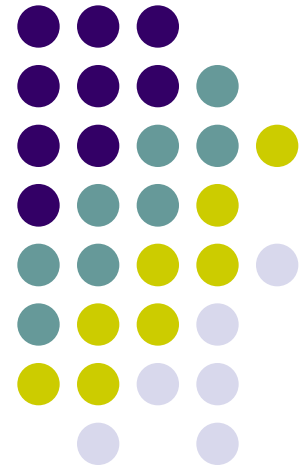
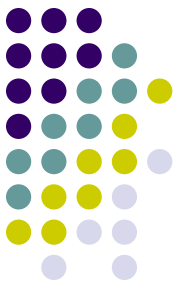


# Building leadership for Health

Building an Evidence-Based Case for Health Policy



# Building an evidence-based case for health policy: Notes for course leaders



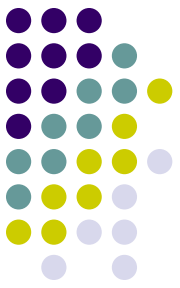
- As preparation participants should look at
  - The Health Evidence Network
  - At <http://www.euro.who.int/HEN>
- This material can be modified and improved
- And tailored to meet local training needs
- Note that this material was developed for Public Health Specialists rather than Nursing Professionals so you may wish to add resources relevant to your course participants.

# Building an Evidence Based Case for Health Policy



- “There is nothing politicians like so little as to be well informed - because it makes decision-making so complicated and difficult”
  - Robert Skidelsky quoting John Maynard Keynes
- Health leaders make decisions...
  - That is they prepare options and evidence for...
- Political decision takers
  - Who have the authority, often as politicians to decide

# Bridging the gap between researchers and policy making



## The Hurdles

- Not translated into policy
- Not linked to advocacy
- Not packaged for policy
- Lack of synthesis
- Failure to access research
- Lack of relevant research

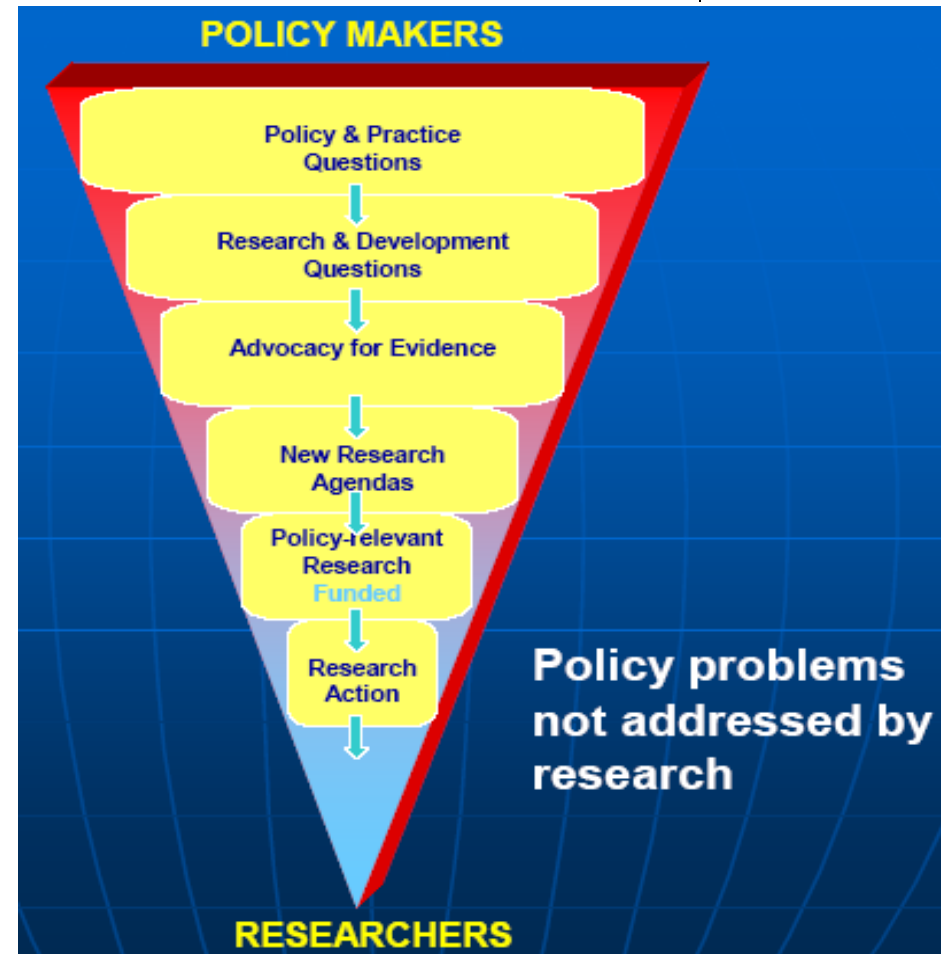


# Bridging the gap between researchers and policy making



## The Hurdles

- Policy & Practice questions
- R&D questions
- Advocacy for evidence
- Need for research agenda
- Lack of funding
- Lack of research action

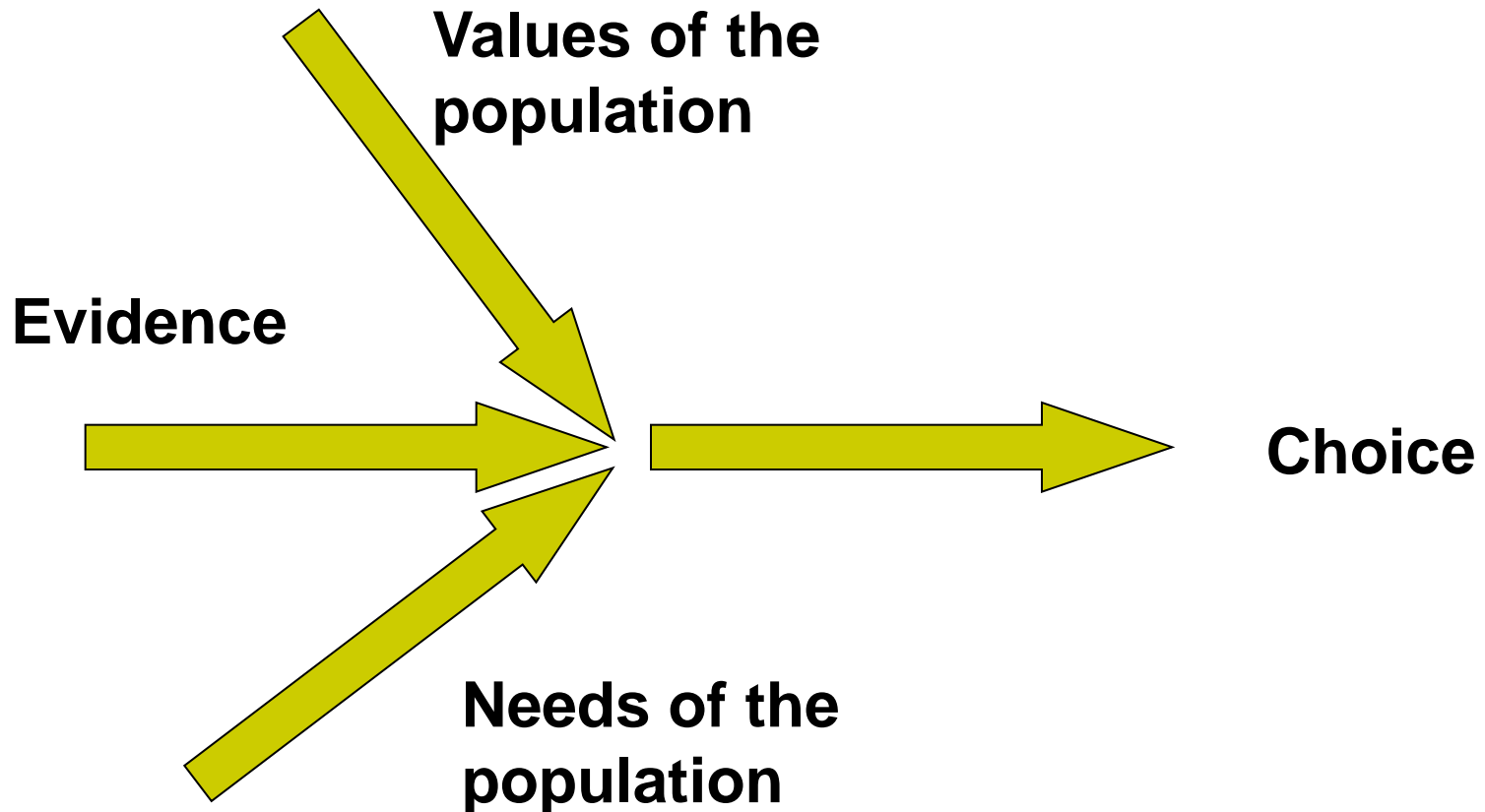


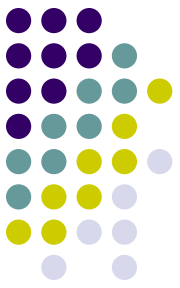
# Health Evidence Network (HEN)



- HEN attempts to bridge the gap between research and policy by providing
  - answers to policy questions in the form of evidence-based reports and summaries; and
  - easy access to evidence and information from a number of web sites, databases and documents.
  - Review the site and discuss how you use it
  - At <http://www.euro.who.int/HEN>

# Three components of Public Health Decisions





# 1. The evidence

- Often from different countries and sources over a period of years
- Step 1 summarise best current evidence
  - Identify possible sources
  - Search knowledge bases
  - Consult experts in the field
  - Agree quality criteria for sources
  - Synthesise findings of best quality sources
  - Publish synthesis and explain exclusion /inclusion





# 1. Find the evidence

- Find the best available evidence;
  - Preferably a systematic review
- Evidence is mainly knowledge from research, but remember there are other sorts of knowledge
  1. Knowledge from data (statistics)
  2. Knowledge from experience (case reports)
  3. Knowledge from experience of work in the field

# 2. Needs of the Population



- Step 2 Examining Needs
  - Identify outstanding needs and priorities
    - State the rationale for the priorities
  - Estimate the extent of the population impact
    - See for example “Evidence for Population Health”  
Richard Heller OUP 2005
  - Examine current resources including informal community resources

## 2. Assess the needs of the population

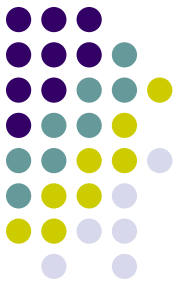


1. List all the other problems that affect the population or the subgroup of the population
2. Assess the burden of disease; i.e. number of people affected x the impact on each
3. Consider the opportunity costs
  1. How could current resources be better used
  2. How else could resources required in future be used
  3. What would happen if nothing changes

# 3. The Values



- Step 3 Considering Values
  - Consider how the principles and ethics of the population should affect choice
  - This involves weighing up values as they apply to particular decisions
- While steps 1 and 2 are for health leaders
- Step 3 is a political judgement



### 3. Weigh up the values

- Set out any policy priorities
  - e.g. rural health, or equity
- Score the options against the policy principles using a simple scale e.g.
  - 0 no relationship
  - + relationship
  - ++ strong relationship

# Building an evidence-base case for health policy: Case Study



- Hospice care
  - Valued care and pain relief services for the dying, but
  - Small impact in terms of QALYs (Quality adjusted life years)
  - Low use by low income groups
  - Biased towards cancer patients for historic reasons
  - Expensive but not as costly as terminal care in hospitals
  - Often provided outside state provision
- A decision has to be made on expansion or reduction of state funding
- What sort of evidence would you seek as a health leader
- How would you take a decision on this issue as a politician?

# Making the Case for Health: Writing reports for Policy Making



- Participants should read the Free Plain English guides [here](#)
  - see guides to Report writing and Medical Information
- Bring examples of good and bad reports
- Explain why you consider the reports good or bad

# Making the Case for Health: Good and Bad Examples



Discuss examples of reports identify

- The good points
  - Concise
  - To the point
  - Clear simple language
  - Clear line of argument
  - Based on evidence
  - Provides examples
  - Simple structure
  - Clear conclusion
  - Identifiable voice
  - Other
- The bad points
  - Too long
  - Does not address question
  - Obscure jargon
  - Confused or missing argument
  - Based on assertions
  - Only generalities
  - Complicated
  - No clear outcome
  - Nameless official voice
  - Other



# Making the Case for Health: Tips on Report Writing for Policy Making



- Know your audience !
  - Listen to what they want to know,
  - Use their language in a simple and direct way
- Know your own mind !
  - Be clear about your own values and priorities
  - And why you reached your conclusion
  - So be prepared to state what people need to know
- Know the evidence !
  - Gather the evidence and present it objectively
  - But show how you reached your conclusion.

# Making the Case for Health: Tips on Policy Report Writing



- Keep the structure simple e.g.
  1. Summary and conclusion

A is the problem, for which we propose B solution. C,D and E are main the reasons we propose B, this will require F resources.
  2. This is the evidence for C,D and E (separate sections)
  3. This is how we will put it into practice (with examples).
  4. The resources required for this will be F
  5. And this is what we will ask you to do (with examples).
- Short reports are much more likely to be read
- Examples are more powerful than abstractions.

# Policy and Scientific Reports

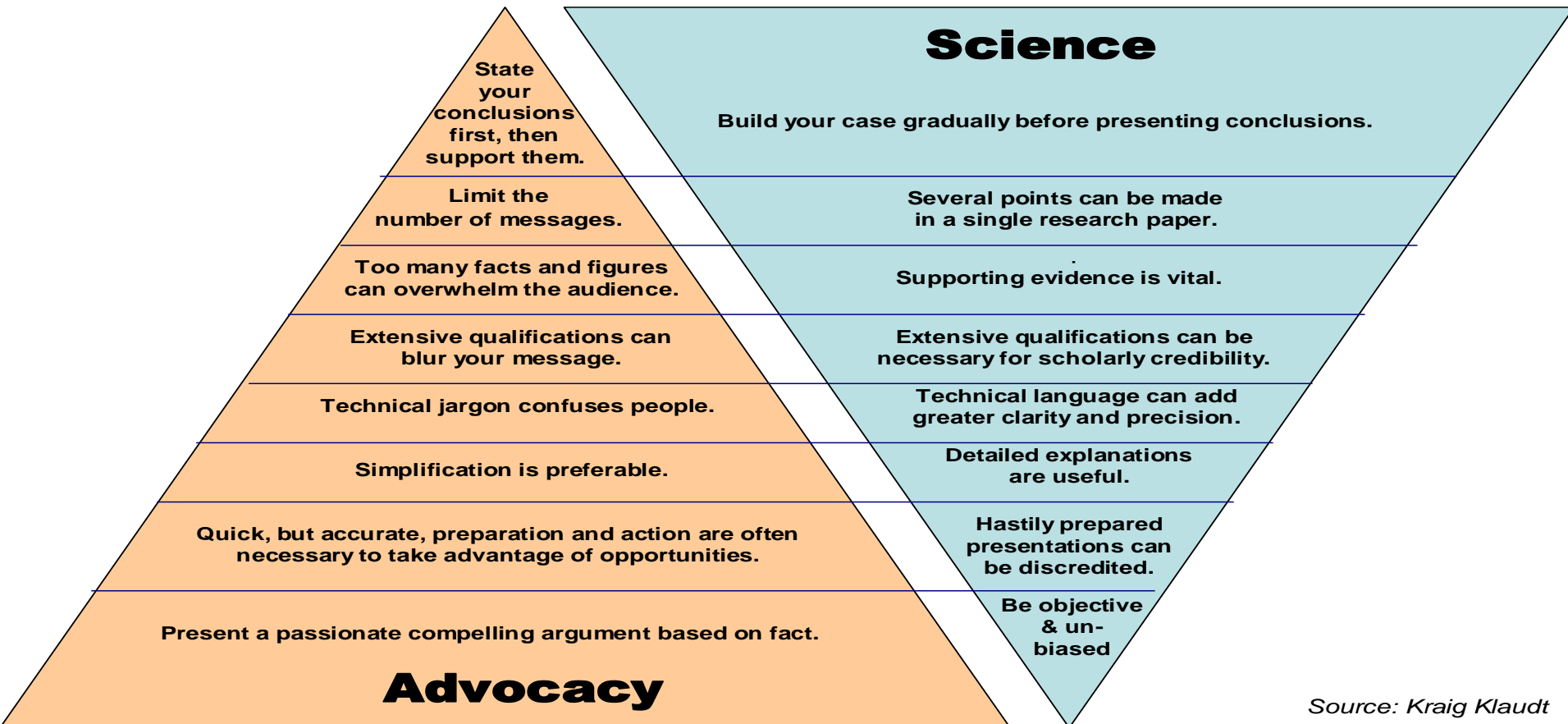


- Policy and science reports must both be honest
- Science reports explore the evidence
  - They avoid value judgements
  - Examine many different approaches
  - Technical precision is vital so jargon is inevitable
  - And avoid single conclusions for action
- Policy reports argue a case based on evidence
  - Based on a value perspective
  - And a selected approach to the problem
  - Clear communication and simple language is needed
  - They must reach clear conclusions for action

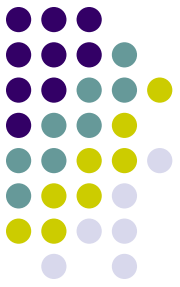
# Science or Advocacy?



## Differences between advocacy & scientific communication



# Making the Case for Health: Why is this a leadership issue?



- **Reflect on the way reports:**
  - Show values and priorities in practice
  - Create a persona for the health department
  - Can be a source of pride
  - Create a link with the people we serve
  - Are an important aspect of leadership for health
- **Do you need report writing guidelines?**
  - Why are policy advocacy and research reports different?

# Reflections and Feedback



- Please discuss and write down
  - What you have learnt that you found helpful
  - What you will do differently as a result of today
  - What you will improve when you give this course



Thank you



## Module contributed by Sir Muir Gray and Graham Lister

- Sir Muir Gray CBE, DSc, MD, FRCP, FRCPS Glas FCILIP is Director of Clinical Knowledge, Process and Safety. He is the author of the book Evidence-Based Healthcare, the second edition of which was published in 2001. He is also joint author of The Oxford Handbook of Public Health Practice, and recently wrote The Resourceful Patient.
- Graham Lister was chair of a charity which provided information to patients, led work on the national strategy for NHS Direct and the Information Management and Technology Strategies for the NHS and the WHO Knowledge Management for Public Health initiative.

