



## Policy formulation

# Looking past the statistics

**Greg Baxter** examines the Centre for Behaviour and Health, a policy thinktank which believes it can look past statistics to better understand human behaviour and help formulate effective health and social policies

**U**niversity College Dublin's (UCD) health policy thinktank, the Centre for Behaviour and Health at the Geary Institute, makes some bold claims about its ability to see through statistics and into the causes of human behaviour.

The Centre, which has been around for a number of years but was only officially launched earlier this month, has announced its intention to disentangle the complex interactions that lie behind decision-making.

It is hoped that mixed-methodology approaches – such as combining qualitative and quantitative data, or life sciences and social sciences – will provide a richer and more useful picture of human behaviour than ever before. Its relevance to healthcare is significant. The Centre is also – perhaps chiefly – a policy lobby group, and will push lawmakers to enact legislation that will promote decisions that lead to good health and inhibit decisions that lead to ill health.

According to **Prof Colm Harmon**, Director of the Geary Institute and Co-Director of the Centre, the work will blend expertise in economics, psychology, social statistics and public health.

The Centre's methods have not convinced everybody. Some experts in research strategy and funding argue that blending so many areas risks clouding the picture of human decision-

making rather than clarifying it. This concern takes on an element of urgency because the Centre receives €500,000 from the Exchequer each year, and future legislation may be influenced by its work.

### Reproducing old data

One researcher – who asked not to be named because he is not an expert in mixed-methodology research – said that the work from the Centre so far showed little more than an innovative way to reproduce old data.

A glance at the work done so far at the Centre shows some underwhelming discussion papers, in which complex approaches to various health problems tend to tell us what we already know.

The research expert questioned the legitimacy of conclusions that are drawn from so much data, and suggested that with each new area that is added to the equation, the problem becomes more complex.

**Dr Siobhan McArdle**, an expert in mixed-methodology research at Dublin City University's (DCU) School of Health and Human Performance, argued that the approach was necessary, in some cases, to get a deeper understanding of an issue where a quantitative method is inadequate. She said it was important to note that "generalisability" was not an objective of qualitative research, and should not be used to influence

policy. However, it can lead to new quantitative research that can be used for such reasons.

Despite the Centre's claim that researchers there will be involved in what they call "frontier methods of investigation," mixed-methodology approaches are all the rage now, and peer-reviewed journals are increasingly asking to see more of it.

According to Dr McArdle, this approach is getting all the funding and research grants at the moment. By its very nature, she said, mixed-methodology research evolves from basic to very complex questions, and the Centre's work will be watched closely.

Doctors will begin to feel the impact soon. According to **Prof Patrick Wall**, Co-Director of the Centre and professor of public health and population science at UCD, representatives from the Centre have already begun lobbying lawmakers.

### In-depth research

His vision for the Centre is, relative to the methods it employs, simple: there is a gap between human attitudes to behaviour and the behaviour itself. That is, people know smoking, for instance, is bad for them, but they continue to light up. He sees the Centre being able, using in-depth, mixed-methodology research, to identify why the gap is there, and push for legislation to address it.