Health Policy and Research
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
- **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
- **how to develop and implement** such actions in ways that enhance their chances of achieving performance gains

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

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

<table>
<thead>
<tr>
<th>Systems goal</th>
<th>Disease programme perspective</th>
<th>Health systems perspective</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Thinking broad (beyond the disease)</strong></td>
<td>Izoniazid (INH) prophylaxis for prevention</td>
<td>Secondary prevention for TB and other common diseases</td>
</tr>
<tr>
<td><strong>Thinking cross-cutting (underlying functions)</strong></td>
<td>Implementing a TB patient register</td>
<td>Improvement in information systems</td>
</tr>
<tr>
<td><strong>Thinking scale (e.g. facility to district, province)</strong></td>
<td>Strengthening facility Directly Observed Treatment, Short Course (DOTS) support systems</td>
<td>Strengthening district community-based services</td>
</tr>
<tr>
<td><strong>Thinking comprehensive delivery platforms</strong></td>
<td>Running a TB service</td>
<td>Building a primary health care system that is available, affordable and acceptable/responsive</td>
</tr>
</tbody>
</table>
HPSR focus
Adapted from Hoffman et al. 2012

Sub-individual level
Biomedical research

Individual level
Clinical & behavioural research

Societal level
Population health research

Health services research
Improvement science
Implementation science
Delivery science
Operations research
Management science

Social science

Macro
Meso
Micro

Health policy and systems research
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

Goal

To strengthen city, school and organizational policies that promotes a healthy lifestyle.

Outcome Measure

Improvement in % of 5th, 7th and 9th graders who are in the Healthy FitnessZone for body composition.

Strategies

Achieve Fit City recognition by HEAL

Wellness Council meets regularly and improves nutrition and physical activity policies and programs.

Strategy Measures

Fit City recognition achieved

# of new policies or administrative rules that strengthen the Wellness Policy

Activities

Work with Planning Department on incorporating health language in general plan update.

Identify health champions to attend various General Plan Update meetings

Increase active transportation/physical activity for children and parents

Activities Measures

Health language incorporated into new general plan update.

# of meetings attended related to General Plan update.

# of new complete streets and community gardens implemented.

Increase physical activity minutes to standard of 100 minutes/week

Improve Wellness Competitive Food Policies compliance

Assess/Reassess School Staff knowledge and implementation of District Wellness policies and develop/implement plan to improve

Number of schools that meet and document 100 minute goal/week of Physical Activity

Number of schools enforcing policy of non-food rewards and fund-raising activities

Number of School Districts' Principals & Teachers surveyed about current Wellness Policy; Number of policies changed.

Number of schools that meet and document 100 minute goal/week of Physical Activity

Number of schools enforcing policy of non-food rewards and fund-raising activities

Number of School Districts' Principals & Teachers surveyed about current Wellness Policy; Number of policies changed.
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

<table>
<thead>
<tr>
<th>School District</th>
<th># Wellness Meetings/Year</th>
<th>Updated Wellness Policy</th>
<th>Updated Admin. Rules &amp; Regs</th>
<th>Principal, Teachers, Staff Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>PYLUSD</td>
<td>5</td>
<td>In Progress</td>
<td>In Progress</td>
<td>Planning</td>
</tr>
<tr>
<td>BPSD</td>
<td>4</td>
<td>Yes</td>
<td>In Progress</td>
<td>Yes</td>
</tr>
<tr>
<td>LHCSD</td>
<td>4</td>
<td>Yes</td>
<td>In Progress</td>
<td>In Progress</td>
</tr>
<tr>
<td>FSD</td>
<td>3</td>
<td>In Progress</td>
<td>In Progress</td>
<td>In Progress</td>
</tr>
</tbody>
</table>

**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