings are applied in practice, and the effects are monitored and observed. One challenge to this method is establishing research credibility.

Advice from The National Academies: Who We Are, What We Do, and How We Can Make a Difference

Rosemary Chalk, Director of the Board on Children, Youth, and Families (BOCYF), The National Academies, presented background information about BOCYF and some of the studies that have emerged.

BOCYF, a nonprofit, non-Federal research center in Washington, DC, brings together the Institute of Medicine (IOM) and the Division on Behavioral and Social Sciences and Education in The National Academies. BOCYF has sponsored more than 24 studies addressing various aspects of child health, child development, education, work and family, and youth development since its inception in 1993, but its origins can be traced to the mid-19th century.

BOCYF addresses complex research questions without conducting original research or data collection. Rather, the Board conducts systematic reviews and convenes subject-matter experts to gain feedback on issues. This feedback is important when providing solicited advice to the Federal government. These experts provide feedback in behavioral, social, and health science frameworks, while providing a focal point for key issues involving research and policy questions.

Because BOCYF is fully independent, its members can convene privately as necessary. In this way, members can discuss research findings openly and honestly. The Board also occasionally holds open sessions, where members of the public provide testimony. Once a consensus has been reached on the research findings, a draft report is developed and submitted to an external review. The reviewers only have access to the manuscript; thus, the manuscript must be complete and conclusive. BOCYF chooses which suggestions or comments to incorporate once the review is final. Any suggestions not incorporated in the report must be justified. The reports are posted on the Web and are available for purchase or in full-text format.

Ms. Chalk briefly presented BOCYF's mission and objectives, which are to:

- Synthesize emerging research findings from multiple fields
- Integrate the health, biological, social, and behavioral sciences, where feasible
- Apply standards of evidence to determine where research findings are or are not strong enough to support policy and program efforts
- Conduct independent assessment of emerging policy and program issues within an evidence-based framework

She highlighted some of the more important features of the reports and studies published by The National Academies. In each case, projects are conducted by committees of national experts and staffed by BOCYF. Each committee is assigned to address a specific question. Once an extensive literature review and research synthesis has been completed, the committee enters intensive deliberations for a brief period to build consensus on new conceptual models. A final report is developed that provides a rich synthesis of the research and the committee's findings.

Ms. Chalk briefly shared some key findings from some of the recent reports that have emerged from BOCYF. The reports she referenced were *Community Programs to Promote Youth Development*; *Engaging Schools: Fostering High School Students' Motivation to Learn*; *Children's Health, the Nation's Wealth: Assessing and Improving Child Health*; and *Reducing Underage Drinking: A Collective Responsibility*.

One of the new initiatives of the BOCYF is the "Workshop on the Science of Adolescent Health and Development," held in September 2005. Funded by the Maternal and Child Health Bureau of HRSA, this workshop examined the interconnections among research studies on biological, health, behavioral, and social aspects of adolescents.

Another initiative now underway, the "Effects of Food Marketing on the Diets of Children and Youth" study is funded by CDC. The study will provide a systematic review of research findings about the impact of marketing and advertising of foods and beverages on the diets and health of children and youth. The research for this study is primarily focused on television advertisements. The final report is expected in late 2005.

Ms. Chalk also reported on some of the BOCYF youth initiatives that are in early stages of development. One initiative, funded by the Kaiser Family Foundation, examines the different types of media (i.e., cell phones, instant messaging software, and television) that may affect children's ability to learn while completing homework assignments. Currently, there are no adequate tools available to researchers that examine the degree and duration that children are saturated with these various types of media.

A second project in the early stages of development is a workshop on behavioral and social research that may benefit the prevention of teen driving accidents and injuries. Most models used in the field are intended for studies of adults. More research is needed to determine the behavioral and social factors and settings that lead to teen risk behaviors and teen decisionmaking while driving (e.g., whether or not they choose to use seatbelts).

Additional research will be conducted to investigate adolescent connectedness and the relationship to health and educational outcomes and social development.

More information can be found at The National Academies Web site (www.nas.edu) and at BOCYF's Web site (www.bocyf.org).

Questions and Comments for Ms. Chalk

1. *Will BOCYF hold a workshop on the different measures used in examining the effects of violence in the media on youth? How can these effects be measured?*

   Ms. Chalk replied that this area of research is challenging for BOCYF, due to the relationship between content and methodology. Currently, no formal agenda or plan exists for BOCYF to examine this, but the suggestion will be considered.

2. *It might be worthwhile for The National Academies to investigate the relationship between advertisements and alcohol and food advertisements and media that use youth to sell products (e.g., the Joe Camel cigarette advertisements). Could The National Academies synthesize strategies that decrease the amount of advertisements such as these? How can NCCSHS market healthy behaviors for families?*

   The National Academies would consider a study to address the development of different strategies to foster healthy food choices among youth and families. However, this study will require a different group of experts.

   Ms. Chalk highlighted some of the targeted audiences for BOCYF's reports. One audience is teenage drivers. The *Reducing Underage Drinking: A Collective Responsibility* report discussed the importance of prevention messages. BOCYF will conduct a survey in early 2006 to determine what types of education materials local schools and colleges in Washington, DC are implementing in their underage drinking prevention programs.

   These educational institutions will also be invited to participate in a symposium that The National Academies is sponsoring to discuss ways to extend these programs beyond "scare tactics." One popular scare tactic in some schools in the Washington, DC area is to park a wrecked car to show teenage drivers the effects that drinking and driving can have. Although this is an effective tool to increase safety, it does not address the long-term effects that alcohol and binge drinking can have. Schools should also increase awareness of this problem among their students.

   Another key audience for BOCYF reports is pediatricians. A committee meeting held last year featured representatives from CDC and the National Highway Traffic Safety Administration to address teen driving. The pediatricians who attended the meeting indicated that teen driving is not addressed in their offices and reported that they generally conduct sports exams, treat injuries, and conduct annual physicals. The doctors agreed that discussion about teenage driving and safety (e.g., seatbelt use) should occur as well. In effect, problem behaviors and health promotion strategies need to be linked into professions at different levels in the school and clinical environments.

3. *Interest in measures rather than content shows interest in processes. BOCYF seems attuned to this. Is BOCYF identifying a board or a sponsor to confront and make recommendations regarding how to address politicized education research?*

   Ms. Chalk reported that the Center for Education has addressed these issues, but she is unaware of their approaches. The Center for Education focused primarily on the development of scientifically based testing and assessment standards. She is confident they are examining strategies to mitigate the politicizing of education research.

Implications for NCCSHS

Led by Ms. Lewallen, the group discussed possible implications for NCCSHS (and possible next steps) based on Dr. Laitsch's and Ms. Chalk's presentations. Ms. Lewallen asked the participants

to consider the role of NCCSHS overall and what NCCSHS can do as individuals or as a group. In particular, she asked the group to discuss education and information sharing and what role NCCSHS can play while considering the collaborative's vision, mission, and operating principles as a guide. Feedback included the following:

1. Consider how nongovernmental organizations (NGOs) can work with other groups such as The National Academies. Work to develop ways to synthesize and disseminate research findings.

2. Educate policymakers and funding sources to increase understanding that building partnerships and connections is important. Address challenges related to locating and securing adequate funding to develop such partnerships.

3. Craft messages for NGO participants to disseminate. Use NGO constituent networks to distribute messages. Use NCCSHS as a filter for message development.

4. Understand CBPR and "action research" and help NCCSHS' member constituents understand both terms. Partner with research institutions to promote understanding of these approaches. Serve as a forum to connect both worlds. Consider developing an invited paper on the subject.

5. Develop a research-practice agenda. Work with researchers to determine which action steps to undertake.

6. Consider how to argue for the integrity of science. In some ways, science has become politicized. Consider how NCCSHS can promote the integrity of science without being politicized itself.

7. Collaborate with researchers to engage them in protecting the profession and disseminating their work. Research that challenges the status quo will sometimes create a political reaction. When disseminating information and research, NCCSHS should consider what and who will be affected.

Announcements

Ms. Lewallen encouraged the participants to share announcements with the group. Announcements included the following:

- The *Health, Mental Health and Safety Guidelines for Schools* are available online at http://nationalguidelines.org/.
- Twenty-two states now have legislation that addresses bullying in schools. These laws should assist in preventing and curbing bullying.
- The series of articles developed by NCCSHS during 2004 and 2005 relating health status and academic performance are being published in the *Journal of School Health*. Two articles were published in both the August and September editions, and two more will appear in the October edition, for a total of six articles.

- CDC has published a Web site that addresses Hurricane Katrina. CDC-DASH added a section that addresses how schools and teachers can cope with the aftermath (see http://www.cdc.gov/HealthyYouth/crisis/hurricane.htm). There also are links to the U.S. Department of Education (ED). ED is collaborating with state and local education agencies.
- ED's Web site includes a link to "Hurricane Help for Schools," a clearinghouse of information that provides a way for schools and organizations that are willing to help to connect.
- Members of NCCSHS not on the Comprehensive Health Education Network (CHEN), a listserv run by the Council of Chief State School Officers, should join to access research findings, information, and announcements shared. Professionals from both the non-Federal and Federal arenas can join.

Presentations and Discussion Sessions (continued)

What We Know (and Won't Do) to Improve Student Success

Richard Rothstein, Research Associate, Economic Policy Institute and a Visiting Research Professor at Teachers College, Columbia University, discussed the *No Child Left Behind* (NCLB) education reform legislation passed in 2002. His presentation also addressed how student success can be improved and how the education gap can be narrowed through providing better health resources for youth in schools nationwide.

NCLB is the newest iteration of the Elementary and Secondary Education Act. NCLB's intent is to have all students in U.S. schools perform at a high level by 2014. One part of the vision of NCLB is that schools nationwide would have equally high achievement, including minority and nonminority populations.

Mr. Rothstein stated that schools may not be able to improve student success and narrow the education gap on their own, and that it may be unrealistic to hold schools and teachers solely accountable. While he agrees that it is important to narrow the education gap between disadvantaged and advantaged children, it appears unrealistic to focus on schools alone.

Mr. Rothstein presented alternative ways to improve student success and narrow the achievement gap. One option is to provide better health resources and more comprehensive health programs for youth in schools nationwide. Current programs are supplementary and do not address the problem as a whole. He noted that the education gap between disadvantaged and advantaged children cannot be narrowed without addressing the health differences between these two groups.

He also challenged the reasoning that if one child from a low-income background can achieve at high levels, then all children from low-income backgrounds can do the same. Because one or two low-income children achieve at high levels does not necessarily mean that all low-income children can.

He also noted that some policymakers in the education field support the argument that low-income children should spend more time in school on task. One option would be to extend the

school year, thus providing time for them to "catch up." However, a more effective method might be to decrease or eliminate the high rate of absenteeism and improve the health status of low-income children.

Research shows that mothers of minority children receive less prenatal care than mothers of nonminority children. Mr. Rothstein noted some racial and socioeconomic discrepancies, including: (1) 25 percent of Black mothers receive no prenatal care, as opposed to 11 percent of White mothers; (2) there are more deaths in infancy in Black children than in White children; (3) 3 percent of Black babies are low birthweight compared to 7 percent of White babies; (4) more White mothers breastfeed their babies than Black mothers; and (5) 25 percent of Black children do not receive vaccinations by age 3, as opposed to 18 percent of White children. Mr. Rothstein argued that regardless of the NCLB legislation, the education gap will persist unless these health differences are addressed.

A comprehensive health care system for disadvantaged children may improve student success and narrow the education gap. Access to health care varies nationwide; children from more advantaged backgrounds have more access than disadvantaged children. Ensuring regular pediatric and dental care for all children is impossible because of the lack of access issue. Also, the number of physicians in communities directly affects the education gap, and the physician to child ratio is disproportionate in different communities.

Mr. Rothstein noted that if children are distracted by pain in school (e.g., a persistent ear infection), they are less likely to learn, pay attention, and absorb information, and more likely to be disruptive, regardless of teacher quality and instruction. Health problems such as these hinder the learning process for many children who do not have adequate health care or access to health care. These children are more likely to have lower achievement than children who have adequate health care and access to health care.

These relationships are similar regarding other health-related issues such as nutrition, iron intake, and vision problems. Research shows that reduced iron intake and iron deficiency anemia are related to cognitive ability. Nutritional deficiencies such as these may have a negative impact on the average achievement level of children in the United States. Children who have difficulty reading due to vision problems are often diagnosed with learning disabilities and are placed in special education classes.

Generally, low-income parents are not paid for time off when their children need to visit the doctor, and they do not have time to wait in line at a community clinic. Thus, regular pediatric and dental examinations are not as prevalent among lower income families. More efforts are needed to improve and increase primary and preventive health care for low-income children. One option is to develop fully staffed health clinics joined to schools nationwide.

Mr. Rothstein concluded by reiterating that the education gap will persist unless health care and access to health care are improved for children nationwide. More efforts are needed to expand the relationship between schools and health professionals so that children from all income levels can benefit from the education system.

Questions and Comments for Mr. Rothstein

1. *It might be helpful to use a combination of health and cultural examples when promoting messages related to the education gap and children's health. Health examples are important, but the cultural aspects of education need to be addressed as well (e.g., whether parents review homework with their children).*

   Mr. Rothstein agreed that there are relevant examples other than the health-related examples to which he referred. He used primarily health-related examples because of the nature of NCCSHS. In addition, if all health issues were addressed and solved, cultural aspects, such as housing and quality of child rearing, would remain.

2. *NCCSHS and other health and education groups will have to address the political outlook of NCLB. Is it possible to address these barriers to learning once NCLB is due for reauthorization?*

   He concluded that he may not be the most helpful resource regarding this issue. However, he indicated that it is important for NCCSHS and other health and education groups to continue efforts to address differences in achievement between disadvantaged and advantaged students.

3. *Social, educational, health, and cultural differences exist between Blacks and Whites, and these differences also exist with other cultures. Is there a reason these cultures were not included in the presentation?*

   Mr. Rothstein agreed and explained that the primary reason for only discussing the differences between Blacks and Whites is because the research and data on these groups are more conclusive. More data are needed on other populations (e.g., Hispanics); researchers need to account for specific subgroups such as the first generation of Hispanic students whose parents did not go to school.

Translating Research to Policy

Ms. Lewallen introduced Dr. Jon Miles, Congressional Fellow with Senator Tom Harkin (D-Iowa). Dr. Miles has made several presentations this year on issues regarding translation of research to policy. Some of the main points of these presentations include: (1) research is used differently at international, Federal, national, state, and local levels; (2) the degree of proximity of policymakers to the research activities is important to consider; and (3) research may serve different roles in the executive and legislative branches of government than in the private sector.

For the purposes of this presentation, Dr. Miles spoke from the perspective of the Federal legislative level. He reported that most Federal employees on Capitol Hill have a research background. This benefits policymakers who work to ensure translation of research to policy.

Dr. Miles noted that "policy" does not have one definition. Rather, it has multiple definitions, and there are multiple ways that research can inform policy. Two types of policy are long-term

and short-term, and policymakers use research differently depending on the policy type in question.

For long-term policy, experts in the field are consulted, and a proposed bill is drafted with a focus on the issue(s) of interest. Once the proposed bill is drafted, it is often submitted for review so that researchers can make changes and improve it as necessary. Advocates review the proposed bill to ensure that it is convincing and that it can be "sold." The bill is filed for action once the parties involved are in agreement.

Short-term policy is developed differently as it is often needed urgently (e.g., for victims of natural disasters). For short-term policy, the issue(s) are presented to experts who provide consultation. However, unlike the long-term policy process, experts do not have much time to respond, so they are asked for their best answers without further research or consultation with others. Based on this feedback, a proposed bill is drafted and filed for action quickly. Similar to the long-term policy process, research plays a role, but not a systematic one.

Dr. Miles highlighted some of the challenges in translating research to policy. One challenge is that there is often no "middle ground;" the end result is either "for" or "against" the final proposal. Additionally, the research findings in published studies, media, and other sources may be poorly represented (e.g., policymakers may refer to an article about a study rather than the study itself, thus increasing the possibility of misrepresenting research findings). It is important for policymakers to have accurate research information to have credibility in the political arena. Other challenges are the complications that arise when policymakers and their staff unintentionally support fallible research.

Research findings need to be communicated accurately and fairly to policymakers, but the research also must be relevant to policymakers' individual agendas to garner their interest.

When faced with translating research to policy, Dr. Miles considers the following questions:

- How can the "right" researchers be linked to the "right" policymakers?
- How can policymakers use research to their advantage?
- How can issues be communicated in the right way?
- How is the information going to be used? What should policymakers do with the information given to them?
- Is the research communicated clearly?
- Should the research jargon be eliminated, presenting only the main ideas?
- Is the research relevant enough?
- Are the goals of the policy understood? Is the political message tailored to the goals, or do policymakers have their own goals?

In conclusion, Dr. Miles offered some recommendations for NCCSHS to consider regarding the translation of research to policy. His recommendations are as follows:

- **Examine Current Political Interests**—Health and education professionals can communicate their messages more effectively if they have a clear understanding of the

goals of individual politicians. They also need to understand the primary interests of the Federal government and the administration in power at the time.

- **Work for the Interests of Those in the Field**—Health and education groups gain credibility when their efforts tie directly to concerns of those they serve.

- **Have a Thorough Knowledge of Political Issues**—Those who are prepared and have a good understanding of a "hot" political issue or topic have a greater opportunity to be heard. Research groups can benefit from being familiar with important political topics.

Questions and Comments for Dr. Miles

1. *Some think that the "wellspring" of most policy is the policymaker's "next-door neighbor" (referring to anecdotes that are often shared). Researchers may put a lot of effort into an issue, then present that issue, but the policy that develops is not what they worked on, but what the "next-door neighbor" talked about. How can researchers mitigate the effects of this?*

   Dr. Miles noted that he tries to obtain his own anecdotes in these circumstances. Anecdotes are powerful mechanisms in proposing policy because they convey first-hand knowledge about an issue. Researchers typically may not be aware that anecdotal messages are effective in drafting policy, but generally, politicians know this well.

2. *Some health and education professionals at the state level have limited access to their legislators. How can these professionals communicate information to policymakers on issues of interest? How can these professionals learn about which issues their legislators are interested in other than by listening to campaign speeches? How do policymakers decide who to consult when information is needed (e.g., researchers, practitioners, or other experts), and how do they find these experts?*

   Dr. Miles indicated that the Internet is helpful in researching senators' and representatives' priority issues (e.g., Senator Harkin's Web site is updated frequently, and his priority issues are evident on the site). He also suggested reviewing legislators' committee assignments.

   Dr. Miles reported that when he seeks information from health and education professionals, he typically queries other staff members of Senator Harkin's office to determine if they have helpful contacts in the field of interest. If the information he is seeking is not available or is not adequate, he contacts national organizations and associations that correspond to his issue and to which Senator Harkin's office has an established connection.

   Also, policymakers rely on the national organizations and associations to help "filter" incoming information to policymakers to distinguish high- and low-quality research. Health and education professionals should promote themselves so that national organizations and associations refer to them as a resource when contacted by policymakers for information. If health and education professionals have relevant information for policymakers, they can approach the politician's office directly. An appropriate national organization or association

could proactively "package" the information in a way that legislative offices would find useful.

3. *What are some criteria or standards for critical information given to policymakers (i.e., how long should a report be, etc.) What do policymakers consider to be manageable information?*

The length and depth of information is dependent on whether it is intended for long- or short-term policy. If the information is intended for long-term policy, Dr. Miles reads the report *and* the executive summary. Policymakers have less time to review information when preparing short-term policy. He suggested incorporating helpful hyperlinks in e-mails and other communications so that it is easier for policymakers to access additional information if necessary.

4. *For policymakers, it may be a challenge to blend research and policy. Considering Dr. Miles' research background, he has been able to meet this challenge. Do others in his capacity in other offices on Capitol Hill have the same ability? Do other offices approach the translation of research to policy in the same way? Additionally, policymakers may not have a full understanding of what is happening at the local level.*

Dr. Miles indicated that there are others who share his views, blending research and policy in the same way. However, non-research staff can be effective at absorbing and integrating research information to simplify the messages so they are used as broadly as possible.

Dr. Miles noted that he seeks information from the local level as much as possible. Such communication adds extensively to his knowledge about what is happening at the local level, knowledge that can be used at the Federal level. Policymakers should increase the degree to which they communicate with those at the local level.

5. *The traditional approach in adolescent health and mental health is problem-based versus a broad-based, positive, youth development approach. What are some challenges in implementing broad-based prevention programs versus treating problems?*

Dr. Miles agreed that prevention is a challenging issue, one that is central to Senator Harkin's approach. One challenge relates to the "politically compelling nature" of problem solving. It is often more attractive to combat problems in the beginning of a term so that they are solved towards the end. Additionally, it is challenging to address issues using a cost-benefit analysis because the message is not as compelling. Also, positive youth development is not a program; rather, it is a broad approach with multiple efforts.

Expert Response

Dr. Laitsch responded to the presentations and discussion sessions held throughout the day and indicated what he thought were the main ideas. His feedback included the following:

- **Collaborations**—Recognize the importance of fostering collaborations and coalitions, and act to build or strengthen them.

- **Research/Evidence Translation**—Develop ways that evidence can be presented in an efficient and compelling manner. For instance, combine the six articles published in the *Journal of School Health* into one publication so that the material is presented together.
- **Networks**—Build networks to share information quickly and efficiently.
- **Electronic Dissemination**—Maintain current electronic dissemination databases and seek ways to improve them.
- **Develop Items for Action**—Learn new material and research necessary information before attending meetings so that action items can be developed.
- **Remaining Questions**—Consider questions that NCCSHS still needs answered.
- **Next Steps**—Consider next steps that need to be taken and transfer the momentum to the next NCCSHS meeting.

Implications for NCCSHS

The group discussed possible implications for NCCSHS and possible next steps based on the afternoon presentations. Feedback included the following:

1. Continue dialogue on health- and education-related issues though the current environment continues to be challenging.
2. Create a NCCSHS member chart and list the issues of interest of individual member organizations.
3. Engage in discussions about health disparities and social justice.
4. Enhance the NCCSHS Web site including some of the suggestions related to electronic communications.
5. Post resources valuable to the field on CHEN and use the NCCSHS listserv for discussion.
6. Access constituents' information on "what works" and post this information on the NCCSHS Web site.

NCCSHS Business Items

Ms. Lewallen introduced Bill Potts-Datema, Director of Partnerships for Children's Health at the Harvard School of Public Health, to brief the group on the following business items:

- *Editorial Review Subcommittee*—Several of the recent articles submitted to the *Journal of School Health* have been published, and there are eight additional articles in editorial review.
- *NCCSHS Web Site Updates*—Additional updates have been posted throughout the year. An e-mail will be sent each quarter to encourage the field to use the Web site.
- *Steering Subcommittee*—The Steering Subcommittee has not decided a date for its next meeting, though it will likely be held in January 2006. Members are encouraged to communicate scheduling conflicts before the date is secured.

Evaluation and Closing

Ms. Lewallen thanked the speakers for presenting. She also thanked the participants for their contributions to the discussion sessions. She reminded the group to complete and submit their evaluation forms. The meeting adjourned at approximately 4:15 p.m.