Research for Health Policy

Erica Bell

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Item type: book

Individuals working in health research want to be able to use their findings to influence health policy. However, frequently, research evidence remains detached from practice, and there is a divide between research and policy. Research for Health Policy is an introduction to the emerging genre of applied research for policy decision-making, offering new research methods that go beyond the traditional classical experimental techniques and standard qualitative methods. This practical and practice-based book is relevant to researchers in different disciplines and countries, and will equip the reader with the knowledge, skills, and attitudes needed to deliver policy-relevant research in the government, not-for-profit, and private sectors. As a book that helps its reader to develop the blend of strategic people skills, methodological inventiveness, research entrepreneurship, creative design, and policy writing know-how that is critical to delivering useful research evidence for policy, Research for Health Policy is essential reading for anyone doing, studying, or teaching health policy advocacy and research. It also has much to offer postgraduate and professional development students and their educators, who want to move beyond the common undergraduate focus on policy content areas and policy theory/process, to learn more advanced practical research skills for policy-making.

Creatures of bounded rationality

William A. Silverman

in Where's the Evidence?: Debates in Modern Medicine

Published in print: 1999  Published Online: September 2009
Item type: chapter
This chapter presents a 1995 commentary on decision making by doctors and patients. Studies show that in many situations, a decision seems to be influenced more by the threat of a loss than by the possibility of an equivalent gain. Preferences between gains are most often risk-averse; preferences between losses are usually risk-seeking.

**Meta-Analysis, Decision Analysis, and Cost-Effectiveness Analysis**

Diana B. Petitti

Published in print: 1999 Published Online: September 2009

This book is an introduction to three methods of quantitative synthesis—meta-analysis, decision analysis, and cost-effectiveness analysis. These methods are used widely to summarize information in order to guide the formulation of clinical recommendations and guidelines, and in clinical decision-making and health policy. The book gives step-by-step instructions on how to conduct studies that use each of the three methods, emphasizing the need for rigor. Important controversies about the statistical and mathematical theories that underlie the methods are highlighted, and key assumptions are identified. The methods are critically appraised and practices that should be avoided are identified. Despite the time that has elapsed between the last revision in 2000, the book remains a relevant and highly accessible source of information on how to conduct studies that use the three methods.

**Evidence-based decision-making in child health: The role of clinical research and economic evaluation**

Gillian Currie, Sarah Curtis, and Terry Klassen

in Economic Evaluation in Child Health

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Health economics plays an important part in the clinical research and knowledge translation phases of the research process, as well as having a role in health care prioritization and accountability. This chapter begins by introducing a conceptual framework which depicts the generation and implementation of research evidence as an iterative process comprising clinical research, knowledge translation, and engagement with key stakeholders. Secondly, key aspects of the generation of
evidence through clinical research that impact upon decision-making are highlighted. Pediatric research poses unique challenges distinct from that of adult research and the history and complexities of research in this population are discussed. The third section of the chapter presents the role of economics within decision-making. The chapter concludes with ideas for further strengthening decision-making in child health.

**Health technology assessment in child health**

Vania Costa and Wendy J. Ungar

in Economic Evaluation in Child Health

The generation of high quality evidence, while a necessary condition for informed allocation decision-making, is not sufficient. Health technology assessment (HTA) is a discipline which considers not only the production of high quality health economic evidence, but also the consumption of that evidence by decision and policy makers. The first half of the chapter begins with a definition of HTA and explains how health technology assessment is conducted globally, describes who produces and uses health technology assessment, and takes a look at international health technology assessment organizations and networks. In the second half, the challenges associated with HTA in child health are described and results comparing the number and type of HTAs in children and adults are presented. The chapter ends with a discussion of the value of health technology assessment in health policy decision-making.

**Economic evaluation of childhood vaccines**

Damian G. Walker, Philippe Beutels, and Raymond Hutubessy

in Economic Evaluation in Child Health

The last twenty years have seen an explosion in the number of new vaccines for children. This chapter identifies and discusses the factors that influence the cost-effectiveness of childhood vaccines, including the perspective of the evaluation, the time frame and analytic horizon, the discount rate, the choice of outcome measure, and the price per dose. It then considers some of the main challenges in undertaking economic
evaluations of these technologies such as vaccination-specific costing issues and modeling the impact of vaccines. It discusses the use of cost-effectiveness evidence in immunization policy decision-making, and examines other criteria to consider when making such decisions.

Cancer
Stephanie Zaza, Peter A. Briss, and Kate W. Harris

in The Guide to Community Preventive Services: What works to promote health?

Published in print: 2005 Published Online: September 2009
Publisher: Oxford University Press
DOI: 10.1093/acprof:oso/9780195151091.003.0004
Item type: chapter

The first part of this chapter summarizes the conclusions and recommendations from the Task Force for preventing skin cancer by reducing exposure to ultraviolet (UV) radiation. It argues that available evidence is insufficient to determine the effectiveness of interventions to promote informed decision making (IDM). The second part of the chapter summarizes the Task Force's conclusions about IDM interventions.

Economic Evaluation in Child Health
Wendy Ungar (ed.)

Published in print: 2009 Published Online: February 2010
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Item type: book

As the conduct of health economic evaluations to inform health budget decision-making becomes more common, the special challenges of measuring costs and health consequences in children, from neonate to adolescent, have become increasingly evident. It is imperative that these challenges be considered so that high quality child health evidence may be generated and this population can be included in evidence-based allocation decisions. This book is divided into three sections: Methods, Applications, and Using evidence for decision-making, with chapters contributed by international experts. The Methods section presents detailed discussions of measuring lifetime costs and consequences, capturing productivity losses, obtaining unbiased self- and proxy reports, incorporating externalities, choosing valid outcome measures, assessing utility and quality of life, and designing studies using value of information. The Applications section reviews economic evidence in common childhood conditions and areas of investigation, including newborn screening, harm prevention, mental health services, brain
injury, asthma, and immunization. The final section explores the use of economic evidence in decision-making, and includes descriptions of the WHO-CHOICE approach, the role of clinical research, how to value health gains by children, and the emerging field of pediatric health technology assessment. In addition to an emphasis on methods, a deliberate effort was made to include issues relevant to developing countries, where the burden of childhood disease is greatest, and for whom high quality economic evidence is critical.

**Scientific Understanding and Decision-Making**

R. S. Downie and K. C. Calman

in *Healthy Respect: Ethics in Health Care*

Published in print: 1994 Published Online: September 2009

There is a technical model of decision making which suggests that when the clinical facts are known the treatment decisions easily follow. The problems in this approach are brought out by an understanding of what the natural sciences, the social sciences, professional opinion, and the clinician's own humane understanding of the patient can contribute to clinical judgement.

**Introduction**

David E. Nelson, Bradford W. Hesse, and Robert T. Croyle

in *Making Data Talk: The Science and Practice of Translating Public Health Research and Surveillance Findings to Policy Makers, the Public, and the Press*

Published in print: 2009 Published Online: September 2009

This introductory chapter provides an overview of challenges and opportunities faced by scientists and practitioners who want to communicate public health data or other scientific information to lay audiences. Health professionals have an important role in health communication for presenting evidence-based public health information to lay audiences; indeed, such communication is an important obligation provided information is communicated accurately, ethically, and effectively. Quantitative data are important because they provide evidence for the conclusions and recommendations of scientists. Most lay audiences, however, are not well-versed in science or mathematics, thus
they may not be very interested in numbers or believe in the rational decision making model adhered to by most scientists. This can make communication with lay audiences difficult. Communicating scientific data and other information to lay audiences is fundamentally different than communicating such information to other scientists or practitioners. Effective approaches are available to help better translate scientific data to lay audiences.

Ethics in Public Health Practice
Robert E. McKeown and R. Max Learner

This chapter outlines a perspective that can serve as a foundation for addressing ethical concerns in public health practice. It argues that ethics in public health practice is shaped by the mission of public health and that the ethical obligations of public health practitioners are grounded in their commitment to that mission and in their voluntary assumption of responsibility for the public's health. Society also has an interest in the public's health and that endorsement provides partial justification for infringing on certain individual rights for the sake of the common good. Though public health ethics is not as highly developed as clinical ethics, research ethics, or other subfields of bioethics, recent developments have made clear that it must make use of bioethical methods and concepts and incorporate ethical reasoning in decision-making processes. The resulting public health ethics will include expanded or modified concepts of justice and respect for persons, human rights, communitarianism, utilitarianism, and virtue ethics.

The institutionalization of student participation curriculum evaluation: from passionate volunteers to skilled student delegates
Fred Stevens, Marre Andrée Wiltens, and Krista Koetsenruijter
This chapter focuses on student participation in the Maastricht Faculty of Health, Medicine and Life Sciences medical curriculum. At FHML, student participation has been consistently high, even after changes in the Dutch law on university decision-making about ten years ago, which substantially curbed the influence of internal advisory bodies in Dutch institutions of higher education, thereby strengthening the decision-making power of university and faculty boards. The conditions for student participation, the institutionalization of student participation, organization of student participation, and the student perspective on problem-based learning are discussed.

Embedding Better Practice in Risk Communication and Public Health
Peter Bennett, Kenneth Calman, Sarah Curtis, and Denis Fischbacher-Smith

This chapter presents some concluding thoughts from the authors. This book has sought to address a range of issues facing risk communication around a broad spectrum of public health concerns. At the same time, it has sought to show how these issues have evolved since the first edition of this collection was published. There is little doubt that the landscape in which policymakers and managers have to communicate risk has changed. The various public groups within our societies are also exposed to more diverse forms of information flows than were present even 10 years ago. Not all of it is accurate, and individuals now need to be able to filter, interpret, and make sense of the information that they are given, in increasingly sophisticated ways.

Challenges and limitations of applying branding in social marketing
Lauren A. McCormack, Megan A. Lewis, and David Driscoll

There are some key differences between social marketing and commercial marketing that have implications for branding. While
branded messages can still be persuasive, they should take a less directional and more informational tone when the clinical or epidemiological evidence limited or weak. All forms of persuasion, including branding, should be handled with care when used in directive health promotion because it has the potential to breech the ethical boundaries of public health practice. Applying branding in combination with other communication strategies can enhance its effectiveness.

Treatment uncertainty and irreversibility in medical care: implications for cost-effectiveness analysis *
Joshua Graff Zivin, Matthew Neidell, and Lauri Feldman

in The Economics of New Health Technologies: Incentives, organization, and financing
Published in print: 2009 Published Online: February 2010
DOI: 10.1093/acprof:oso/9780199550685.003.0012
Item type: chapter

This chapter discusses the introduction of uncertainty and irreversibility in cost-effectiveness analysis to determine optimal funding and resource allocation for medical technologies, research, and treatment. It is essential to use a valuation model that considers the uncertain arrivals of future diseases and the varying degrees of effectiveness with which they can be treated. Irreversibility raises the value of the option-preserving treatment. The existence of an option value — that value above and beyond the direct value of treatment for the current condition — means that a treatment that is inferior to an alternative for its indicated use may be the superior choice when lifetime welfare is considered. Optimal decision-making requires a careful comparison of the ‘costs’ of a less effective treatment for a condition today with the ‘benefits’ of more effective treatments for conditions in the future. The size of the option value and thus the degree to which valuations that ignore it are miscalculated, depends critically on the relative effectiveness of treatments, the likelihood of diseases arriving in the future, the extent to which current interventions limit the ability to treat these future conditions, and the relevant discount rate.
The limits and challenges to the economic evaluation of health technologies
Adam Oliver and Corinna Sorenson

in The Economics of New Health Technologies: Incentives, organization, and financing
Published in print: 2009 Published Online: February 2010
Publisher: Oxford University Press DOI: 10.1093/acprof:oso/9780199550685.003.0013
Item type: chapter

This chapter reviews some of the concerns raised against the use of economic evaluation in the decision-making process, from a wide range of disciplinary and stakeholder perspectives. It offers some reflections on the National Institute for Health and Clinical Excellence (NICE) as a user of health economic evaluation to assess whether health care interventions ought to be made available in the National Health Service (NHS) in England and Wales.

Self-Management and Advocacy
Lisa I. Iezzoni and Bonnie L. O'Day

in More than Ramps: A Guide to Improving Health Care Quality and Access for People with Disabilities
Published in print: 2006 Published Online: September 2009
Publisher: Oxford University Press DOI: 10.1093/acprof:oso/9780195172768.003.0011
Item type: chapter

Shifting the paradigm of care from traditional roles of clinicians directing patients to a model of collaboration in care has gained currency as a strategy for improving both health care quality and outcomes. This chapter describes self-management and collaborative care programs, which are well developed for certain chronic conditions (such as arthritis and diabetes). It then discusses various considerations in moving toward a self-management and collaborative care approach for persons with disabilities. The core to any such effort is for clinicians to listen to and learn from their patients with disabilities, who are often the experts about their health and needs. The chapter looks at accessibility of self-management and resources and technologies to aid self-management.
This chapter describes the steps used in a systematic review and meta-analysis, a simple decision analysis, and a straightforward cost-effectiveness analysis. It makes liberal use of examples to illustrate the usefulness of the information derived from the three methods for clinical decision-making and policy. It emphasizes the importance of being systematic and carefully documenting what is done when using the methods.

Applying evidence to inform public health practice and health policy decision-making
Richard F. Heller

This chapter discusses the tensions between the health evidence base and other factors in making prioritization decisions that will influence public health and its practice. It concludes with a challenge to develop better methods for incorporating evidence into health priority setting.

Informing public health policy with the best available evidence
Laurie M Anderson and David V McQueen

In public health, the use of research synthesis in the interest of improving population health outcomes has gained wide acceptance, coupled with the recognition that meaningful translation and dissemination must also occur if new knowledge is to influence health policy and programme decisions. But an integrated approach to knowledge generation,
synthesis, dissemination, uptake, and evaluation has yet to be realized in most public health settings. This chapter discusses the advantages of knowledge synthesis approaches to support public health decision making, perspectives on the translation of knowledge for different purposes, and the importance of creating institutional capacity to support evidence-informed public health policies.