



RESEARCH TOPIC CLI13

Bridging the Evidence-to-Policy Gap: Optimizing Knowledge Mobilization and Communication with health policy makers through Plain Language Recommendations and Evidence-to-Decision Frameworks

Research area

Service Area

Clinical Unit name

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Abstract

Background and Rationale

Evidence-based decision-making is essential for addressing contemporary clinical and public health challenges; however, the translation of evidence into health policy remains inconsistent and often suboptimal. The Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach has substantially improved the transparency and credibility of healthcare recommendations, yet its standard presentation formats are primarily designed for technical audiences. As a result, policy makers—who must make decisions within complex political, economic, and societal contexts for clinical and public health problems, that influence individuals' care through health technology assessment and other decisions — often face substantial barriers in interpreting and applying recommendations.

In particular, a critical but under-addressed challenge is that policy decisions frequently must be made in the presence of low or very low certainty evidence and conditional (weak) recommendations. Within the GRADE framework, such recommendations do not indicate indecision or lack of value; rather, they reflect situations where the balance of desirable and undesirable consequences is uncertain, context-dependent, or strongly influenced by patient or societal values and resource considerations. In these contexts, action may still represent the best available course, provided that uncertainty is understood, transparently communicated, and appropriately managed. However, current formats often fail to convey this nuance, leading to misinterpretation, delayed action, or inappropriate rejection of recommendations.

Emerging evidence indicates that both the strength of recommendations and the certainty of evidence influence policy uptake, but also that complexity, jargon, and format can limit accessibility and impact. In collaboration with the Istituto Superiore di Sanità (ISS) and ongoing efforts to strengthen national guideline systems as well as many global decision-makers, this project addresses a critical gap: how to communicate GRADE-based

recommendations in ways that preserve their methodological integrity while enabling informed, timely, and context-sensitive policy decisions.

Objectives

This PhD project aims to evaluate and optimize the communication of GRADE-based recommendations to policy makers and broader stakeholders. Specifically, it will:

1. Develop and refine a structured, multi-stakeholder process for translating technical recommendations into Plain Language Recommendations (PLRs) tailored to policy contexts, including explicit communication of uncertainty and conditional recommendations.
2. Compare the effectiveness of digital PLRs versus standard GRADE language versions (SLVs) in improving understanding, accessibility, usability, and satisfaction among policy makers and other target groups.
3. Assess how different presentation formats influence perceived credibility, trust, and the interpretation of uncertainty, particularly in situations of low-certainty evidence.
4. Generate methodological guidance for integrating optimized communication strategies into guideline development and policy processes at national and international levels.

Methods

The project will employ a mixed-methods design. Quantitative evaluation will include pragmatic, allocation-concealed, blinded superiority randomized controlled trials comparing PLR and SLV formats among policy-relevant audiences. Outcomes will include comprehension, decision accuracy, usability, trust, and appropriate interpretation of certainty and recommendation strength. Qualitative components will involve semi-structured interviews and focus groups with policy makers and stakeholders, guided by user-experience frameworks (e.g., Morville’s Honeycomb model) to explore dimensions such as findability, credibility, perceived value, and the handling of uncertainty in decision-making. The project will leverage digital platforms, including recommendation mapping (RecMap), to test scalable and context-sensitive dissemination strategies. Collaboration with ISS will ensure alignment with national guideline processes and facilitate real-world implementation and evaluation.

Expected Results and Impact

Preliminary evidence suggests that PLRs improve understanding and user satisfaction, but may introduce a “credibility paradox,” whereby simplified formats are perceived as less authoritative. This project will extend this work by explicitly examining how to communicate uncertainty and conditional recommendations without undermining trust. The anticipated outputs include empirically grounded strategies for conveying that decisions based on low-certainty evidence can still represent the most appropriate and responsible course of action. By improving comprehension, trust, and appropriate interpretation of evidence, the project will support policy makers in making timely and informed decisions, even under uncertainty.

Ultimately, the findings will provide actionable guidance for guideline developers, health authorities, and international organizations, contributing to improved uptake and

implementation of recommendations and strengthening evidence-based health policy across diverse settings.

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Type of contract

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