



From Translating to Implementing: A new pragmatic role for the social sciences in policy and risk regulation?

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INTRODUCTION

Social scientists are critical contributors to both acute public health emergencies, and the more chronic threats encountered in everyday regulatory activity. In both their acute and chronic roles, they have been positioned as: 1) Compilers of societal perspective on risks as these are identified by scientists; 2) Resources for encouraging diverse population groups to discuss these risks, and 3) Translators of scientific risk assessment into effective risk communication. The social scientific contribution to emergent and chronic risk regulation, then, has come to be seen as one of perspective compilation and culturally informed risk translation. The central question raised by this approach to the social scientist's work is 'how might these tasks be better accomplished?' However, an alternative question, and an alternative approach to social scientific involvement, has emerged from the acute conditions of COVID-19. The following presentation uses two case studies to examine this pandemic-induced shift away from compilation and translation work, and towards pragmatic implementation support. Its central question is 'how might policy implementation be better supported?'

METHODOLOGY

Our team of social science policy researchers, based in the Canadian province of Alberta and funded under a federal COVID-19 response program, began conducting 'action research' in May 2020. This research sought first to understand where policy implementation gaps existed, and then to remediate those gaps. Conducting qualitative interviews with acute and primary care clinicians, and observing their facilities in action, we identified critical gaps in their capacity to implement national, provincial and organisational policies aimed at ensuring care was safely available to all patients. Actuating networks of expertise, we developed innovative solutions to the particular infection prevention and control (IPC) risks that clinicians in hospitals and family medicine clinics were dealing with as COVID-19 disrupted their operating environments. Those solutions focused neither on translating policy downwards, nor translating local perspectives upwards. Rather, our focus in our interventions was on working alongside clinicians, lending them implementation support as

they generated their own local solutions to the challenges of making policy real and effectively mitigating IPC risks.

RESULTS

The 'hard' technical and 'soft' adaptive elements of the two interventions we co-created with clinicians have been described in peer-reviewed articles in *BMJ Global Health*, *BMJ Simulation and Technology Enhanced Learning*, *PLOS 1*, and *Annals of Family Medicine*. Our team of social science action researchers worked with clinicians to support the local implementation of: 1) a policy that saw an acute care facility converted from handling surgical patients to COVID-19 patients in less than 24 hours, and 2) a guideline on IPC best practices in primary care clinics. Our work with the acute care facility highlights the potential of social science not merely to translate policy downwards, or local perspective upwards, but to support the on-the-ground work involved in implementing risk-mitigating policy. Our work with the primary care clinics highlights the potential of taking an 'alongsider' experimentalist approach to making IPC guidelines an effective reality in local operations. Both tangible technical elements and intangible adaptive or cultural elements combined to make these implementation support interventions possible.

DISCUSSION

Recent discussions of social science involvement in acute and chronic risk regulation have focused on how to improve social scientists' capacities to compile perspectives on risk and translate scientific assessments into effective risk communication strategies. Prompted by the disruptions of the pandemic, an alternative approach – one that diverges from this 'compile and translate' model – has emerged. Our team's innovative deployment of social scientific expertise to provide policy implementation support has yielded case studies of this alternative approach in action. In describing the hard technical and soft adaptive elements that allowed the case-study interventions to succeed, we wish to engender a conversation with stakeholders from policy and research contexts about the applicability of this new approach to existing risk-regulatory challenges. Has social science's time of translating – either downwards from policy and scientific experts, or upwards from local on-the-ground perspectives – run its course? Is policy implementation support that works alongside locally situated groups to interpret and operationalise broader directives the future of social science involvement?