

Policy briefs and stakeholder dialogues to support evidence-informed decision-making: the example of patients' perspectives on cancer care

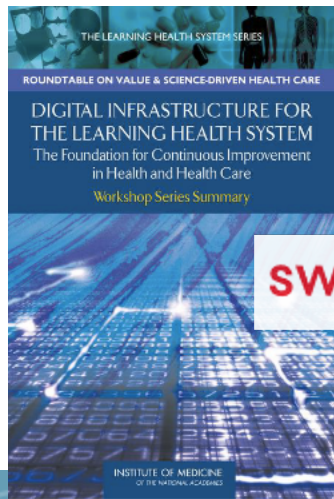
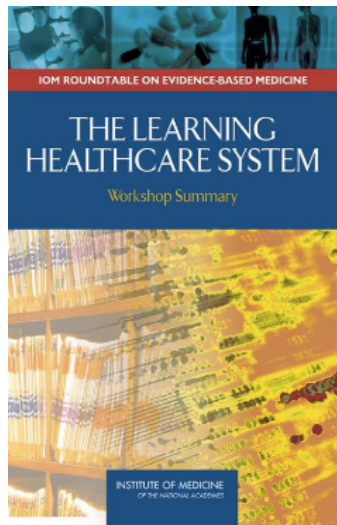
Sarah Mantwill - Department of Health Sciences and Medicine, University of Lucerne, Switzerland

Swiss Learning Health System (SLHS)

Network: 10 universities, 13 institutes/departments

1st funding: 2017 – 2020

2nd funding: 2021 - 2024

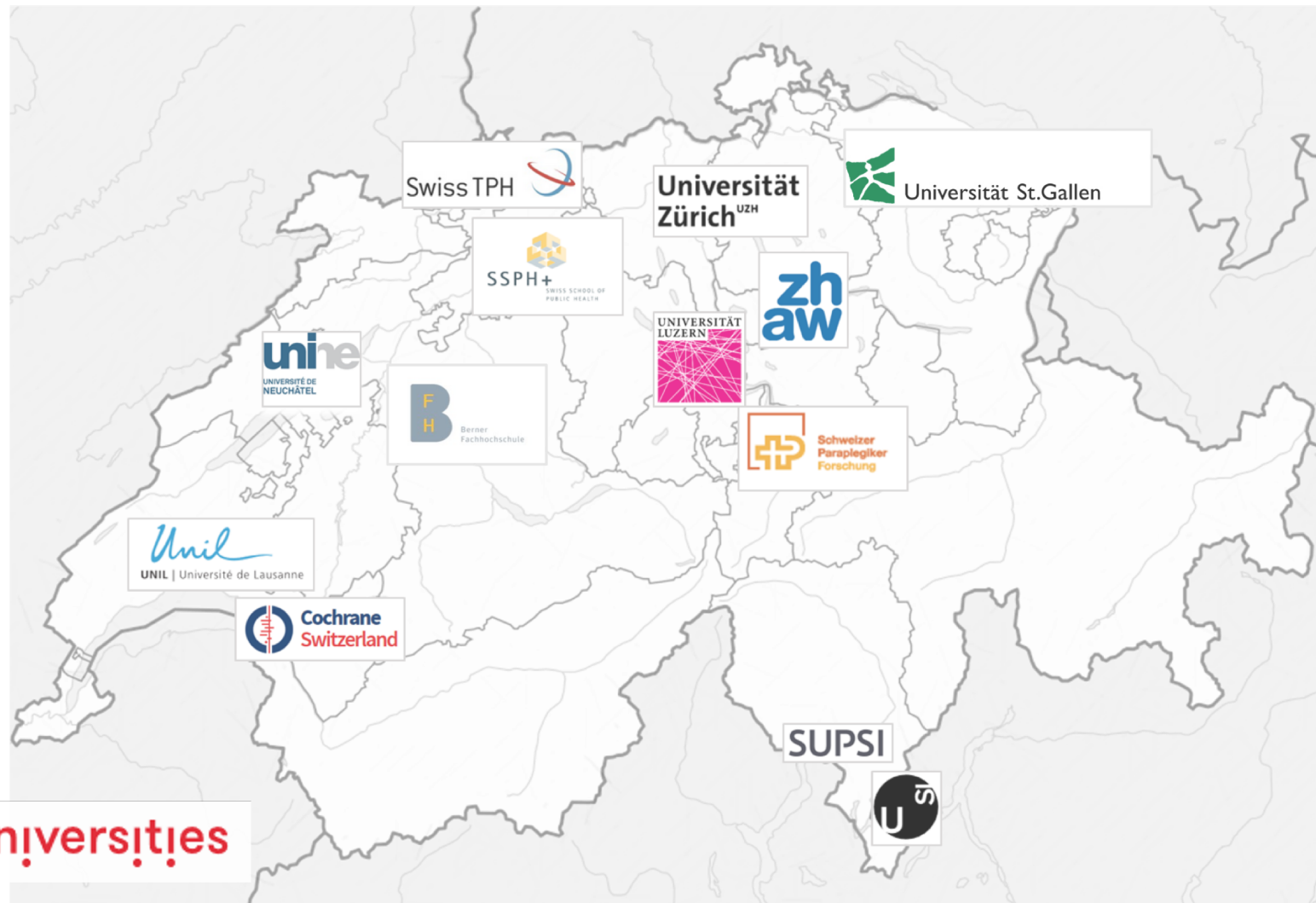


swissuniversities

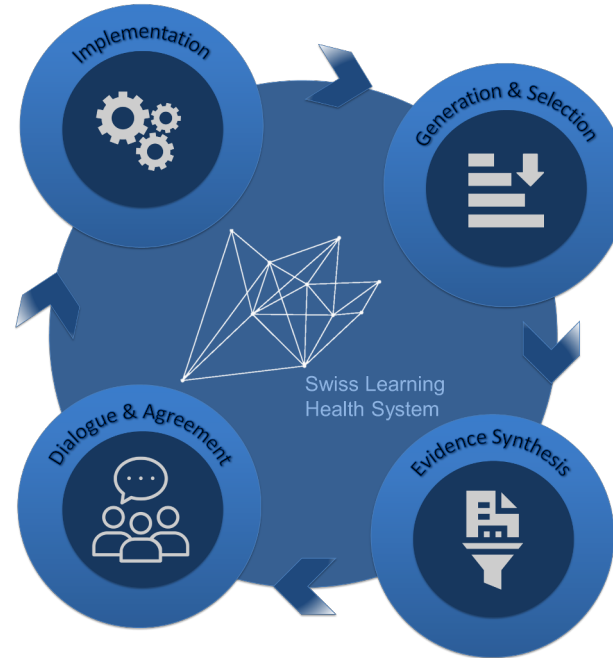


Overarching objective of the SLHS

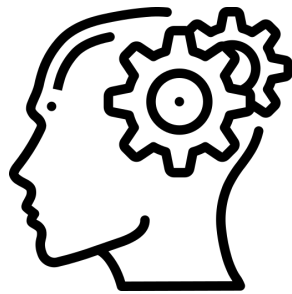
To strengthen the health system and create a culture of shared decision-making in which sound scientific evidence is continuously integrated into the health system.



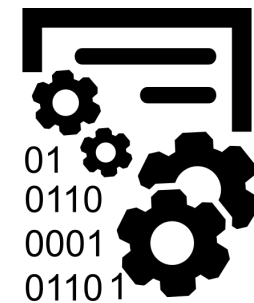
1. Bridging mechanism between research, policy, and practice



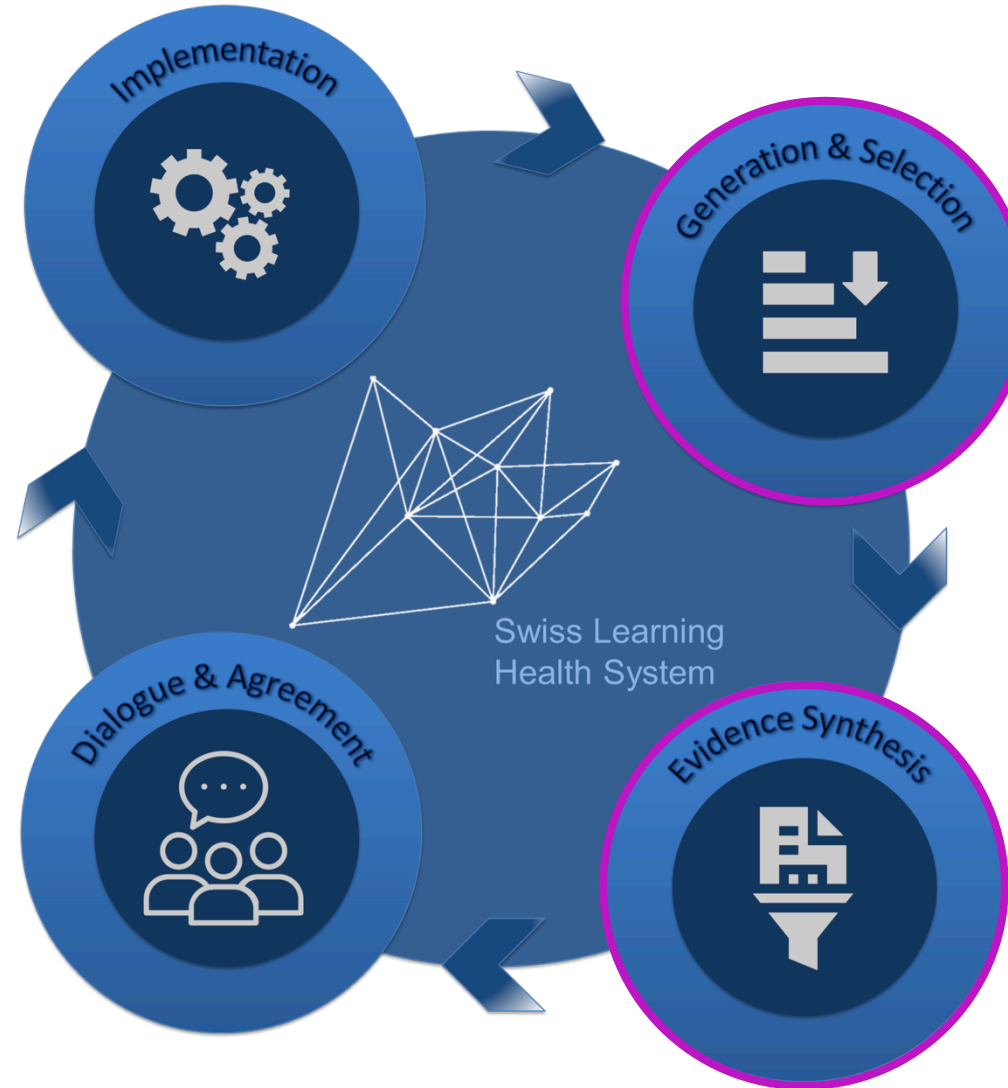
2. **Building scientific capacity** for health systems and services research



3. Developing standards for the **management of health information**



Bridging mechanism between research, policy, and practice



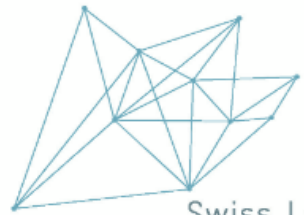
Issue Identification

The SLHS identifies and prioritizes pressing topics and challenges in the Swiss health system.

Policy Briefs

The SLHS produces evidence syntheses (Policy Briefs) as input for stakeholder dialogues.





Swiss Learning
Health System

How can the international guidelines for knee osteoarthritis management be implemented systematically in Switzerland?

Lea Ettlin, MSc
Prof. Dr. Karin Niedermann

Policy Brief #6



Swiss Learning
Health System

Giving patients a voice about cancer care: should Switzerland do more to collect patients' experiences of cancer care?

Chantal Ardit, Isabelle Peytremann Bridevaux

Policy Brief #8



Swiss Learning
Health System

Professionalität in der Bildung

Policy Brief «Bildung»

POLICY BRIEF 35

Screening

When is it appropriate and how can we get it right?

Anna Sagan
David McDaid
Selina Rajan
Jill Farrington
Martin McKee



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RURAL HEALTH POLICY BRIEF

PREVENTING AND TREATING CANCER IN RURAL AMERICA

THE DATA





Cancer is the second leading cause of death in America.¹ Compared to urban areas, rural areas have lower rates of new cancer cases, but the cancer death rate is higher.² Rural areas are also making slower progress reducing new cases of cancer and cancer deaths. Rural residents have higher rates of lung, colorectal, and cervical cancers. Lung and colorectal cancers are among the deadliest. However, these cancers are also preventable. Cancer costs about \$88 billion in health care each year in the U.S.³

ISSUE OVERVIEW

The primary drivers of rural/urban cancer disparities are related to differences in prevention, screening, treatment for cancer patients, and cancer survivorship.

First, rural residents are more likely than urban residents to have important risk factors for cancer, and less likely to have access to preventive care and programs that reduce them.^{4,5} For example, there are higher percentages of smoking⁶ and obesity/overweight,⁷ which increase the risk for some cancers.^{8,9} But rural residents have greater difficulty accessing resources for quitting smoking, physical activity, and healthy eating.^{8,11} They may also have trouble getting cancer-preventing vaccines, such as the HPV vaccine, due to issues of cost. Rural cultural values can also play a role—for example, stoicism and a sense of hardiness can make it less likely someone will seek preventive care.⁴

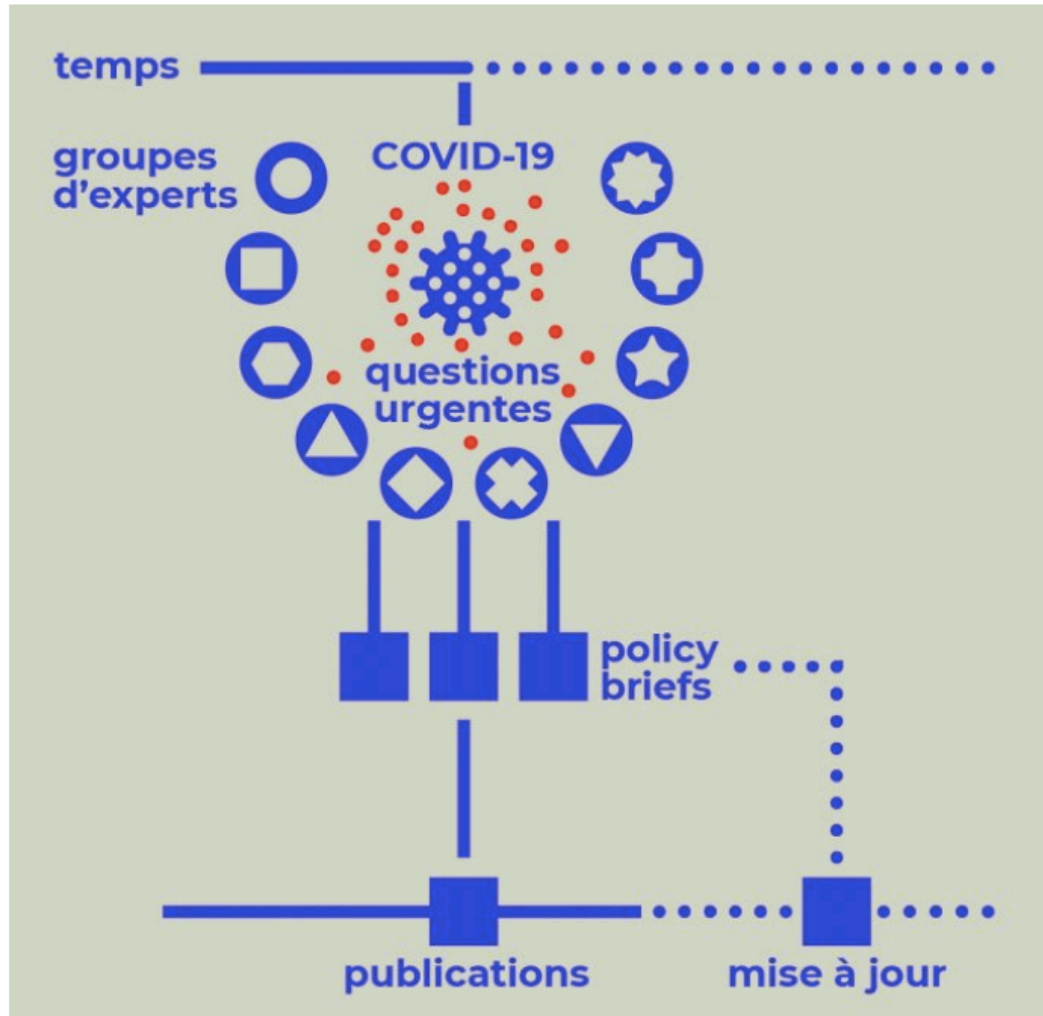
Policy options and other strategies to prevent and treat cancer in rural America:

-  Partner with Faith-based Organizations to Provide Evidence-based Smoking Cessation Resources
-  Offer HPV Vaccinations at Lower Out-of-Pocket Cost
-  Promote the Option of Colorectal Cancer Stool Tests in Traditional and Nontraditional Settings
-  Expand Patient Transportation Options



Centers for Disease Control and Prevention
Office of the Associate Director for Policy

CS291003-A



Policy Briefs

Le groupe d'experts de la Swiss National COVID-19 Science Task Force traite les questions urgentes en lien avec la crise du COVID-19 dans des policy briefs. Ces dossiers thématiques sont examinés et approuvés par le Comité consultatif et publiés sur notre site internet. Les policy briefs reflètent les points de vue de la Task Force sur la situation actuelle. Si cela s'avère nécessaire, ils sont mis à jour selon les nouvelles données ou les nouvelles études en la matière.

What is a policy brief?

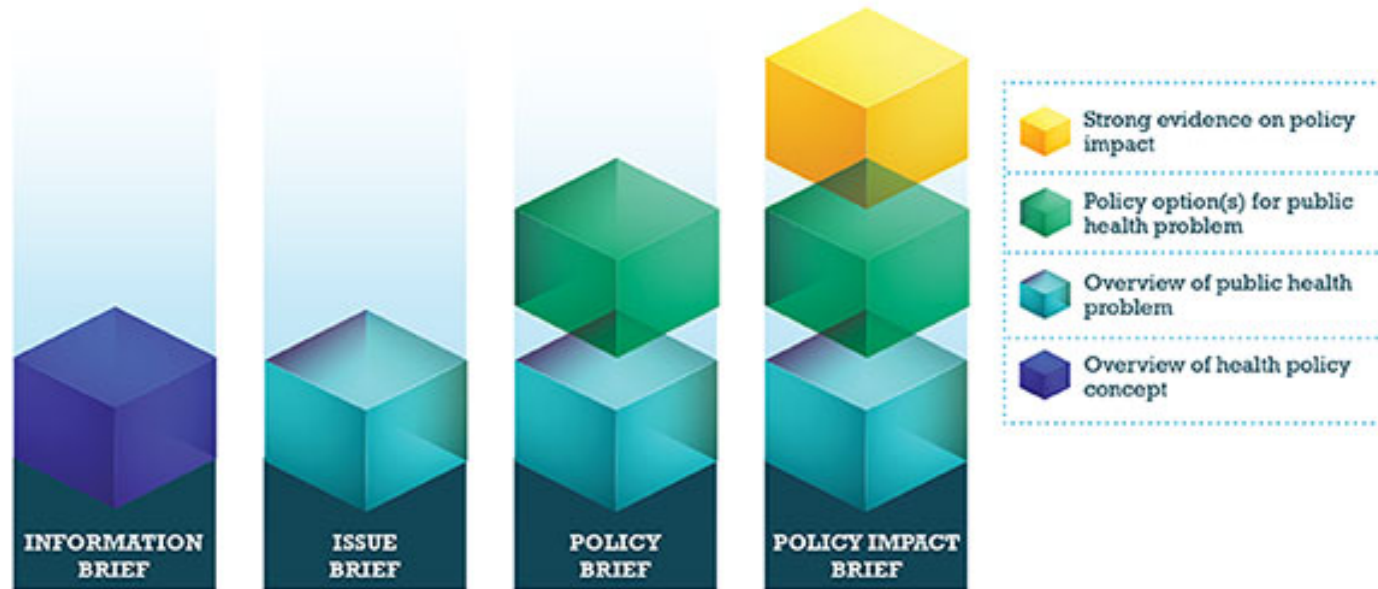
One of the many “definitions”:

Evidence-based policy briefs (or evidence briefs for policy) bring together global research evidence (from systematic reviews) and local evidence to inform deliberations (policy dialogues) about health policies and programmes.

WHO Evidence-Informed Policy Network: <https://www.who.int/evidence/assessing/sure/Publication/en/>

What is a policy brief?

The **Four** Types of Briefing Documents



(9) Centers for Disease Control and Prevention: <https://www.cdc.gov/policy/polaris/training/policy-resources-writing-briefs.html>

What is a policy brief?

Policy Briefs:

- i. describe a problem relevant to decision makers by explaining the relevant contextual factors
- ii. present a number of evidence-based solutions to the problem, and for each possible solution explain all relevant aspects including expected benefits and costs
- iii. discuss potential barriers and facilitators to the implementation of each possible solution

What is a policy brief?

Policy Briefs:

- are a concise summary of a particular issue
- are an effective way of bringing research to the attention of policy (and practice)
- allow to easily and briefly digest research findings
- can reduce potential for important research to be lost due to condensed presentation of findings

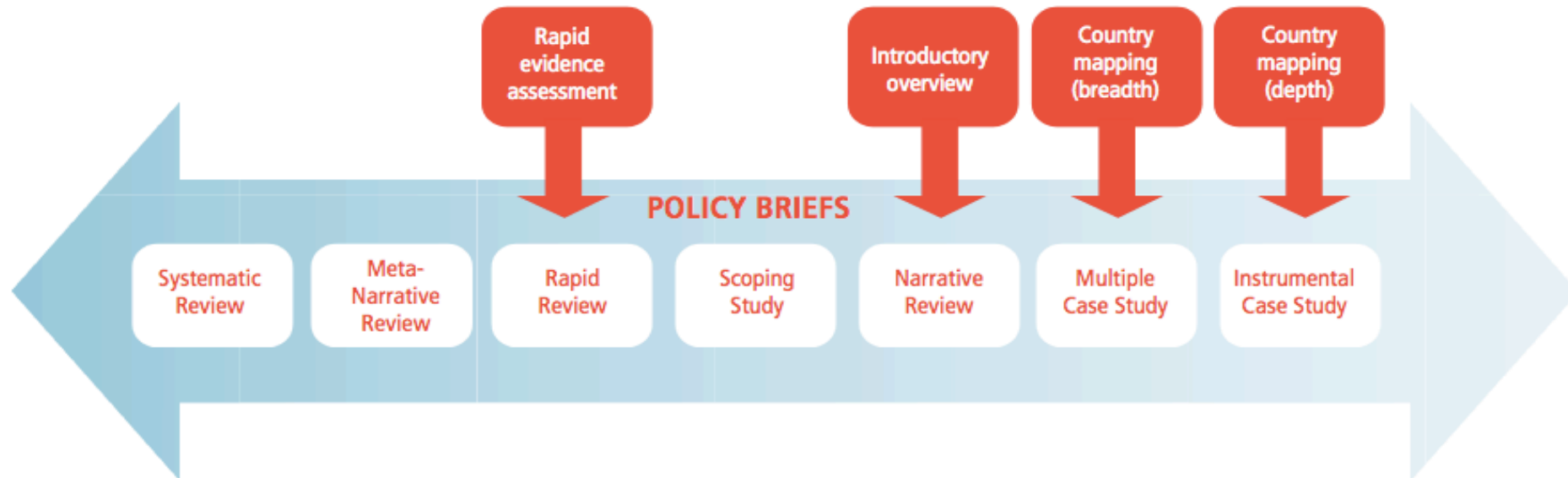
What are the objectives of policy briefs?

- explain urgency of an issue and convince of the urgency (1, 2, 3)
- provide background information / examine the context of an important issue (1, 3, 4, 5)
- stimulate the reader to make a decision (1)
- hook audiences in (6, 7)
- prompt change (4, 8)
- facilitate policy-making (7)
- practical resolution of an issue (9)

(1) Food and Agriculture Organization; (2) International Development Research Center; (3) Overseas Development Institute; (4) Resyst; (5) Population Reference Bureau; (6) International Centre for Policy Advocacy; (7) University of Southampton; (8) Johns Hopkins School of Public Health; (9) Centers for Disease Control and Prevention

Which methods are used for policy briefs?

Figure A: The policy brief spectrum



Source: Erica Richardson

Source: Erica Richardson, European Observatory on Health Systems and Policies

How are policy briefs structured?

- 2-4 pages, max. 8 pages (1, 3, 4, 5, 6, 8, 10, 11)
- 6-12 pages (for specialist policy audiences); 1-2 pages (for more generalist policy audiences) (12)
- One-page key messages, two-page executive summary and 20-page review (13)

(1) Food and Agriculture Organization; (3) Overseas Development Institute; (4) Resyst; (5) Population Reference Bureau; (6) International Centre for Policy Advocacy; (8) Johns Hopkins School of Public Health; (10) DeMarco & Tufts, 2014; (11) National Collaborating Centre for Healthy Public Policy; (12) Biodiversa; (13) WHO, 2020; (14) Center for Health Economics and Policy – Institute for Public Health at Washington University



How are policy briefs structured?

Title (possibly in the form of a compelling question)

Key Messages (possibly as bullet points)

- What is the problem?
- What do we know (and not know) about viable options to address the problem?
- What must be considered for implementation?

Executive Summary

Lavis, J. N., Permanand, G., Oxman, A. D., Lewin, S., & Fretheim, A. (2009). SUPPORT Tools for evidence-informed health policymaking (STP) 13: Preparing and using policy briefs to support evidence-informed policymaking. *Health Research Policy and Systems*, 7(1), 1-9.

Outline of a policy brief

Main Report

- Introduction that describes the issue and context
- Definition of the problem such that its features can be understood by all stakeholders
- Options for addressing the problem
- Implementation considerations

References

Lavis, J. N., Permanand, G., Oxman, A. D., Lewin, S., & Fretheim, A. (2009). SUPPORT Tools for evidence-informed health policymaking (STP) 13: Preparing and using policy briefs to support evidence-informed policymaking. *Health Research Policy and Systems*, 7(1), 1-9.

Who is the audience of policy briefs?

- informed, non-specialists/non-academic (e.g. decision makers, politicians, NGO advocates, journalists) (3, 6)
- national, regional and international policy makers, groups/individuals with access to policy making process (e.g. NGOs, Think Tanks, media, lobbyists, trade unions, CEOs) (16, 17)
- specific and clearly defined (16), NOT targeted at general public (3)

(3) Overseas Development Institute; (6) International Centre for Policy Advocacy; (16) Population Reference Bureau; (17) Research to Action

Who is the audience of policy briefs?

Audience(s)

- politicians
- technocrats
- generalist / civil servants
- the wider public

- regional or national (cantonal)
- international

- background in health and/or other sectors

Capacities / Preferences

- familiarity with the issues
- knowledge of existing evidence
- understanding of technical terms
- capacity to handle different types of evidence

- general interest
- attention span
- style preferences (comparative / experiential)
- literacy-related issues

Source: European Observatory on Health Systems and Policies

How are policy briefs used?

Informing stakeholders

- Dissemination of the policy brief
- Tailored information derived from the policy brief
- Mass media
- ...

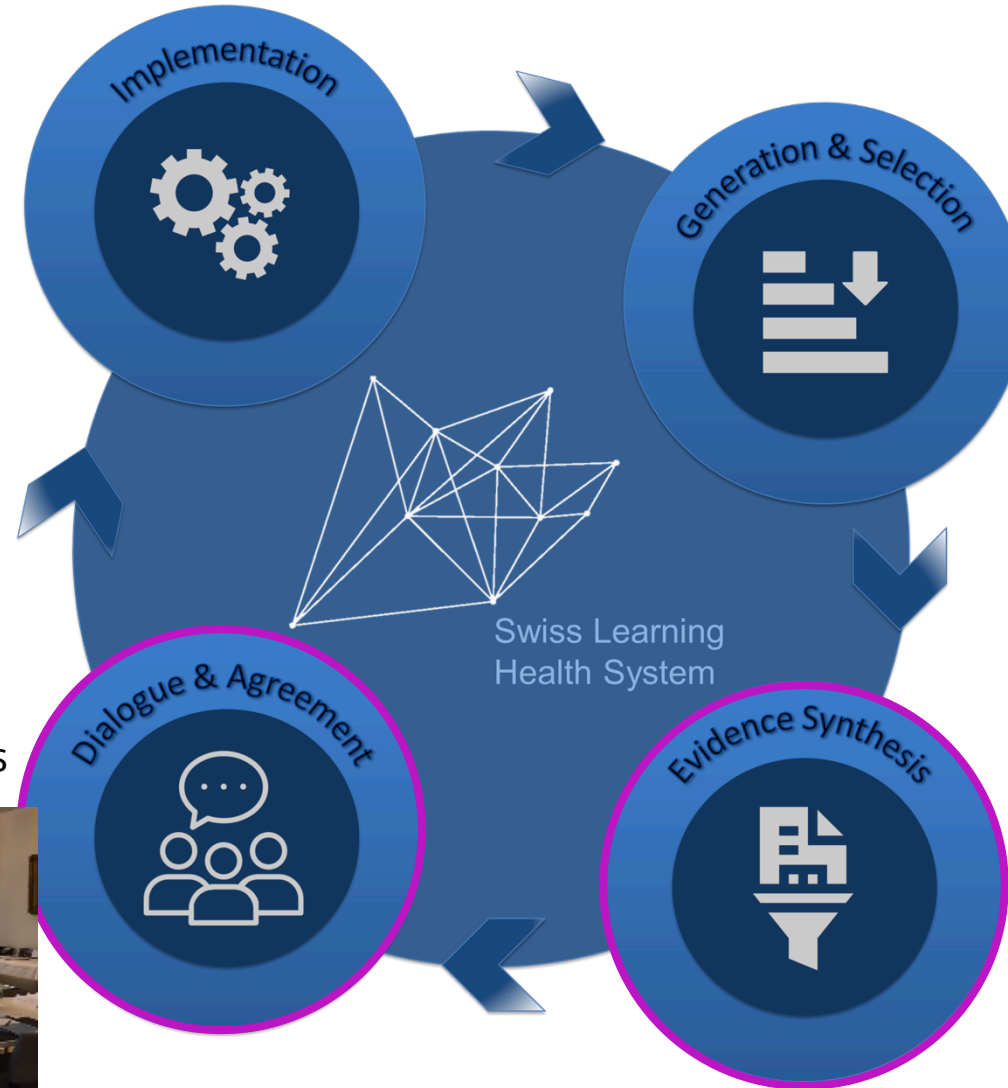
Consulting stakeholders

- Consultation meeting
- Question and answer sessions
- Interviews, focus groups, surveys
- ...

Involving stakeholders

- Policy dialogues
- Targeted briefings or dialogues designed to reach specific audiences
- Electronic process to engage a large or widely dispersed group of participants
- ...

Bridging mechanism between research, policy, and practice



Stakeholder Dialogues

Stakeholder work and discuss issues together to solve problems in the Swiss health system.



Policy Briefs

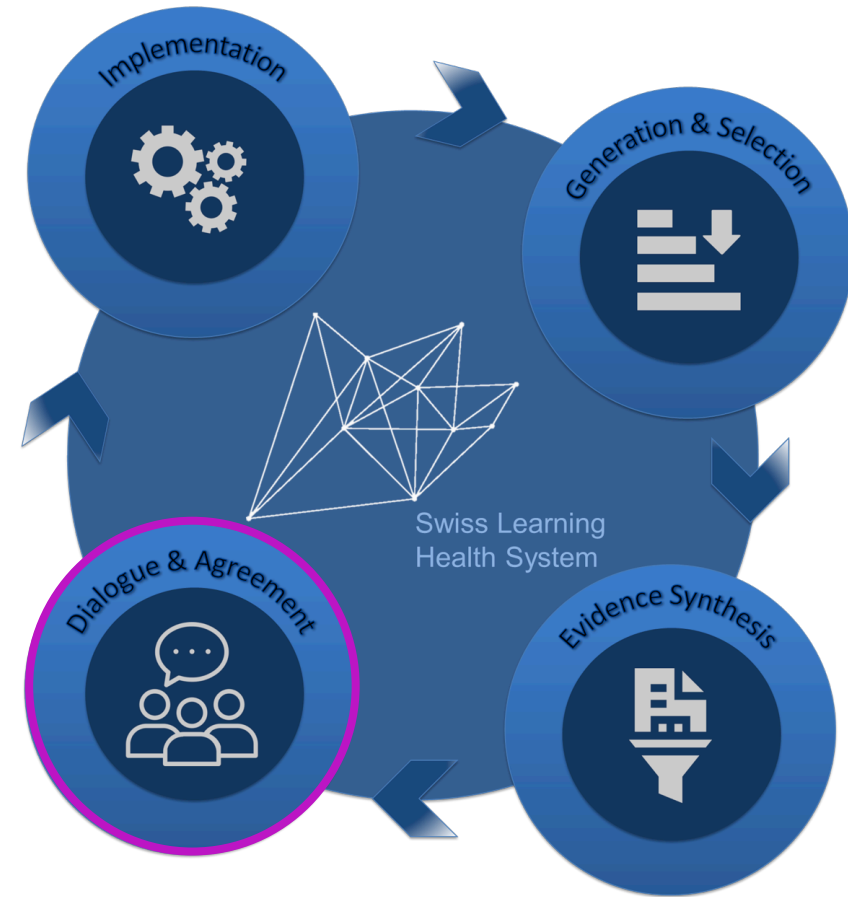
The SLHS produces evidence syntheses (Policy Briefs) as input for stakeholder dialogues.



Stakeholder Dialogue

A stakeholder dialogue is a structured communication process that uses a deliberative dialogue during which two or more stakeholders work collaboratively toward a common understanding with the aim to reach agreement on the problem at hand.

<https://www.slhs.ch>

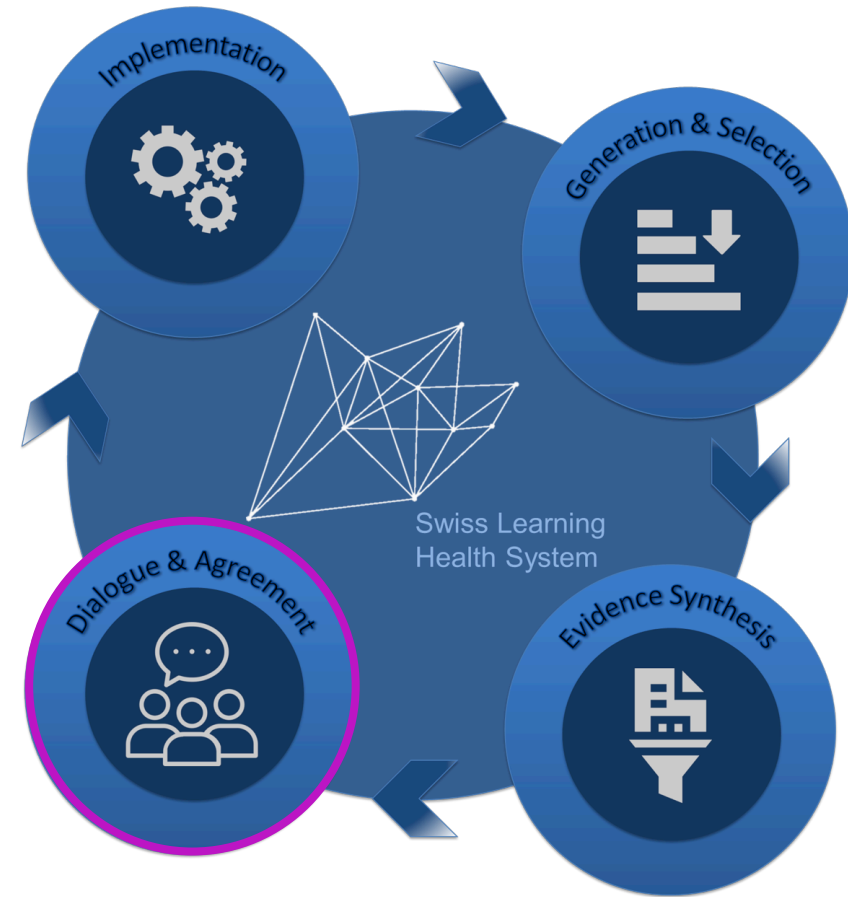


Stakeholder Dialogue

Policy Brief serves as the basis for discussion.

Dialogues follow the *Chatham House Rules*:

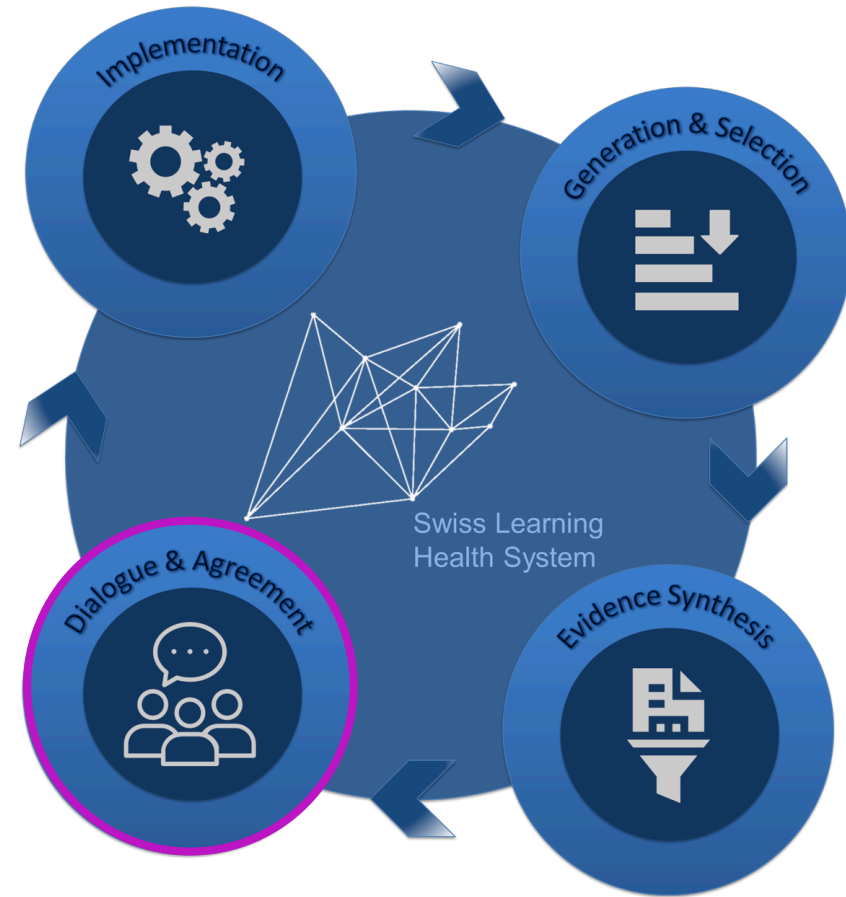
“Participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed.”



Stakeholder Dialogue

Potential outcomes

- planning of course of action
- mission/vision statements
- (signed) agreements
- a product (tool box)
- further/additional research



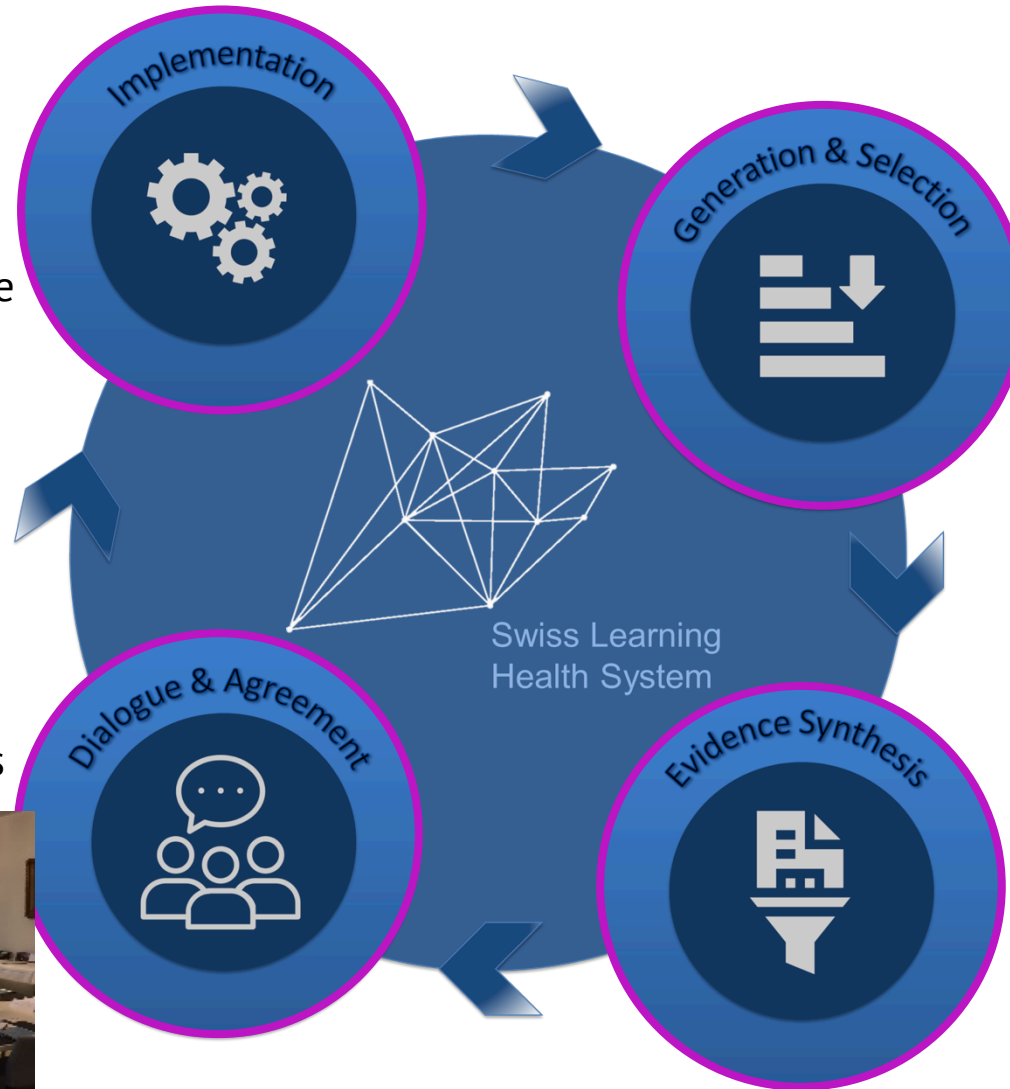
Bridging mechanism between research, policy, and practice

Monitoring and Evaluation

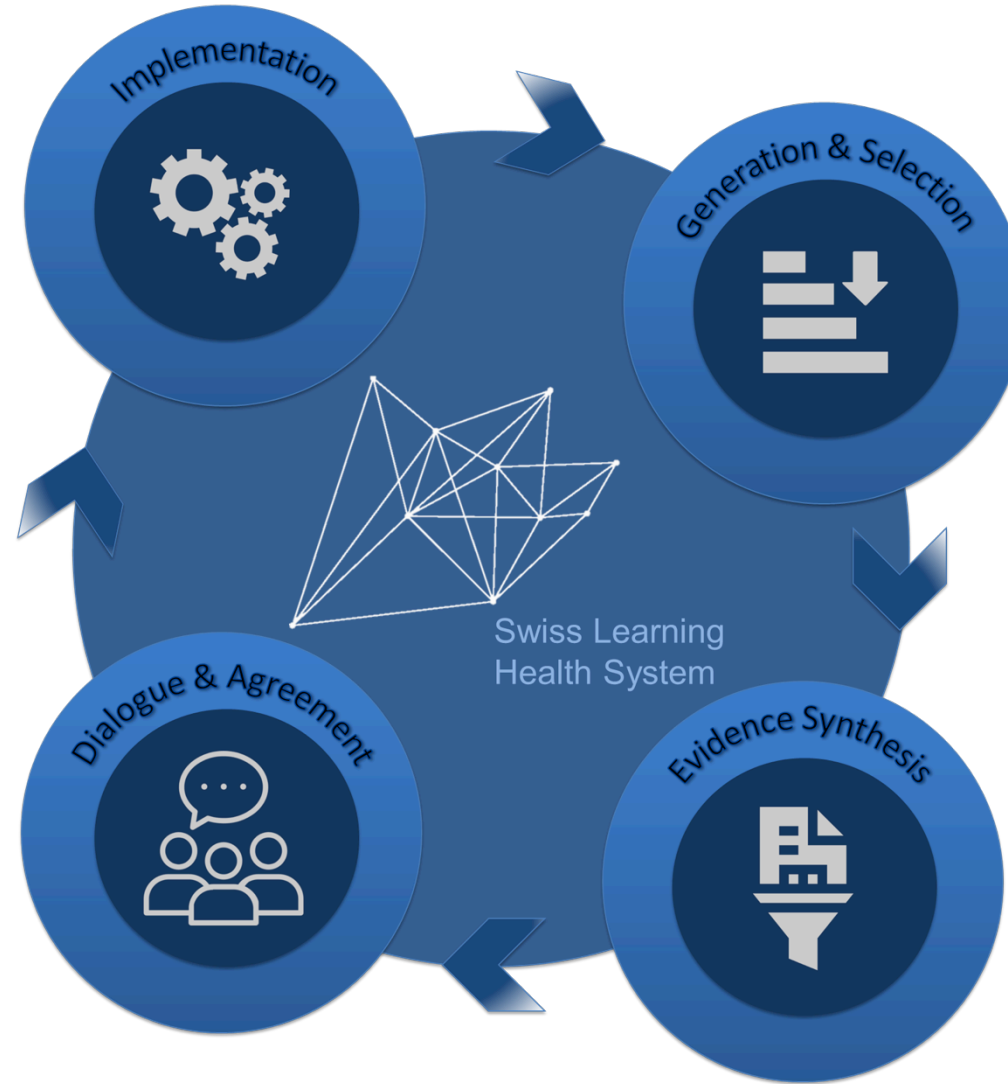
The SLHS monitors and evaluates implementation of measures to enhance the quality of health systems.

Stakeholder Dialogues

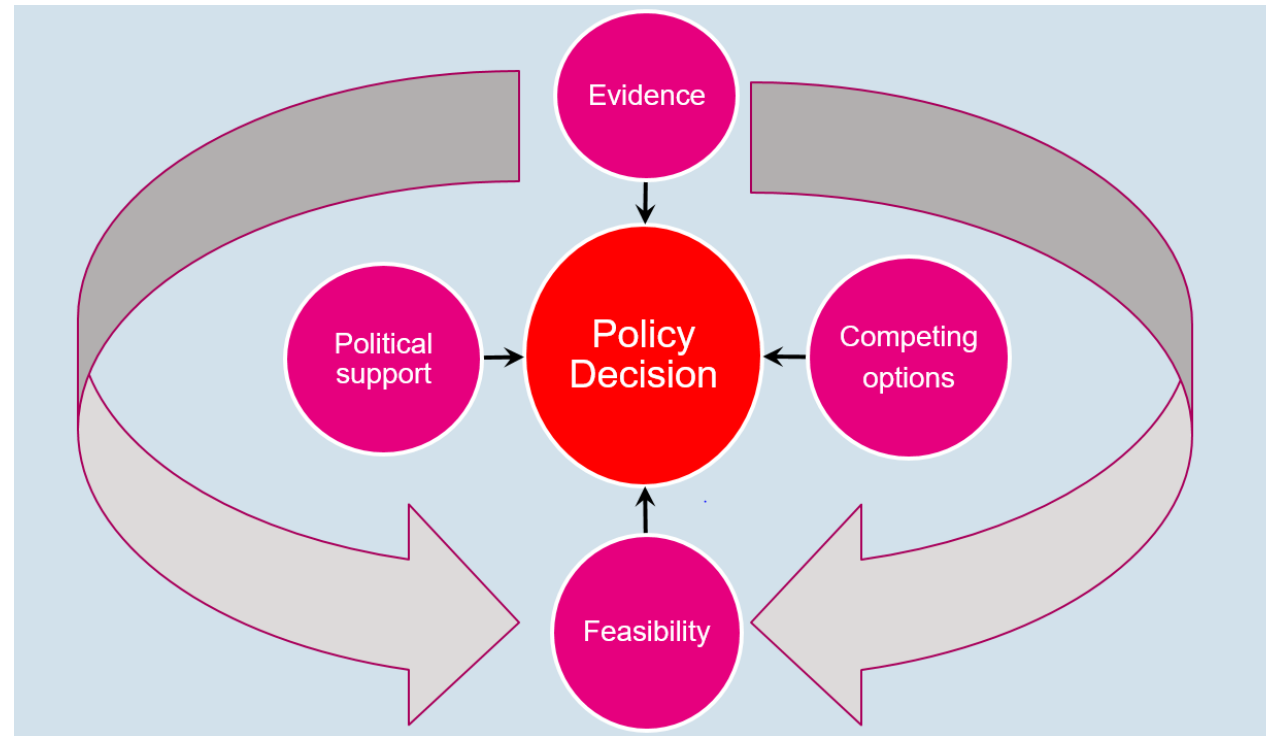
Stakeholder work and discuss issues together to solve problems in the Swiss health system.



One last word of caution...

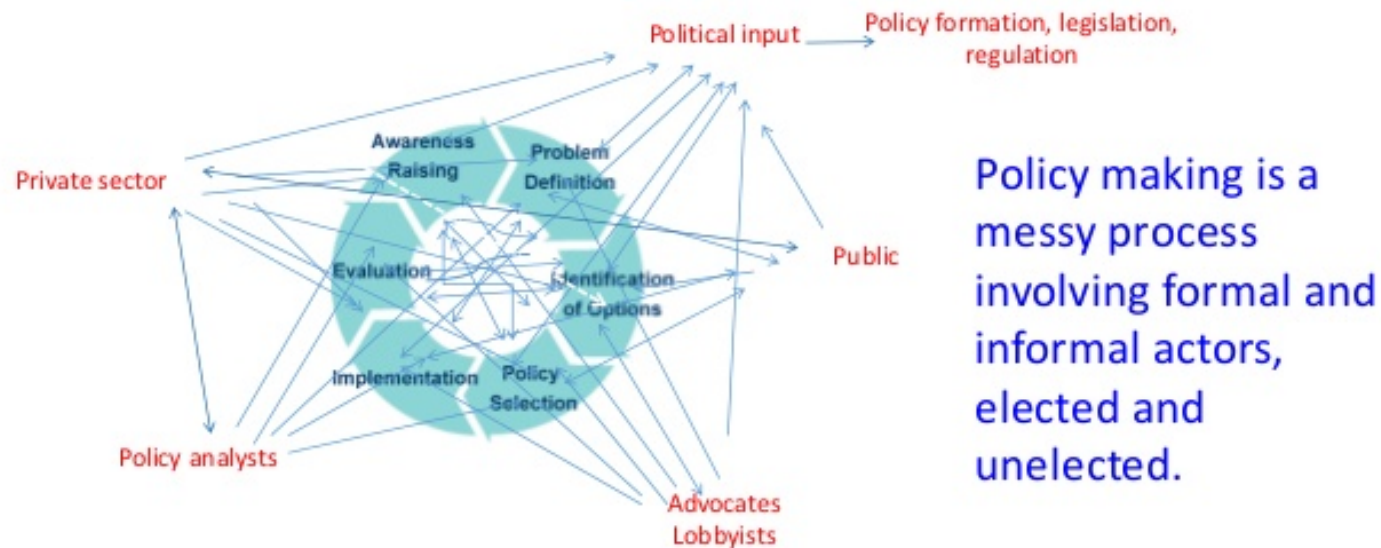


One last word of caution...



Source: European Observatory on Health Systems and Policies

One last word of caution...



Policy making is a messy process involving formal and informal actors, elected and unelected.

Source: Peter Gluckman - Governing better through evidence-informed policy making

Swiss Learning Health System

slhs@unilu.ch
www.slhs.ch