From Research Findings to Policy Change: Next Steps for the Mid-South TCC

Part 1 - Policy process
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Part 2 - Research to policy
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Part 3 - Discussion
All
Diffusion of Knowledge

Scientific Community
- Scientific Journals, Symposia, Books, Training Programs

Dissemination
- Mass Media, Social Media

Community

Research Enterprise

Crowdsourcing
- Community Engagement, Online Challenges, Civic Hack-a-thons

Policy Makers
- Policy Briefs, Presentations to Legislators, Health in All Policies

Overview
I. Policy to tackle the social determinants of health: using conceptual models to understand the policy process
Exworthy, Mark
Published by Oxford University Press with The London School of Hygene and Tropical Medicine

II. Fair Society, Healthy Lives (The Marmot Review)
08 June 2016.

III. Inequalities in life expectancy: Changes over time and implications for policy
I. Policy to tackle the social determinants of health: using conceptual models to understand the policy process

Key Points

• Like health equity, the social determinants of health (SDH) are **becoming a key focus for policy-makers**.

• Despite accumulating evidence on the causes and manifestations of SDH, there is relatively little understanding about **how public policy can address such complex and intractable issues**.

• **Conceptual models** can help policy-makers understand and intervene better, despite significant obstacles.
Challenges to address SDH through public policy

1. SDH are multi-faceted phenomena with multiple causes.
   - The **lack of a ‘simple problem’** hinders the development of ‘simple policy solutions’.
   - SDH are ‘**invisible**’.
   - **Lack of consensus** among academics and policy-makers about the policy solutions required.

2. Life-course perspective. Challenge to integrate long-term approaches with short-term organizational/political imperatives.
   - Policy-making process / short timescales.
   - **Early life influences** (e.g. diet, education) have **life-long impacts** (evident many years hence).
   - **Tenure** of elected/appointed officials (**years not decades**).
   - **Coalitions** of interests in support of SDH policies **unsustainable** long term.
3. SDH requires policy action across different organizations and sectors

- Policy responses are only disease-specific rather than addressing SDH.
- Action on SDH requires intervention beyond state/government, by civil society organizations or even private sector agencies.
- Poor collaboration within government agencies, operate in silos (SDH needs inter-organizational collaboration).

4. SDH are one of many competing priorities for policy-makers’ attention and resources.

- Economic, foreign or development policies might take precedence.
- SDH may be over-shadowed in the policy process by health care itself.
Challenges to address SDH through public policy

5. SDH are so complex that cause-effect are not apparent

- **Statistical correlations** are common in epidemiological studies which inform policy-making, but *rarely demonstrate causation*.
- Knowing and understanding **causal pathways** is a first step in devising appropriate policies but **many gaps in knowledge remain**.
- Policy cannot be conducted without an understanding of mechanisms; **correlations are not enough**.
- **Attribution of policy interventions to outcomes** is problematic. Such outcomes may not be evident for many years, if at all.
Policy models and their application to Social Determinants of Health

Conceptual models can provide tools to describe, understand and explain policy processes:

1. Streams Model
2. Networks Model
3. Stages Model
1. STREAMS MODEL

- **How issues get onto the policy agenda** and how proposals are translated into policy.
- Three streams:
  
  a. **Problems**: key events, publication of evidence, feedback from current policies (via media).
  
  b. **Policy**: technical feasibility, congruence with dominant (socio-political) values, anticipation of future constraints of the strategy being proposed.
  
  c. **Politics**: lobbying, negotiation, coalition building, compromise of interest groups.

- A successful policy includes **clear objectives, means** to achieve those objectives, **and resources** to facilitate the process.
Policy models and their application to SDH

2. NETWORKS MODEL

- Networks of stakeholders (individuals, coalitions, organizations, communities).
- Bottom-up policy developments.
- Two network models:
  a. **Policy and issue networks** – promoting solutions and lobbying policy-makers.
  b. **Advocacy coalition framework** – formation and maintenance of complex coalitions (networks) of interest. Coalition of advocates.
3. **STAGES MODEL**

- Reaching policy-makers and the public (*raising awareness*)
- Securing information (*databases, presentations, legislators*)
- Policy-formulation and implementation (committees, drafting legislations, informal contacts)
- Partnerships and alliances
- Provisions for implementation
II. Fair Society, Healthy Lives (The Marmot Review)
Reducing health inequalities will require action on Six Policy Objectives:

1. Give every child the **best start in life**.
2. Enable all children young people and adults to **maximize their capabilities** and have **control over their lives**.
3. Create fair employment and **good work for all**.
4. Ensure **healthy standard of living** for all.
5. Create and develop **healthy and sustainable places and communities**.
6. Strengthen the role and impact of ill health **prevention**.
Figure 4 The Conceptual framework

- Reduce health inequalities and improve health and well-being for all.
- Create an enabling society that maximises individual and community potential.
- Ensure social justice, health and sustainability are at heart of policies.

Policy objectives:

A. Give every child the best start in life.
B. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
C. Create fair employment and good work for all.
D. Ensure healthy standard of living for all.
E. Create and develop healthy and sustainable places and communities.
F. Strengthen the role and impact of ill health prevention.

Policy mechanisms:

- Equality and health equity in all policies.
- Effective evidence-based delivery systems.
Figure 5 Action across the life course

Areas of action

Sustainable communities and places

Healthy Standard of Living

Early Years  Skills Development  Employment and Work  Prevention

Life Course

Accumulation of positive and negative effects on health and wellbeing

Life course stages

Prenatal  Pre-School  School  Training  Employment  Retirement  Family Building
Local knowledge and action

- High-level national modeling has limitations.
- Only **in-depth local knowledge** and analysis can really get under the skin of what is driving persistence in outcomes at local level.
- **Deep-dives by local authorities in local communities** with health inequalities.
- Use **local data** from community health profiles **in combination with national data**.
- Don’t look at mortality only, **project impact to life expectancy**.
• “These studies are usually backward-looking – about what has happened, rather than what could happen.”

- Move from mortality focus, to life expectancy.