



International Society for Environmental Epidemiology (ISEE): Annual Conference 2009 “Environment, food and global health”

On health science – health policy interface: Results from synthetic analysis of five EC-funded projects

rainer.fehr(a)liga.nrw.de, LIGA.NRW, Bielefeld/Düsseldorf, D

helmut.brand(a)inthealth.unimaas.nl, U Maastricht, NL

ISEE 2009, University College Dublin (IRE), 25-29 Aug 2009





www.liga.nrw.de

- Institute of Health and Work North Rhine-Westphalia (LIGA.NRW), Department of Prevention and Innovation
- Since 2008, appointed WHO Collaborating Center (CC) on “Regional Health Policy and Public Health”

<http://inthealth.eu>

- Maastricht University, Faculty of Health, Medicine and Life Sciences - School for Public Health and Primary Care (CAPHRI), Department of International Health

Both institutions: Active at the interface of health science and health policy, and involved in EC-funded projects, many of them dealing with health policy





1. Presentation overview and study objectives

1. Study objectives
2. Study method
3. Study material
4. Study results
5. Tentative conclusions, perspectives

Micro study based on existing EC-funded projects

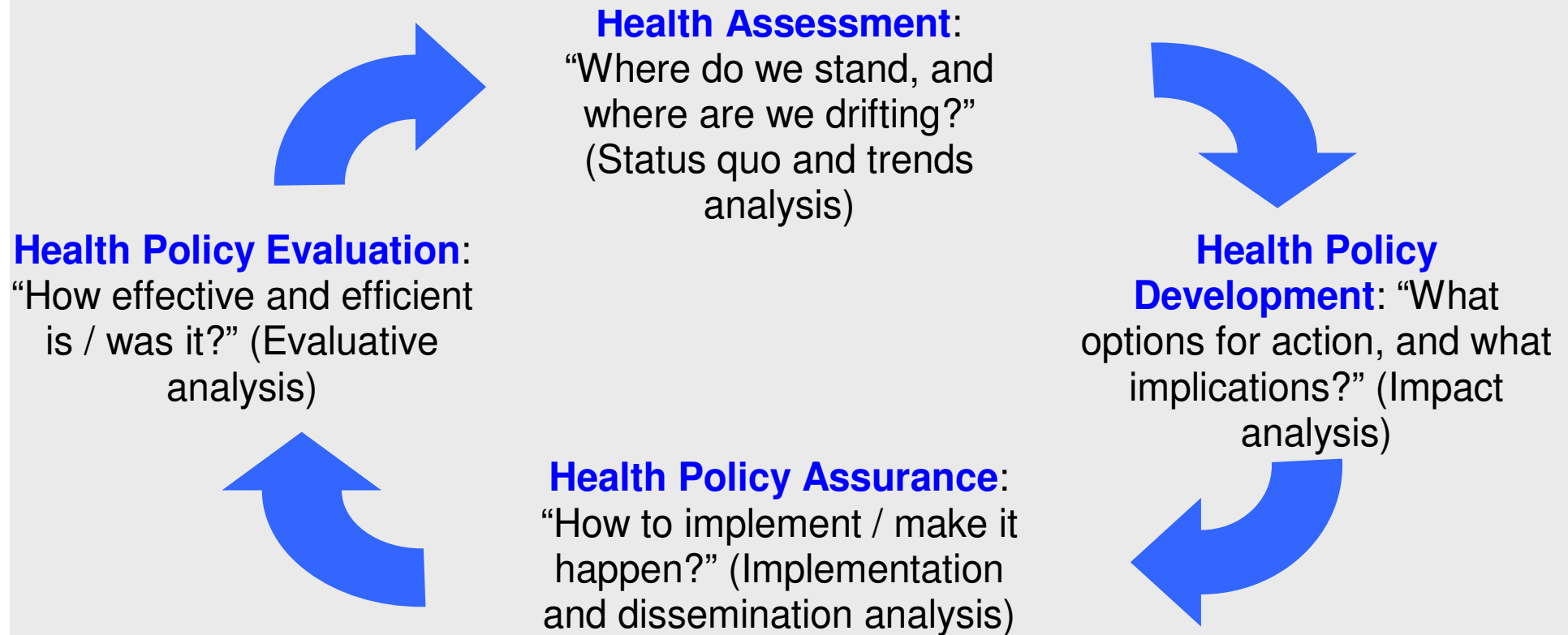
- **Overall objective:** Assisting (regional) health policy-making in Europe, espec. with respect to “health science – health policy” interface
- **Specific objective:** Synthesizing outcomes from selected projects in order to assist each component of the Public Health policy cycle

Acknowledgement: Study is based on published materials of projects funded by EC, 2001-2007





Public Health policy cycle: 4 components



Scientific (science-based) analysis: supporting each component of policy cycle





2. Study method

Basic approach

- Characterizing selected EC-funded projects on Public Health policy
- “Synthesizing” outcomes from individual projects into broader perspective

“Synthetic” analysis

- Aimed at harnessing additional insights from completed projects
- Comparative and integrating, largely qualitative analysis of attributes from project *commissioning* (funding) and *management* perspective

Not an evaluation of these projects





3. Study material: EC-funded public health projects

Directorate-General for Health and Consumer Protection ([DG Sanco](#)):

- Continually provides funding for public health projects
- 2003-2008: approx. 375 projects funded

From the pool of EC-funded PH projects: *ad hoc* selection of five related projects; criteria:

- Topicality: Dealing with the science-policy interface in policy-making (beyond “indicator” issues)
- Recency; existence of successor projects; project involvement of the authors (RF, HB)

This set includes both “general” public health and environment-focussed projects





Project life times, relations (predecessors, successors)

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Eva PHR ¹	xxxx	xxxx	xxxx	xxxx								
BEN I		xxxx	xxxx	xxxx								
EPHIA			xxxx	xxxx	xxxx							
BEN II					xxxx	xxxx	xxxx	xxxx				
ENHIS I					xxxx	xxxx						
EUREGIO I					xxxx	xxxx	xxxx	xxxx				
ENHIS II						xxxx	xxxx	xxxx				
HIA NMAC ²						xxxx	xxxx	xxxx	xxxx			
PIA PHR						xxxx	xxxx	xxxx	xxxx			
RAPID ³									xxxx	xxxx	xxxx	xxxx
EUREGIO II									xxxx	xxxx	xxxx	xxxx
EUREGIO III										xxxx	xxxx	xxxx

¹ Predecessor of PIA PHR project

² may be interpreted as a successor of EPHIA project

³ may be interpreted as a successor of EPHIA and HIA NMAC projects





Project names and overall objectives¹

BEN II	ENHIS II	EPHIA	EUREGIO	PIA PHR
Benchmarking Regional Health Management II	Environment & Health Information System supporting Policy-making in Europe	European Policy Health Impact Assessment [i.e. impact <i>of</i> policies]	Evaluation of cross-border activities	Policy Impact Assessment of Public Health Reporting [i.e. impact <i>on</i> policies]
Producing more transparency between the regional health systems; establishing a platform allowing the regions to learn from each other	Setting up a comprehensive information and knowledge system (“ENHIS”) enabling analysis to support policies in Europe	Developing and testing a HIA methodology for use by the European Community and its institutions in EU policy development	Promoting cross-border cooperation of regions, espec. “Euregios”	(implicit:) Optimizing the policy impact of PH reporting

¹ according to EC website / funding contract





4. Study results

4.1 Project results conc. “Health assessment”

Specific approaches of science-based support:

- Explicit “**Causal web**” analysis and visualization (EPHIA project)
- “**Standardized health assessments**” (ENHIS II project): indicator-based assessments as “fact sheets”, providing analyses of core issues across the pan-European Region
- **Health assessment presentations** (PIA PHR project) using Geodemographic software / InstantAtlas (Geowise)
- **Checklists for enhancing the policy impact** of health assessments, incl. topics, data & (comparative) analyses, report format & layout, stimulation of interest, dissemination (PIA PHR project)

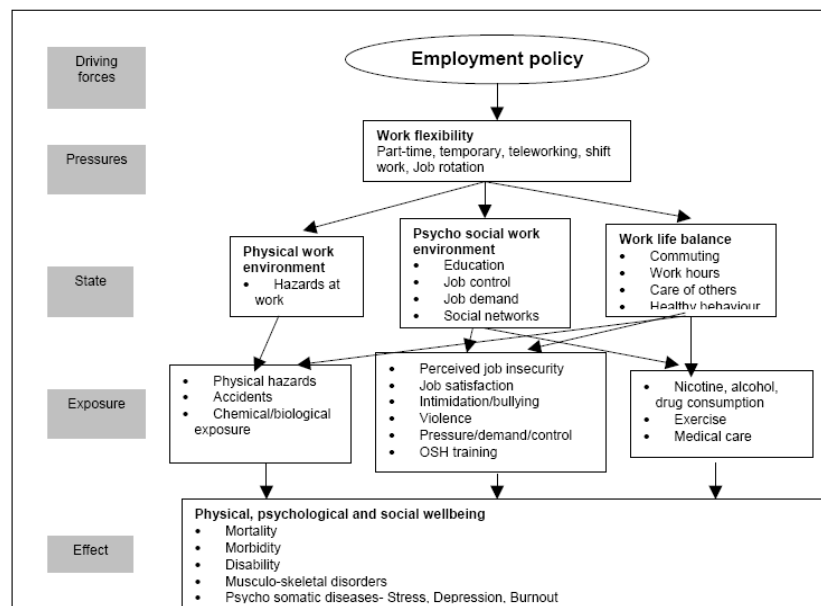




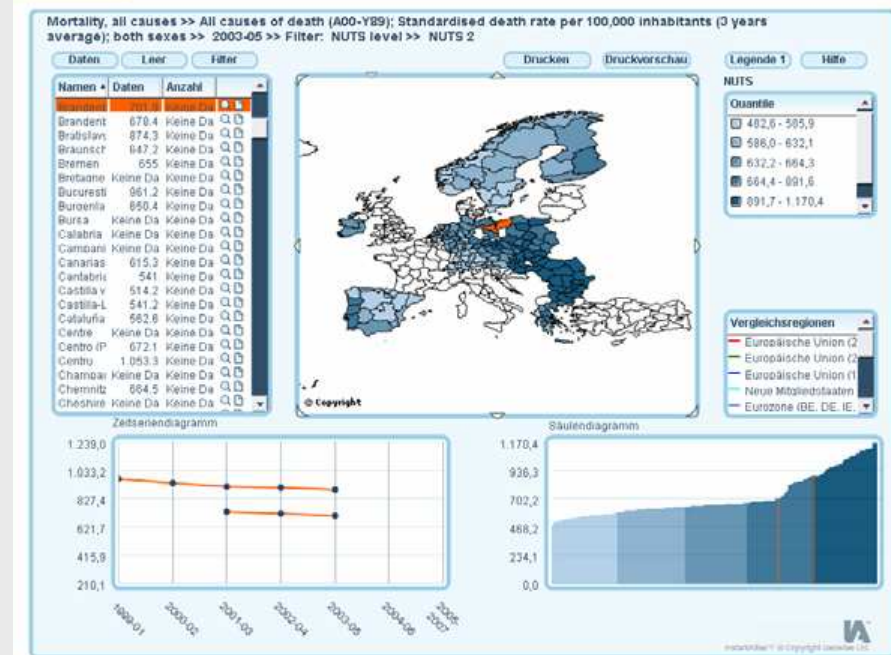
Sample approaches for “Health assessment”

EPHIA project: Causal web (following DPSEEA model)

Figure 6 Example of a causal web for flexible forms of employment



PIA PHR project: Health assessment presentation using Geo-demographic software





4.2 Project results conc. “Health policy development”

Specific approaches of science-based support:

- Network analyses of structures and processes; **Organigraphs** “intended to map processes in order to understand critical interactions, ... how information spreads through the organisation ...” (BEN II project)
- Policy analyses incl. inventories of policies, methodology for identification of **information needs for policies**, guidelines for generating **information for policy support** (ENHIS II project)
- Prospective impact analysis of policies, plans, programs, projects: **Generic HIA methodology** (“What if...”) (EPHIA project)

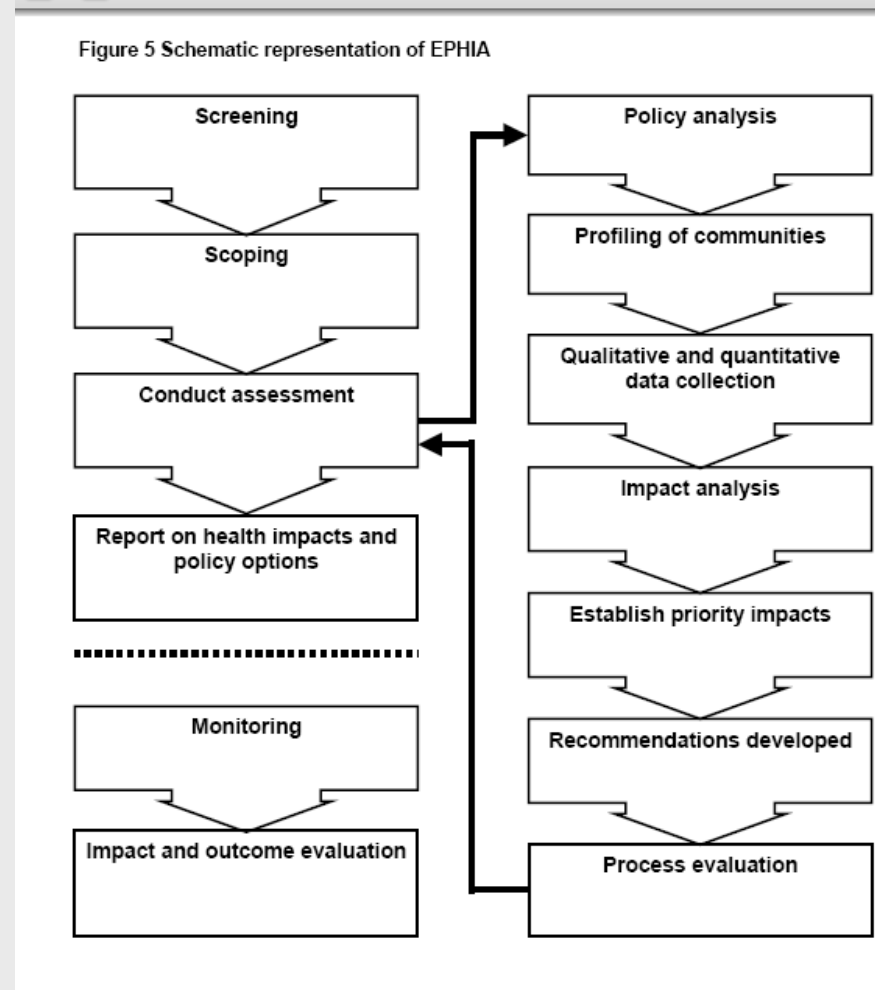
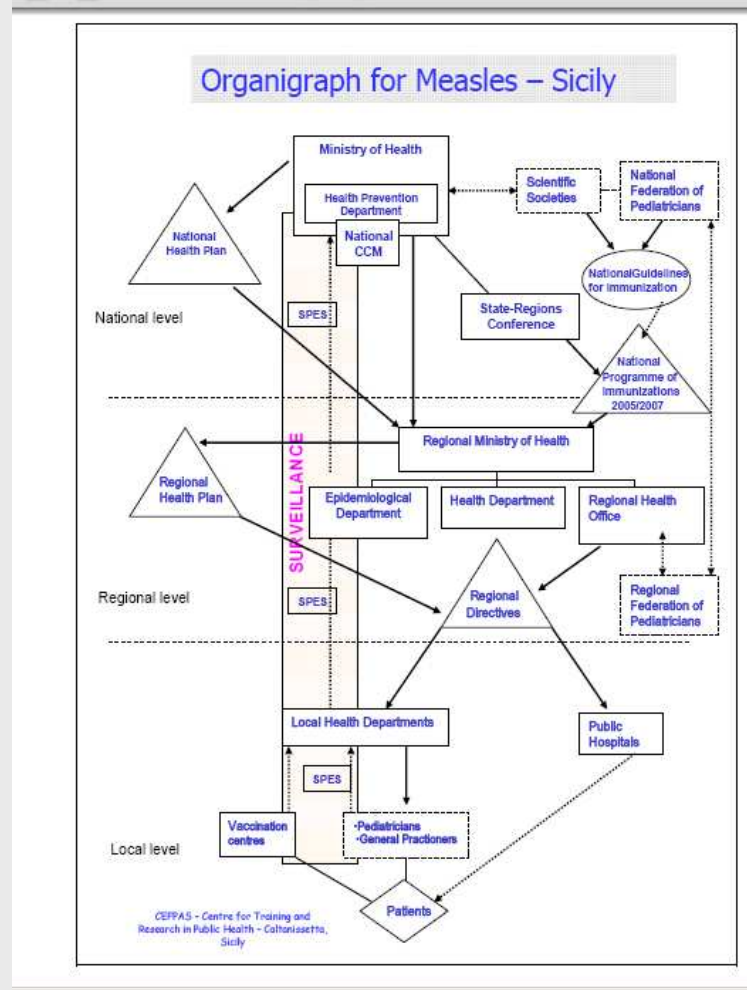




Sample approaches for “Health policy development”

BEN II project: Organigraph

EPHIA project: Generic HIA methodology





4.3 Project results conc. “Health policy assurance”

Specific approaches of science-based support:

- **Information system** providing evidence-based assessments and evaluations (ENHIS II project)
- **Software tools** (PIA PHR & ENHIS II projects)
- **Internet-based project information pool**; inventory of cross-border co-operations and of promoting/hindering factors; recommendations for project actors (EUREGIO project)



Sample approach for “Health policy assurance”: Recommendations concerning quality development and strengthening of cross-border cooperation

Recommendations for project actors:

1.3 Ensure the cross-border added value for the region...

1.5 Create a sense of commitment and define responsibilities...

1.7 Ensure good political and senior management support...

1.10 Use the experiences of other projects...

(Joint Declaration of the Participants of the “EUREGIO” Conference in Düsseldorf, 2007)



Fig.: Health-relevant working groups in Euregios etc. along the internal and external borders of the EU-15 (red = yes, blue = no, brown = no inf.)



4.4 Project results conc. “Health policy evaluation”

Specific approaches of science-based support:

- **Evaluation** = (retrospective) impact analysis of policies, plans, programs, projects
- **Benchmarking** of regional health policies; identifying “good practice” models (BEN II project)

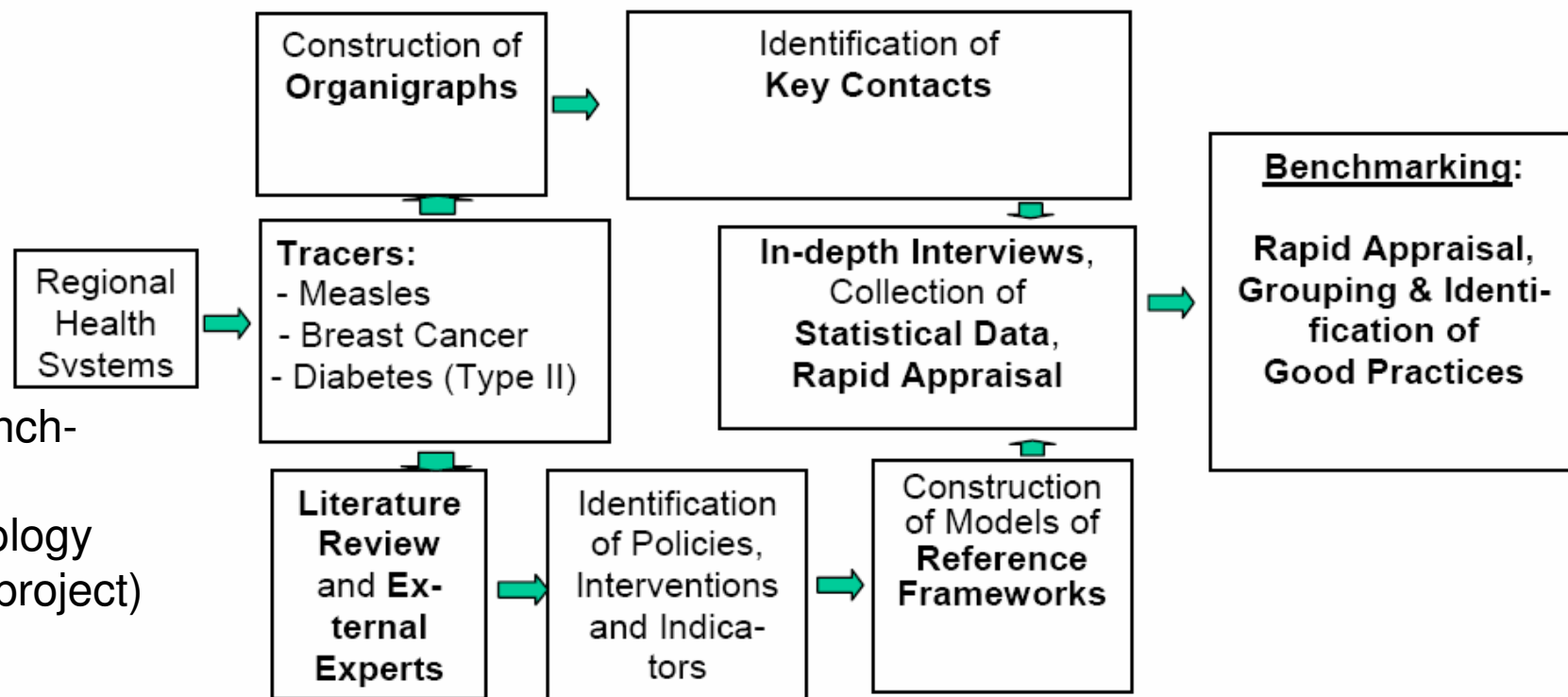



Fig.: Bench-
marking
methodology
(BEN II project)



Health Policy Evaluation:

How effective & efficient?

*Benchmarking with
identification of further
“Good practice” models
(BEN II)*



Health Assessment:

Where do we stand &
where are we drifting?

*Causal web (EPHIA), indi-
cator-based assessments
(ENHIS II), geo-demogra-
phic software (PIA PHR)*




Health Policy

Development:

What
options for action, what
implications?

*Organigraphs (BEN II),
Information needs of
policies (ENHIS II), “What-
if” HIA (EPHIA)*



Health Policy Assurance:

How to implement / make it
happen?

*Information system
(ENHIS II) “Good
practice” pool (EUREGIO)*





Health Assessment:

Where do we stand & where
are we drifting?

*Causal web (EPHIA), indi-
cator-based assessments
(ENHIS II), geo-demogra-
phic software (PIA PHR)*

Health Policy Evaluation:

How effective & efficient?

*Benchmarking with
identification of further
“Good practice” models
(BEN II)*

Policy example: **Child**

abuse / neglect -

Surveillance of screening
exams participation

Health Policy

Development: What
options for action, what
implications?

*Organigraphs (BEN II),
Information needs of
policies (ENHIS II), “What-
if” HIA (EPHIA)*

Health Policy Assurance:

How to implement / make it
happen?

*Information system
(ENHIS II) “Good practice”
pool (EUREGIO)*





Health Assessment:

Where do we stand & where are we drifting?

Causal web (EPHIA), **indicator-based assessments** (ENHIS II), **geo-demographic software** (PIA PHR)

Health Policy Evaluation:

How effective & efficient?

Benchmarking with identification of further "Good practice" models (BEN II)

Policy example: **Health inequity** (Federal project on "Health promotion for socially disadvantaged persons")

Health Policy Development:

What options for action, what implications?

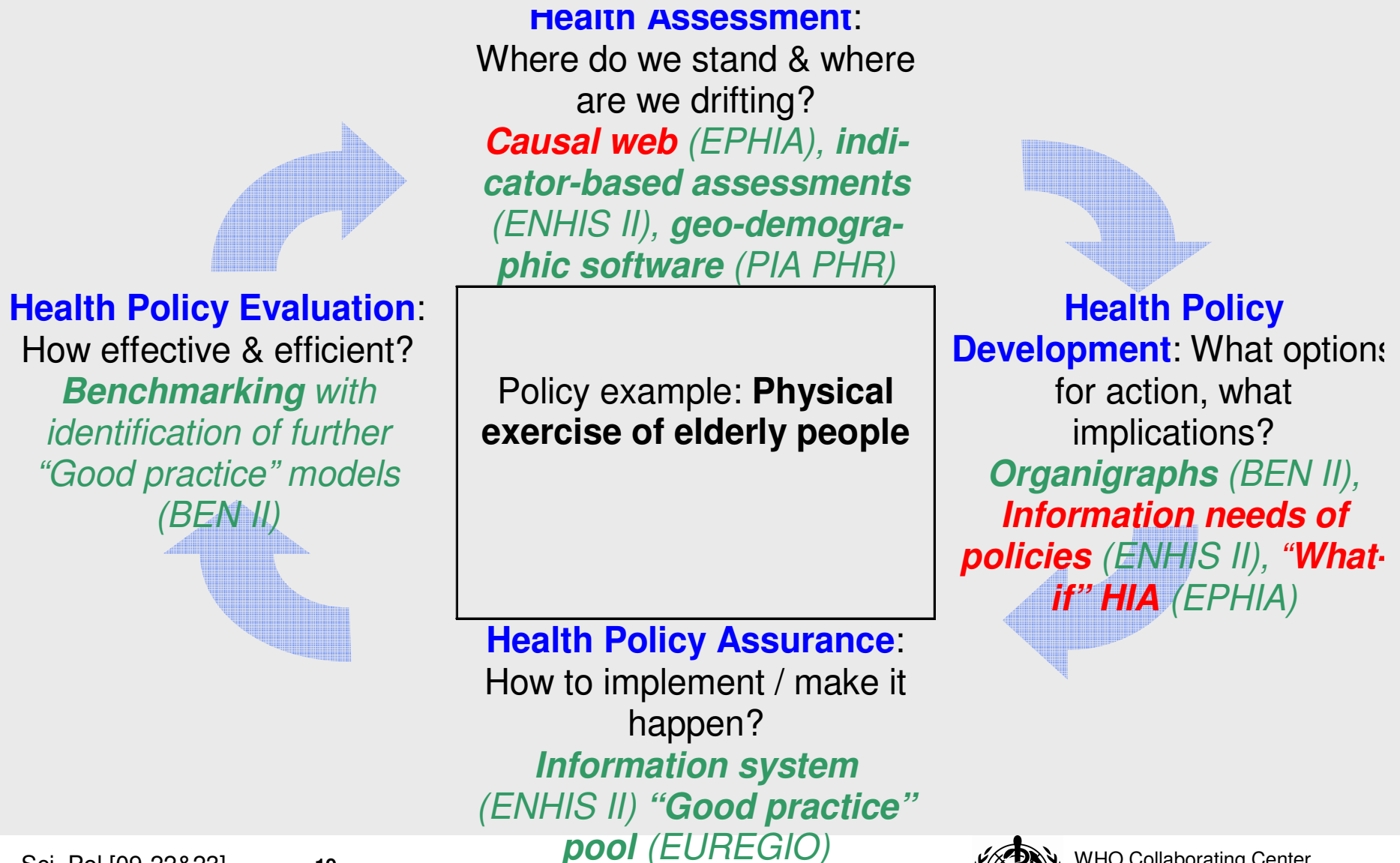
Organigraphs (BEN II), **Information needs of policies** (ENHIS II), **"What-if" HIA** (EPHIA)

Health Policy Assurance:

How to implement / make it happen?

Information system (ENHIS II) **"Good practice" pool** (EUREGIO)







5. Tentative conclusions, perspectives

1. Health policy-making: complex and under-researched

- Systemic & dynamic nature of health / health det's / health (care) system: is fact of life; gives reason for problems to be perceived as “messy” or “wicked”, with multiple interdependencies
- In spite of this: assumption that “rational model” of (health) science – (health) policy interface (incl. policy cycle) offers benefits for health policy-making

2. This micro study

- Approach = “re-reading” the projects to harness added value
- Taken together, the five EC-funded health policy projects reflect important approaches to support (regional) health policy-making
- Limitations: (i) different ways to re-read the projects, (ii) different sources (funding contract, websites, project reports) not necessarily in agreement, (iii) “best answers” may vary according to topic; administrative level; personalities interacting; specific circumstances...





3. Potential extending analyses

- Evaluation of projects (*not* the focus here): might be worth-while
- Using additional projects, espec. dedicated “indicators” projects
- Per project, using more materials; interviewing project partners; involving policy-makers more substantially
- Surveying projects’ achievements, (non-)diffusion, successes, shortcomings, e.g.: (i) improving project impact on real-life policy-making, (ii) establishing closer connections with the “evidence-processing industry”

4. Further perspectives

- “Health policy arena” still insufficiently understood, and (compared to etiologic and to health services research) under-researched
- However, (regional) health policy-making assumed to carry potential for effectiveness and efficiency gains
- Research on science-policy interface: definitely worth continuing

