

Health Policy and Research

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HPSR '*seeks to understand and improve how societies organize themselves in achieving collective health goals, and how different actors interact in the policy and implementation processes to contribute to policy outcomes.*

By nature, it is interdisciplinary, a blend of economics, sociology, anthropology, political science, public health and epidemiology that together draw *a comprehensive picture of how health systems respond and adapt to health policies, and how health policies can shape – and be shaped by – health systems and the broader determinants of health*'.

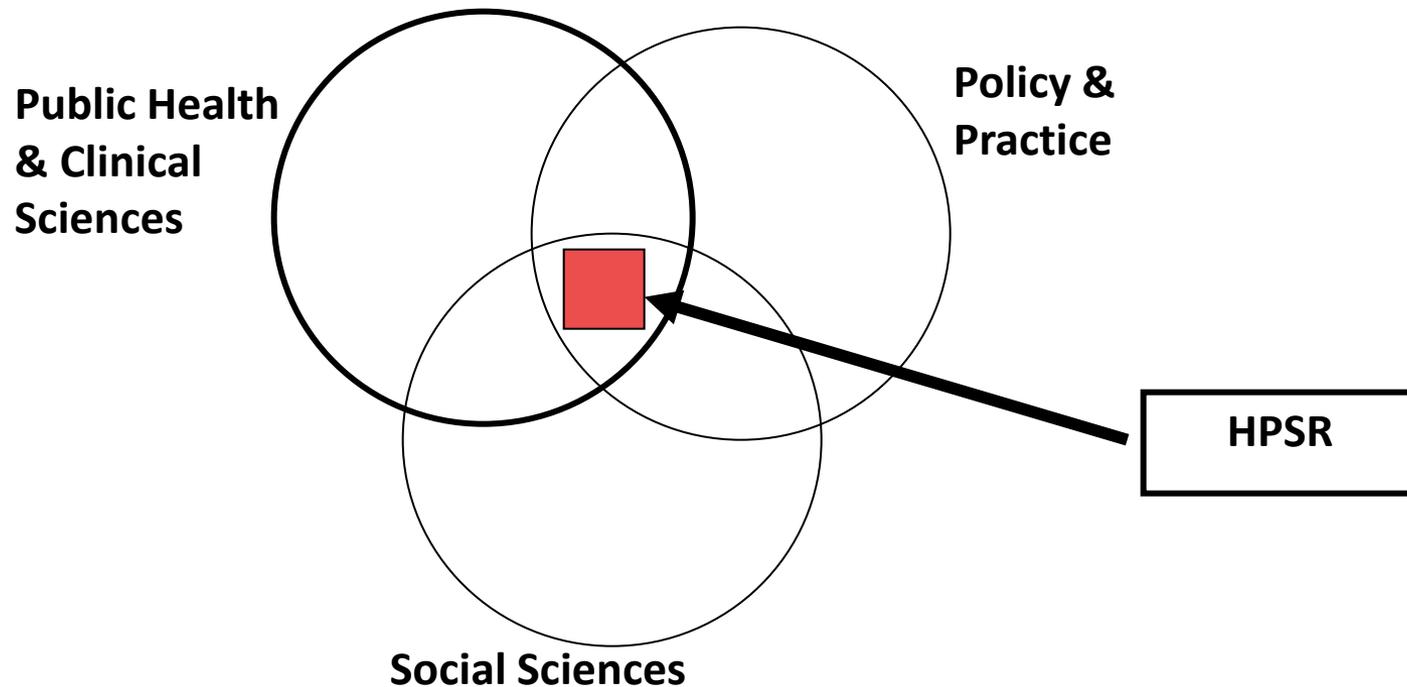
Gilson (ed.), 2012

- Distinguished by issues and questions considered, *not* by a disciplinary base, and includes:
 - research focused on health services as well as promotion of health
 - concern for global and international issues as well as national and sub-national issues
 - research on or of policy – addresses politics of health systems and health systems services
- Promotes work that explicitly seeks to influence policy

Why and what policy focus?

- An applied research field that by definition engages with policy:
 - analysis *of* policy
 - analysis *for* policy
- And focuses on both
 - policy content/interventions
 - processes of policy decision-making

The cutting edge of HPSR



Both:

- Research on describing a system (how it works)
- Research on changing a system (how it changes/how to change it)

HPSR seeks to understand:

what health systems are and how they operate



Evaluation of current system performance and of policies/ interventions intended to improve system performance

what needs to be done to strengthen health systems in order to improve performance in terms of health gain and wider social value



how to influence policy agendas to embrace actions to strengthen health systems



Evaluation of the process of policy making (agenda setting, development and implementation)

how to develop and implement such actions in ways that enhance their chances of achieving performance gains



Defining features?

Research questions rooted in policy
and systems issues

- *Health policy* and how to *implement* it effectively
- *System performance* and how to *improve* it
 - Focus on *system as a whole*
 - » consider one building block and its *interactions* with others
 - » consider factors influencing system

Scope & nature of HPSR (continued)

HPSR is *not*:

- Clinical or basic science
- Only rooted in health economics or focused on financing issues (though both important)
- Focused on disease distribution, causes and interventions (but rather *generic* organisational and societal ‘structures’ through which interventions are implemented)

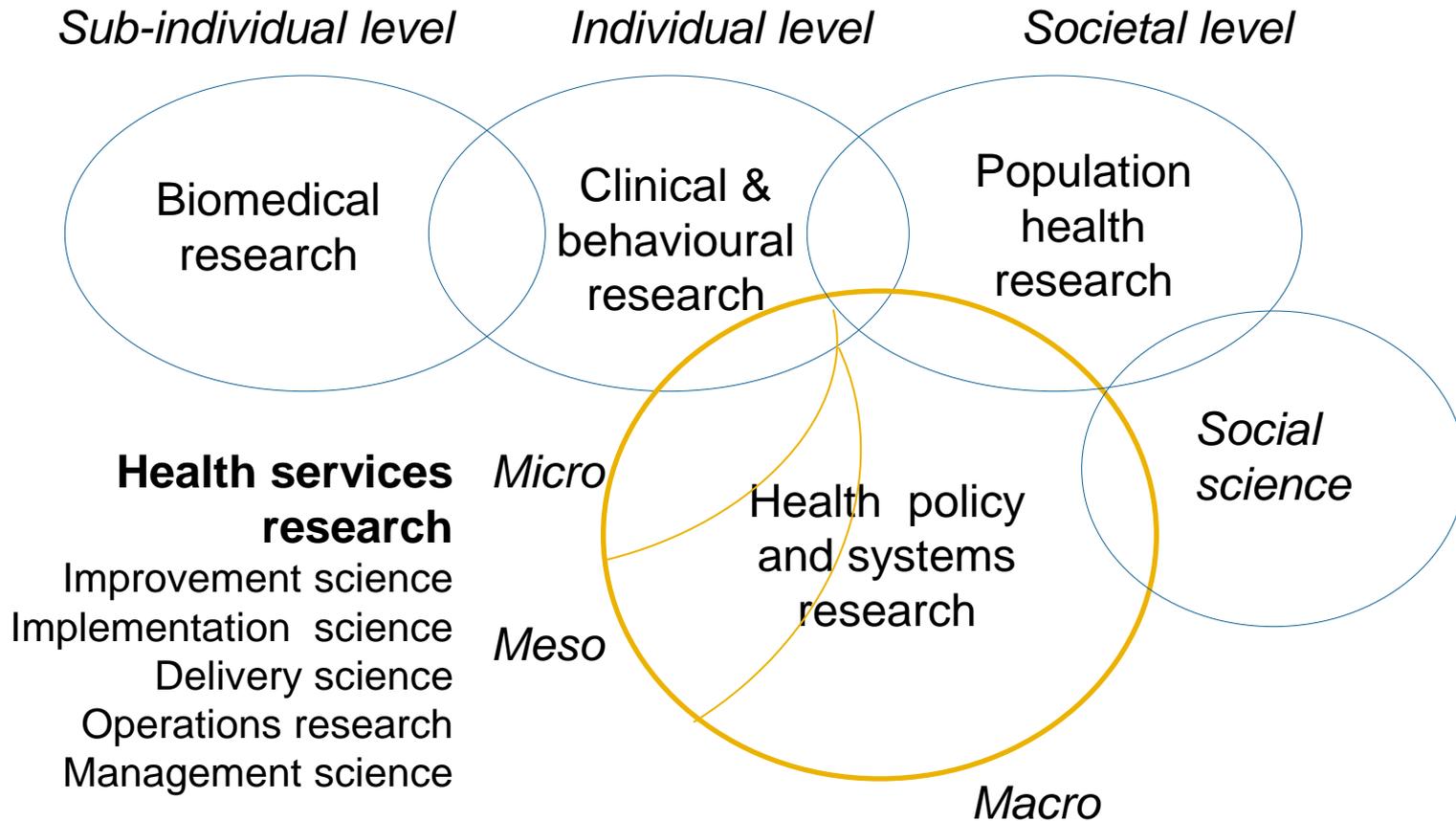
Thinking about systems not programmes

Programmatic and health systems perspectives on tuberculosis (TB) research

Systems goal	Disease programme perspective	Health systems perspective
<i>Thinking broad (beyond the disease)</i>	Isoniazid (INH) prophylaxis for prevention	Secondary prevention for TB and other common diseases
<i>Thinking cross-cutting (underlying functions)</i>	Implementing a TB patient register	Improvement in information systems
<i>Thinking scale (e.g. facility to district, province)</i>	Strengthening facility Directly Observed Treatment, Short Course (DOTS) support systems	Strengthening district community-based services
<i>Thinking comprehensive delivery platforms</i>	Running a TB service	Building a primary health care system that is available, affordable and acceptable/responsive

HPSR focus

Adapted from Hoffman et al. 2012



HPSR methodological considerations

Applied

- Starts with topic or problem rather than method (vs *epidemiology*) or *discipline*
- ‘Real world’ vs laboratory
- Policy relevant

No single methodological gold standard study design

- Range of study designs or research strategies depending on purpose and question

Methodology (continued)

Must consider complexity

- Investigator has little control over events
- Numerous interacting elements, open systems (complex adaptive systems)
- Different actors with different experiences and different questions: managers, citizens, patients
- Social phenomena important: culture, interests, leadership, etc.
- Contextual influences

Methodology (continued)

No single methodological gold standard e.g. RCT

- Range of study designs or research strategies depending on purpose and question
 - cross-sectional
 - longitudinal
 - experimental
 - case study
 - ethnographic
 - action research

Range of epistemologies (philosophies of knowledge)

- Different paradigms
 - positivism, relativism, realism

Being systematic, principled, ethical

- **The four steps of HPSR**

Step 1: **Identify the research focus and questions**

Step 2: **Design the study**

Step 3: **Ensure research quality and rigour**

Step 4: **Apply ethical principles**

Specific Examples

- Active Living By Design Community Action Model

Active Living By Design Community Action Model

- **Early Impacts:**
- Promotions and programs can help generate media attention and deliver early wins that build public support for more complex policy and systems changes.
- The Partner and Prepare action steps result in stronger relationships between partners and community members, motivating and mobilizing them to work for a healthier community.
- Local leaders and coalitions will also have a better understanding of their community, more experience setting priorities, new health leadership opportunities and success in leveraging resources.
- **Intermediate Impacts:**
- Successful pilot projects of policies (like shared-used agreements, complete streets design guidelines, and supermarket and garden ordinances) and built environments (like new sidewalks, gardens and farmers' markets) build credibility and capacity, allowing healthy community work to deepen in a community.
- When policies and environmental changes that support health are maintained, they not only create improved community conditions, but can also outlast shifting budgets or turnover in organizations.
- Other impacts can include new investments; re-directed budget priorities to support more healthy community projects; stronger relationships and collaboration between residents and decision makers; and new staff in various organizations and agencies for ongoing work.
- **Sustainable Impacts:**
- Systems changes often lead to an integrated web of health supports, with multiple sectors coming together to align their priorities around the community's health and wellbeing.
- Health becomes embedded into institutional processes. For example, local government departments may change the way they operate by prioritizing spending, new development and built projects in order to maximize services and policies and provide safe, affordable access to healthy lifestyles for all residents.
- Community norms begin to shift toward healthier patterns through a mutually-reinforcing increase in supports for healthier behaviors and public demand for healthy living.

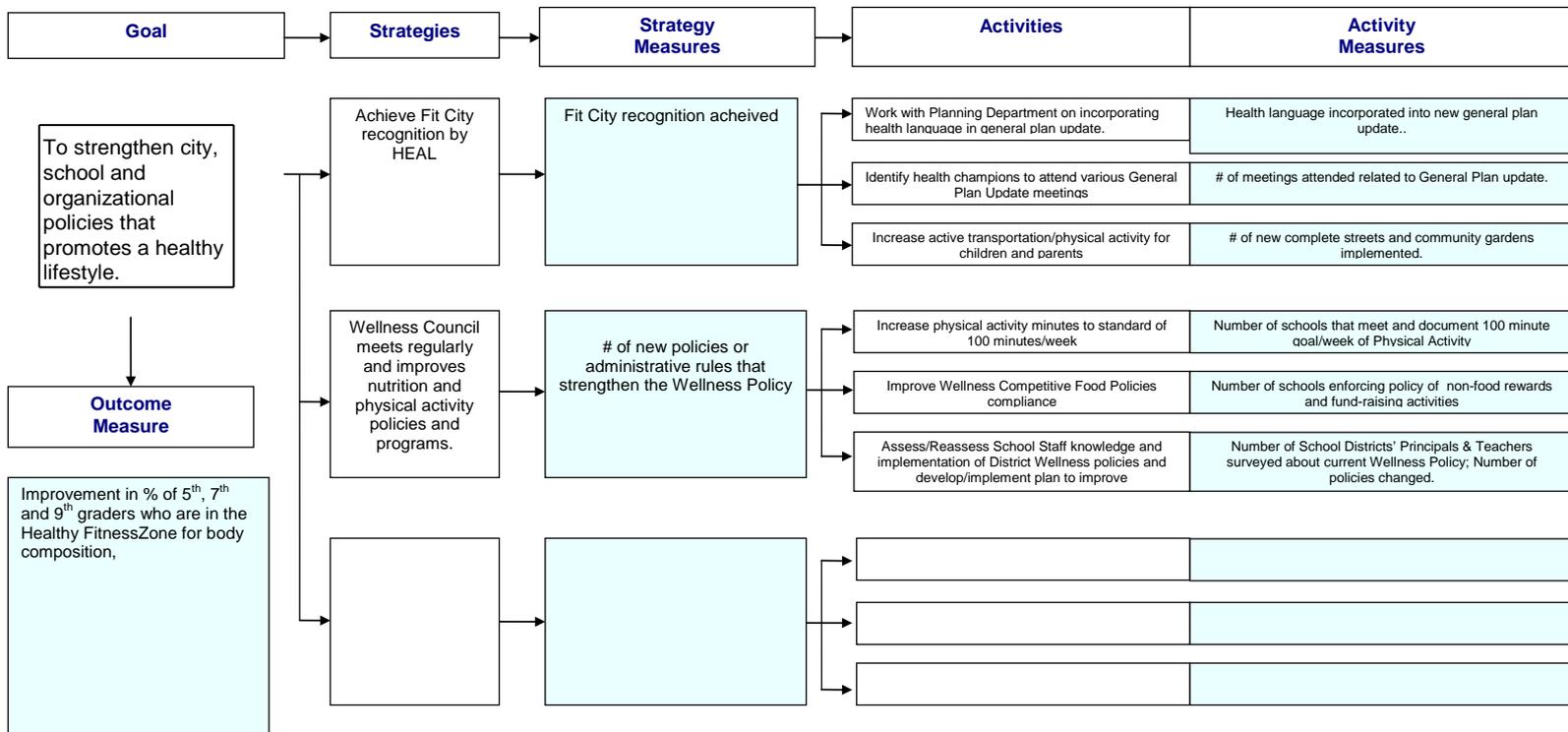
CDC Evidenced-based policy strategies to decrease obesity in the USA

- Only 50% of current evidenced based policy strategies proposed by CDC to reduce obesity have sufficient research evidence. Much of this evidence is for narrow populations.

Practical Local Application: Move More Eat Healthy Initiative

- MMEH is a five year \$5 million initiative focused on policy, system and environment change to reduce obesity in low income neighborhoods of North Orange County
- Partners include cities, school districts and community collaboratives in Buena Park, Fullerton, La Habra and Placentia

Linking Policy and Health Outcomes



HEAL/Let's Move Status

City	HEAL "Eager"	HEAL "Active"	HEAL "Fit"	Let's Move
Fullerton	Yes	In progress		
La Habra	Yes	Yes	In Progress	
Placentia	Yes	In progress		
Buena Park				Bronze

- Healthy Eating Active Living (HEAL) is a campaign that recognizes cities that adopt varied healthy eating and active living Land Use, Healthy Food Retail and Workplace Wellness Policies with three designations: "Eager", "Active" and "Fit" (The League of Cities)
- *Let's Move!* is a comprehensive initiative, launched by the First Lady, combining strategies that put children on the path to a healthy future during their earliest months and years.
- President Barack Obama signed a Presidential Memorandum creating the first-ever Task Force on Childhood Obesity to review programs and child nutrition and physical activity Policies.
- Five pillars of the First Lady's *Let's Move!* initiative: (Bronze, Silver & Gold Medal)
 - Creating a healthy start for children
 - Empowering parents and caregivers
 - Providing healthy food in schools
 - Improving access to healthy, affordable foods
 - Increasing physical activity

District Wellness Committees and Policies

School District	# Wellness Meetings/Year	Updated Wellness Policy	Updated Admin. Rules & Regs	Principal, Teachers, Staff Education
PYLUSD	5	In Progress	In Progress	Planning
BPSD	4	Yes	In Progress	Yes
LHCSD	4	Yes	In Progress	In Progress
FSD	3	In Progress	In Progress	In Progress

Goals:

- ✓ Create a sustainable healthy school environment through policy, systems and infrastructure that promotes student success in reaching their full potential in learning and wellness
- ✓ Revise school wellness policy to meet the requirement of the 2010 Healthy, Hunger-Free Kids Act
- ✓ Ensure all foods served or sold at school are healthy and appealing to students
- ✓ Ensure all items sold during the school day meet the USDA Smart Snacks in School Rule

Challenges

- Policy work is messy and there are many forces that influence outcomes
- Policy work takes a long time
- Connecting the policy work to health outcomes is not easy

Questions