
"Policies for Enhancing Access to Health Services in Deprived Areas"

The Healthy Municipality

MIS Code: 5011021

Deliverable 5.2.1
Designing local health policy plans
(English)_Methodology

The Project is co-funded by the European Regional Development Fund (ERDF) and by national funds of the countries participating in the Interreg V-A "Greece-Bulgaria 2014-2020" Cooperation Programme



The contents of this summary are sole responsibility of the Aristotle University of Thessaloniki and can in no way be taken to reflect the views of the European Union, the participating countries the Managing Authority and the Joint Secretariat

Contents

1.	General requirements and structure of the Local Healthy Policy Plan	4
1.	Local Healthy Policy Plan Methodology	5
2.	Appendix I: Evidence	10
3.	Appendix II: Policy PlanEvaluation Checklist	12
4.	References	15

Introduction

The current methodology is a simplified adaptation of the relevant [American Public Health Association \(APHA\)](#) 2019 methodology for development of policy plans on significant health issues taken by external entities. It aims to provide the basic guidelines for submission and assessment of proposed local health policy plans that fall either within the scope of “The Healthy Municipality” project or beyond. The aim is to provide local authorities with a certain tool to develop and assess proposed health policy plans that fall within their scope and span of decision making, in a uniform and documented way.

It provides a simple template with guidelines for completion for new proposals, as well as certain and common criteria for evaluation. Given the governmental structure of both countries with limited autonomy of local administration, the basic prerequisite throughout the methodology is compliance to central targets and policies of each country’s National Health System and Public Health authorities.

1. General requirements and structure of the Local Healthy Policy Plan

Policy plans must be consistent with National Health System goals, aims and objectives (nationally or locally), be relevant to current or future health issues, especially those identified in the “The Healthy Municipality” project, and avoid conflict of interest or the appearance of conflict of interest between the author’s financial or other personal interests and the goals and policies of the National Health System or Local Authorities.

Each proposed policy plan should represent substantially new content with externally directed action steps, or a major modification (revision or extension) of an existing policy plan. If the new proposal updates or supersedes an existing local policy plan, the new proposal should explicitly call for the archiving of the older existing policy plan.

Policy plans should be comprehensive in nature and review the breadth of evidence-based strategies to address macro-level health problems (e.g. public health preparedness for weather-related disasters), rather than focus on a single intervention or strategy for a niche issue (e.g. emergency response plans for hurricanes). Particular focus should be given to plans addressing the major health issues identified in “The Healthy Municipality” project.

Policy plans should describe and endorse a defined course of action that could range from desired local authorities’ intervention, to calls for new policies and practices for non-governmental organizations and private enterprises. The policy plan can include references to existing time-limited plans, strategies, taskforces, etc.; however, that should not be the primary focus of the policy plan.

Proposed policy plans should identify a health problem and present an objective summary of the problem. Proposals should be concise, and accurately and effectively use references to justify the call for defined action by entities external to the local authorities. The recommended format for proposed policy plans is relatively simple, and should facilitate clear and succinct expression. Proposals cannot exceed 10 pages (1.5 line spacing) in narrative text length or include more than 50 references.

1. Local Healthy Policy Plan Methodology

I. Title: *The title should accurately and succinctly state the health issue and the type of strategy the policy plan addresses (For example "Support for Local Nutrition Monitoring"). The title should not cite a specific act or year.*

II. Author identification *(If multiple authors, please list the primary contact first):*

- a. Name
- b. Organization
- c. Address
- d. Phone Number
- e. Email

III. Sponsorship/co-sponsorship: *Indicate sponsorship/co-sponsorship*

IV. Collaborating Units: *The author(s) must include a listing of other individual member(s) or unit(s) that collaborated on the development of the proposed policy plan either by providing content information, review and/or guidance in its development. The contact information for those collaborators should be provided. If no collaboration occurred, the author(s) should state that as well.*

V. Endorsement: *Indicate any National Health System member unit that has reviewed and is in support of the proposal (prior to submission).*

VI. Summary: *In 250 words or less, summarize the problem statement and recommendations contained in the proposed policy plan (Note: This section should NOT contain any references).*

VII. Relationship to existing National Health System or Local Authorities' policy plans: *In this section authors should identify, and list by name and number all existing active (i.e. not archived) National Health System or Local Authorities' policy plans that relate to this health problem. Authors should explicitly state if there are no existing National Health System or Local Authorities' policy plans related to the health problem to be addressed by the proposed policy plan.*

VIII. Rationale for consideration. Authors must address whether the proposed policy plan:

- a. Updates and replaces an existing (active or archived) National Health System or Local Authorities policy plan. Authors should explicitly state whether the proposed policy plan intends to update and replace an existing policy plan. Authors should summarize the changes/additions and indicate the purpose of the update. Please specify if the policy plan being updated is scheduled for archiving in two years or less.
- b. Addresses a policy plan gap identified by National Health System or Local Authorities staff or the "The Healthy Municipality" project for the current year. Authors should list the policy plan gap indicated for the current year and discuss how the proposed policy plan addresses the policy plan gap; or
- c. Addresses a health issue NOT identified by National Health System or Local Authorities staff or the "The Healthy Municipality" project as a policy plan gap for the current year. Authors should explain why Local Authorities should adopt the proposed policy plan on the health issue.

The 10-page (1.5 line spacing) limit begins with the problem statement section below and ends where the reference list begins.

IX. Problem Statement: This should succinctly describe the health problem(s). In developing the problem statement, authors should address the following scientific issues:

- i. Describe the extent of the problem, including the health and economic burden to the society, using the best available science and evidence.
- ii. State the scientific issue clearly. Use plain language; avoid jargon.
- iii. Document the issue as a public health problem, using a balanced approach.
- iv. Describe any disproportionate impact on underserved populations, and ethical, equitable, economic and political issues if any.
- v. Provide evidence that indicates that the problem is consistent with the state of science.
- vi. Describe any ethical, equitable, economic and political issues (when appropriate).

X. Evidence-based Strategies to Address the Problem: Document what interventions and strategy (ies) is/are being proposed to address the health problem. The interventions and strategy (ies) presented should be based on the problem statement. Examples of strategies include:

- 1) Education of the target audience (e.g., general community),
- 2) Advocacy directed to a legislative or administrative body (e.g., second hand smoke exposure in the community or workplace),
- 3) Further scientific research (e.g., relationship of childhood lead poisoning to criminal behavior),
- 4) Regulation by government (e.g., drug or food products),
- 5) Response to an existing problem (e.g., flu shots recommended or required for all health care workers), and
- 6) Remediation (e.g., to an environmental contamination).

a. What is the scientific evidence that the strategy is likely to have an impact on reducing the problem or is effective and efficient (cost benefit or cost effective)?

b. How big of an impact is it likely to have? Provide reference to scientific or other authoritative evidence for effectiveness of the strategy. Remember to continue the reference numbering sequence started in the problem statement and provide the full citation in the reference section below.

XI. Opposing Arguments/Evidence: Identify opposing evidence or alternative points of view to the proposed policy plan — existence and extent of the problem; the validity of the evidence and ethical, equitable and legal issues when appropriate. Clearly address why each identified opposing argument/evidence is not valid (either in general or in regard to the policy proposal) referencing scientific or other authoritative evidence.

XII. Alternative Strategies (optional): What alternative strategies have been tried or proposed to address the health problem? Who carries out the strategies and what do they do? Give at least one reference to scientific or authoritative evidence that promotes or documents these strategies and provide the full citation below in the reference section. Justify the interventions/strategies proposed above in Evidence Based Strategies to Address the Problem in relation to these alternative strategies (e.g. more cost effective, greater reach, better equipped to address inequity, etc.). Please indicate if there are no counter points to your knowledge.

XIII. Action Steps: Provide action steps for each of the recommended evidence-based strategies listed in section X above.

For each action recommended, please indicate which external entity (NOT Local Authority) should do what to see that the strategies are promoted or implemented. [There should be no references in this section; the evidence or rationale for the actions recommended in these bullets should be provided in other sections of the proposal.] The focus of the action steps should be on policy/principle, and not on specific legislation/regulation. All actions MUST be EXTERNALLY directed to entities other than Local Authority, i.e. Local Authority calls on X entity to do Y. Action steps should be feasible, ethical and

equitable toundertake. They should also be culturally and linguistically appropriate to any affected populations. Authors should consider any unintended consequences of the action steps.

XIV. References*(peer-reviewed, primary sources): Authors should provide appropriate references to scientific or other authoritative evidence regarding the size/scope of the problem. Include the best available references that support the text —relevant peer review or evidence-based/ official documents such as National Health Policy Plan, etc.*

- a. Each reference should be individually numbered and manually entered. Number each new reference the first time it appears.
- b. Provide the full citation for each numbered reference cited in the text of the proposed policy plan.
- c. Provide links to full-text of articles online (when available).

2. Appendix I: Evidence

Evidence has been defined as “the available body of facts or information indicating whether a belief or proposition is true or valid” (Jewel and Abate, 2001). However, not all beliefs are about “facts”, e.g., our moral beliefs reflect value judgments, and propositions can refer to values and norms as well as facts.

Evidence is not to be seen as the equivalent of proof. Following APHA’s approach, we are defining **evidence** as any observation that raises the probability that a given factual statement is true. Thus, evidence is always considered with regard to a given factual statement, where a factual statement is an assertion of a claim about “facts” (as opposed to values or norms).

The following are examples of three different types of factual statements relevant to a health action or policy:

- *Associative: Agent A is associated with outcome B*
- *Causative: Agent A causes outcome B*
- *Proxy: Agent A (e.g., case rate for malaria) approximates B (incidence of malaria) when direct observation or estimation of A is not possible*

A health action or policy recommendation should take into account the best available evidence for all relevant factual statements, including the existence and nature of a given health problem and the likely outcomes of a proposed policy or intervention. However, note that evidence for the existence of a given health problem is not the same as evidence that a proposed intervention will fix the problem.

Table 1 provides a summary look at the types of evidence employed by the various academic disciplines in no order of hierarchal importance.

Table 1. Types of Evidence

Type of Evidence	Characteristics
Empirical	Derived from experience that results from observation and experiment (as opposed to theory). Very heavily used in the sciences, empirical evidence is also relied upon in the humanities and social sciences.
Experimental	An experiment is typically used to test a hypothesis or theory. Replication of the results is the standard test of validity. Experimentation is a form of empirical evidence and is very prominent in sciences.
Authoritative	A common way of supporting a claim is to cite an authority's views or estimate of the problem.
Statistical	A primary tool for those in the natural and social sciences. It is important not to take statistics at face value, but to critically evaluate the appropriateness of the statistical test and the relevance of the finding.
Textual	Although most forms of evidence are typically textual (words on a page, images, video footage, etc.), here we are referring to instances where the "language" itself is fundamentally important, i.e., parts of the text must be explained and argued for. This type of evidence is frequently used in literary studies, but also in law, media studies and other fields.
Media	Newspaper, television, internet accounts by established news media personnel and posts by individuals.

3. Appendix II: Policy Plan Evaluation Checklist

I. Format: Is the proposal in the correct format, as outlined in the format guidelines? Are all the required sections included and labeled?

II. Title: Does the title accurately reflect the problem statement, recommendations and/or action steps?

III. Relationship to existing National Health System or Local Authorities' policy plans:

- a. Is there an existing National Health System or Local Authorities' policy plan that covers this issue?
- b. What is the relationship to existing or archived National Health System or Local Authorities' policy plans?
- c. Does the proposal update the science of an older policy plan?

IV. Rationale for consideration.

- a. Does the author adequately describe the relevance and necessity of the proposed policy plan?
- b. Does the proposed policy plan address a policy plan gap or requested update?
- c. If the proposed policy plan updates an existing plan, is the rationale for the update well supported?

V. Problem Statement. Does the problem statement adequately describe the extent of the problem?

- a. Does description of problem include the best available scientific evidence?
- b. Are there important facts missing?
- c. Does that proposed problem statement describe any disproportionate impact on underserved populations?
- d. Does the proposed problem statement describe any relevant ethical, equitable, economic and political issues?

VI. Evidence-based Strategies. Does the proposal describe what interventions and strategies are being proposed to address the health problem?

- a. Are the proposed strategies evidence-based?
- b. Does the proposal provide reference(s) or scientific evidence regarding the effectiveness of each listed strategy? Does the proposal include scientific evidence that the proposed strategies are likely to have an impact on addressing the problem and describe the potential impact the strategies are likely to have?
- c. Are the proposed strategies ethical, equitable and reasonable?
- d. What other strategies should be considered?

VII. Opposing Arguments/Evidence. Does the proposal include opposing and/or alternative points of view to the proposal?

- a. Does the proposal adequately refute the opposing viewpoints?
- b. What are the strengths and weaknesses of the evidence presented? Is there important evidence missing (i.e., Is this the best available literature and references)?
- c. Are any opposing views missing?

VIII. Alternative Strategies (if included): Does the proposal:

- a. Document evidence on what alternative strategies have been tried or proposed to address the health problem?
- b. Explain who carries out the strategies and what do they do?
- c. Justify the interventions/strategies proposed above in Evidence Based Strategies to Address the Problem in relation to these alternative strategies (e.g. more cost effective, greater reach, better equipped to address inequity, etc.)
- d. Indicate if there are no counter points to the author's knowledge?

IX. Action Steps: Are the action steps:

- a. Externally-directed (i.e. directs an external entity, NOT Local Authorities, to promote or implement a specific strategy)?

- b. Focused on policy/principle and not on specific legislation/regulation?
- c. Supported by the best available evidence or rationale documented in the proposal?
- d. Evidence-based, feasible, ethical and equitable, and directly tied to the evidence-based strategies listed earlier in the policy?
- e. Culturally responsive to the under-represented and underserved populations being addressed (if appropriate)?

X. References: Does the proposal:

- a. Include references that are connected to the text?
- b. Include references from peer-reviewed, up-to-date and best available primary sources?
- c. Provide the full citation for each numbered reference cited in proposal?
- d. Include references that are individually numbered and manually entered?

4. References

American Public Health Association (APHA), 2019. Proposed Policy Statement Submission Guidelines. Retrieved 6/4/2019. Available at: https://www.apha.org/-/media/files/pdf/policy/author_guidelines.ashx?la=en&hash=630F325DF031F1309D4E4AA79D9F970069AFBD88.

Jewell EJ, Abate F. (Eds.) (2001). *The New Oxford American Dictionary*. New York: Oxford Univ. Press

