

# 10.K. Workshop: Health assessments in support of decision-making

Organised by: EUPHA section on Health impact assessment, EUPHA section on Health services research, EUPHA section on Public health economics, EUPHA section on Public health practice and policy and WHO

Contact: rainer.fehr@uni-bielefeld.de

Chairperson(s): Rainer Fehr - Germany, Piedad Martin-Olmedo - Spain

The commissioning, production, and utilization of health assessments of various types (assessment of status/impact/technology/systems performance) is part of the working routine within the health sector and in other sectors, e.g. environment or economy. WHO, the European Commission, governments and agencies on all administrative levels are producers and users of health assessments which are meant to support knowledge transfer and evidence-based governance. Various sections within EUPHA deal with such assessments. Working together, these sections now strive to jointly produce comparative synopses, to analyse commonalities/differences across assessment types, to identify their specific strengths and weaknesses, and to utilize mutual learning opportunities. The sections also explore options for an advanced “toolkit” of assessments, supporting the science-policy interface – especially on intermediate and lower administrative levels which may be particularly short of manpower and resources.

Such assessments, in the future, may be recognized for securing best use of evidence for decision-making. From this perspective, they should be included into Public Health curricula on a regular basis, preferably in an integrated way. Similarly, ways should be explored to advance various types of assessments in joint projects, thus fostering useful “co-evolution”.

In coordination with the respective EUPHA sections, the issue (including Monitoring & Reporting, Health Impact Assessment, and Health Technology Assessment as well as their relations to epidemiology and Public Health practice/policy) was discussed in earlier workshops (EPH 2014, 2015) and endorsed in EUPHA section council meetings 2015 and 2016. A joint publication on health assessments is being prepared.

The suggested third workshop has three interrelated goals: (i) to complete the round of “basic” presentations, i.e. on Health Systems Performance Assessment (HSPA) and on Economic Evaluation. (ii) to continue exploring the role of health assessments for evidence-based governance and policy-making, acknowledging the existence of “evidence-centered” networks and initiatives (which so far do not focus on health assessments), and (iii), relatedly, to identify training needs and opportunities.

The format of this workshop is: 5 presentations (10 min each), each of them followed by brief discussion; 30 min discussion with the audience.

EPH 2014 conference: Workshop “Health Technology Assessment and Health Impact Assessment – Two key examples of health assessment” (EJPH vol.24, suppl.2, 20-1)

EPH 2015 conference: Workshop “Health assessments: Status and perspectives of basic and advanced approaches” (EJPH vol.25, suppl.3, 246-8)

## Key messages:

- Based on 2014 & 2015 predecessors, the workshop illustrates how health assessments gain shape and visibility for evidence-based policy-making, both within and beyond the health sector
- The integrative notion of health assessments calls for novel, practice-based approaches for educational curricula, and can add significantly to the development of Public Health leadership

## Health Systems Performance Assessment

Judith de Jong

*JD de Jong*

NIVEL, Utrecht, The Netherlands

Contact: j.dejong@nivel.nl

### Background

For policymakers it is important to be able to make strategic decisions in order to meet desired outcomes. In order to be able to do so it is necessary to have an overview of the whole system and its outcomes. By benchmarking, insight can be gained in what works under which circumstances. With Health System Performance Assessment (HSPA) a ‘health check’ of the health system is provided.

### Methods

HSPA can be performed at different levels. For these different levels appropriate information is necessary. How advanced the assessment is depends on the availability of the data and whether it should address the system as a whole or part(s) of the system. We searched for examples at a local, national and international level.

### Results

Three examples of HSPA will be presented, one each from local, national and international level. These examples show the differences in the use of HSPA. Common thing is that existing sources and newly generated data are combined, e.g. administrative data with survey data.

### Conclusions

Depending on the needs and resources, HSPA can be used in different ways and produces a variety of results. HSPA can encourage a dialogue, can reveal conflicting health system values or objectives, can help in setting priorities for better performance, can highlight data gaps or reveal problems with data quality. For HSPA, not the collecting of data is essential, but translating the data into policy information.

## Do economic evaluations add value to health assessments in the decision-making process?

Tek-Ang Lim

*T-A Lim*

French Institute for public health surveillance (InVS), Saint-Maurice, France

EUPHA section on Public health economics

Contact: tekanglim@yahoo.com

### Issues

Economic evaluations provide complementary indicators of health impacts both for evaluation of public health (PH) interventions and/or of various risk factors. The indicators from economic evaluation are widely available to support decision-making. Economic evaluations have started in the 19th century mainly for water resource management projects. The methodology has been extended to other issues such as education, road safety for instance. There are many types of economic evaluations in practise (cost benefit, cost effectiveness, social return over investment) however, they rely on evidence and data and should be adapted in order to be useful to determine the best allocation of resources in PH.

### Methods

Economic evaluations have been applied in PH to quantify the overall monetary impacts of risk factors and interventions. The reports and recommendations drawn from the studies have been implemented by networks working in the field of health prevention and education. This presentation will illustrate economic evaluations on two very different topics, first, urban air pollution and second, hand-hygiene interventions against healthcare associated infections. Notwithstanding the effort of international networks in promoting economic indicators in PH, the implementation is not always straightforward. The

challenges related to population dynamics combined with low financial resources suggest that economic evaluations should be more often implemented in order to enable a better allocation of resources based on evidence, specifically in determining the most cost effective PH programs that have the greatest benefit for the population.

#### Results

Economic evaluations may contribute to enhance the effectiveness of decision making by providing information on optimal allocation of resources. It is crucial to adopt a multidisciplinary approach in order to develop a more robust and comprehensive framework for health assessment in the decision making process.

### Evidence-informed Policy-making – Where is the place for health assessments?

Tim Nguyen

T Nguyen

Evidence and Information for Policy-Making; Division of Information, Evidence, Research and Innovation; WHO Regional Office for Europe, Copenhagen, Denmark  
Contact: NguyenT@who.int

#### Background

Evidence-informed policy-making (EIP) aims to ensure that the best available data, information and research evidence are used to formulate policies to improve the health of individuals and populations. A large quantity of evidence is available; however, it is dispersed in various databases, of diverse quality, and is seldom synthesized and assessed in a way that responds to a specific policy question.

#### Methods

The presentation focusses on knowledge translation, the dynamic interface that links health information and research with policy and practice. Several methodologies and approaches such as health technology assessment, health impact assessment, health equity assessment, and health systems performance assessment can be classified according to the six steps in knowledge translation (KT). These tools are available to researchers and decision-makers to foster EIP. We will discuss how the methodologies and approaches described above are used in practice and under what circumstances. If they add value and, if so, how do we know?

#### Results

Our classification of methodologies show linkages where and why these approaches are being used to broker evidence into decision making. They differ in three key dimensions. First, the intervention of assessment can be broad from a concrete technology to an overall health policy or programmatic change. Second, the methodologies used to demonstrate that such interventions have impact or bring desired change and third, who is asking for such an assessment.

#### Conclusions

Evidence is of limited value until it is used to improve the health of individuals and populations. For policy-making to be well-informed, it is essential that systematic and transparent processes are applied when accessing and appraising the evidence. Health assessment tools can play a major role to make best use of existing evidence. However, policy-makers need to better understand where, why and when to use different health assessment approaches.

### Fostering receptive policy settings for Health Assessments: power, process, and personality

Marleen Bekker

M Bekker

Radboud University School of Management, Nijmegen, The Netherlands  
Health Services Research, Maastricht University, Maastricht, The Netherlands  
EUPHA section on Public health practice and policy  
Contact: m.bekker@maastrichtuniversity.nl

#### Context and goals

In order to increase the utilization of evidence from Health Assessments in policy and decision-making it is of vital

importance to understand the underlying logic of policy and decision-making processes. The goals of this presentation are (a) to contribute to exploring how the role and influence of health assessments can be increased for evidence-based governance and policymaking by presenting a recent framework for Evidence-Informed Policymaking (EIP), (b) sharing some aids for policy diagnosis, process management, and the allocation of different roles, and (c) identify training needs and opportunities.

#### Results

First, we provide an overview of differences as well as similarities in producing research and policy. While the differences help in understanding why evidence-based policy is not straightforward or self-evident, the similarities might help to actually create common ground and shared goals in specific cases. The recent EIP framework builds on this type of 'policy evidence', addressing four main components: (i) a co-productive mindset; (ii) alignment of goals, timing and authoritativeness; (iii) institutionalising intermediaries and partnerships; and (iv) enhancing stakeholder involvement for research impact.

#### Conclusions

Tools are available to help contextualise and embed health evidence from HA into a receptive policy setting in an early stage, understanding, influencing and mobilising the power resources of policy stakeholders, setting the stage for developing trusting relationships while ensuring the independent and unbiased production of health evidence, and using personality in distinguished roles of the expert, knowledge broker, process manager, policy entrepreneur, and boundary spanner. Besides cognitive competences these roles also require attitudinal skills and normative and reflexive capabilities. Together these building blocks of receptive policy settings present new challenges to training and education in public health.

### Public health leadership and training opportunities for health assessments

Martin Mengel

M Mengel<sup>1</sup>, KM Czabanowska<sup>2</sup>

<sup>1</sup>Agence de Medecine Préventive, Paris, France

<sup>2</sup>Leadership for European Public Health (LEPHIE), Faculty of Health, Medicine, and Life Sciences, CAPHRI School for Public Health and Primary Care, Maastricht University, Maastricht, The Netherlands  
Contact: mmengel@aamp.org

Health Assessments (HA) are powerful instruments which protect and promote health, and health equality. Constituting a complex and delicate field at the intersection of policy, practice and research, they require specific skills to be effective in communicating within different contexts and professions. Training public health professionals in leadership skills is a key component of health-systems strengthening. The aim of this presentation is to raise the awareness and stimulate the discussion about the meaning of contemporary public health leadership and its relevance in education and training based on an immersive and experiential case study.

We propose the Public Health Leadership Competency Model which can serve as a theoretical and evidence-based framework for leadership training for public health professionals dealing with HA. The content and context is best addressed through real life experiences of professionals. In an experiential case study, the participants receive a comprehensive training in leadership theory, next the case which unfolds along a pan-European disease outbreak. Following the evolution of events from when the outbreak is first notified until counter-measures are implemented, the participants have to research, process and use evidence and propose solutions including the knowledge and skills related to leadership, communication, dealing with power and negotiations amongst stakeholders at national and European level.

Public health leadership competencies can support effective inter-sectoral and interdisciplinary communication; therefore, Public health leadership training can benefit health

professionals working on and/or with HA. Experiential case studies can serve as an effective training tool towards leadership competencies for working in HA. Public health

leadership should be included in HA courses at the master and post-graduate level. Whether course designers and professionals are ready for that still remains a question for a debate.