

Abstract for the Public Health Science conference, Nov 2016 (<http://www.ukpublichealthscience.org/>)**Title: Negotiating multisectoral evidence: a qualitative study of knowledge exchange in transport and public health**Guell C PhD,¹ Mackett R PhD,² Ogilvie D PhD¹¹MRC Epidemiology Unit and UKCRC Centre for Diet and Activity Research (CEDAR), University of Cambridge, Cambridge²Department of Civil, Environmental and Geomatic Engineering, University College London, London

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Background: Evidence-based public health requires research to support policy. There is a large body of literature on strategies for knowledge translation or more discursive knowledge exchange. However, evidence for their effectiveness and underlying mechanisms, in particular in regard to multisectoral, multi-disciplinary evidence in knowledge mobilisation, is still limited. Taking the opportunity of a knowledge exchange forum at the end of a natural experimental study, we investigated how stakeholders assessed, negotiated and used multisectoral evidence.

Methods: We conducted participant observation during an interactive event with 41 stakeholders, coupled with semistructured interviews with 17 of these participants. Formal and informal interactions between stakeholders were recorded in field notes. Interviews reflected on the event format and content as well as on knowledge exchange in general. The participants represented both existing and newly interested stakeholders of the natural experimental study, from national and local government, the third sector and academia. Thematic content analysis of field notes and transcripts was undertaken.

Findings: First, stakeholders working across sectors expressed uncertainties about finding a common language between research and practice and between sectors, and about who had the capacity to “translate” across these different boundaries. They also expressed differing expectations of evidence. While public health specialists tended to favour a hierarchical view of evidence that privileged trials, transport specialists tended to prefer case studies as precedents for workable solutions. Second, stakeholders encountered uncertainties about their preferred evidence. Population health studies generate more complex results than those of apparently clear-cut randomised controlled trials; case studies highlight the context-dependency of evidence and difficulties in transferring insights across settings. Third, stakeholders had to reconcile uncertainties about “health in all remits”. Despite its premise, public health was not always acknowledged to contribute to the goals of other policy sectors and stakeholders had to negotiate competing priorities, such as between health improvement and economic growth, or between integrated and designated budgets.

Interpretation: This case study of stakeholders’ experiences indicates that multisectoral research, practice and policymaking requires the ability and capacity to locate, understand and communicate complex evidence from a variety of disciplines, and integrate different types of evidence into clear business cases.

Corresponding author: Dr Cornelia Guell, MRC Epidemiology Unit and UKCRC Centre for Diet and Activity Research (CEDAR), School of Clinical Medicine, University of Cambridge, Box 285, Cambridge Biomedical Campus, Cambridge, CB2 0QQ, United Kingdom. Email: cg463@medschl.cam.ac.uk

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