

MODULE 6 – EXPERT AND EVIDENCE

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Welcome to week six lecture, on Assembling the Evidence, for MHS 6708-- Child and Adolescent Behavioral Health Policy. In this week's lecture, we move to a more practical perspective as to what is evidence and expert. How do we find it, how do we assess it, and how do we make it understandable? However, before we move to the practicalities, let's take a moment to examine the notion of evidence and expert a little more closely.

I laugh when I read "take a moment," because that's Dr. Hanson's favorite phrase. "Let's take a moment and explore."

Policymakers make use of "multiple methods of inquiry and argument." We like to think the two most important factors may be, one, who constructs the problem, and two, which analytical lens is used. To construct the problem, policymakers use a number of different and analytical lenses. In addition, their staff also helps construct the problem through specific lenses, as do internal and external experts offer their evidence. So when we begin to work in policy, we need to understand how they construct the problem, what lenses are used, and who or what is expert and evidence.

To resolve definitions and meanings of a policy problem, policymakers privilege-- that is, prefer-- evidence, which is seen as rational or expert knowledge creation, and experts, who may belong to established think tanks or policy groups, or be individuals with a strong local, regional, or national reputation. A number of factors play a role in the construction of experts. These factors address the architecture of participation and individual sense of efficacy, within a system, issues of membership inclusion and boundaries, and the locus, nature, and specific exercise of power in the organization or institution. These factors are often identified under larger concepts, such as how we belong and how much power do we have, or are perceived to have.

When an individual identifies with an institution, he or she incorporates its talk into his or her own way of knowing. Just as when you started a study in child and adolescent behavioral health, you had to learn the language of behavioral health and to standardize how certain things are described and discussed. This talk is no longer neutral. It is its own political actor, with a policy agenda, supported by selected experts and evidence. Participants may not recognize ideological constructs embedded in an existing discourse. They simply accept it as the status quo. That is how the world works.

Within this status quo are the experts and the evidence needed to provide predictability for policymakers and to legitimize their choices as acceptable to the majority. The same is true for the texts that we use to substantiate our claims that this action is better than another. In other words, the evidence that we use is created or provided by experts who are knowledgeable in the field. And, most importantly, we and others acknowledge that expertness and the weight of their evidence.