

Field of Dreams:
Strengthening Health Policy Scholarship in Canada

Symposium Summary Document

June 2008
McMaster University



Preface

On November 2, 2007 CHEPA hosted an invitational symposium to reflect on the field of health policy in the Canadian context and to develop an action plan for strengthening it in the future. Thirty-five participants from across Canada attended the symposium, as well as two invited international speakers from the United States and the United Kingdom. The group comprised a mix of health policy educators and researchers, university Deans and graduate students, and current and former health policymakers. A background paper was circulated in advance of the meeting and is available from CHEPA upon request.

Over the course of the one-day meeting, participants began a dialogue that covered the following topics:

- Broad reflections on the evolution of the scholarly field of health policy in Canada and other jurisdictions;
- Identification of major scholarly and applied contributions to health policy discourse;
- Exploration of the field's unrealized potential and areas requiring future attention; and
- Specification of the basic building blocks for producing an action plan to strengthen Canada's health policy research capacity and infrastructure.

Several invited speakers catalysed discussion by offering reflections on international and Canadian health policy scholarship and practice. The morning plenary sessions informed small group discussions held in the afternoon to identify the supports required in the areas of *research*, *education* and *community building and exchange* to strengthen Canadian health policy scholarship. Each group was given a set of questions to address (Appendix 1) and reported back to the full symposium on their deliberations and concrete action items for carry forward following the symposium. By the end of the day, an ambitious list of priorities and guiding principles were generated for future action. Attention to curriculum development and the creation of new policy-informing research agendas were highlighted for immediate attention. Finding effective and efficient exchange vehicles for academics, researchers and policymakers to interact meaningfully was also stressed – vehicles that were considered essential to enriching health policy scholarship and the domain of public policy it seeks to inform.

In the report that follows, we summarize the key messages and priorities for action that emerged from the day's discussions and offer some suggestions for next steps. We are grateful to the Institute for Health Services and Policy Research at CIHR and McMaster's Collaborations for Health initiative for the financial assistance provided to organize this symposium.

On behalf of my health policy colleagues in CHEPA, I'd like to thank symposium speakers and participants for their lively and thoughtful contributions throughout the day. We look forward to more of these exchanges over the coming months and years.



Julia Abelson, PhD
Symposium Chair

Session 1: Defining and Mapping the Field of Health Policy

Speakers: Gwyn Bevan, London School of Economics (U.K./European perspectives)
Mark Schlesinger, Yale University (U.S. perspectives)
Carolyn Tuohy, University of Toronto (Canadian perspectives)

Each plenary speaker was asked to reflect on the question of how health policy scholarship and its associated institutional arrangements have evolved over the last 15-20 years. *Gwyn Bevan* led off the panel with U.K. and broader European perspectives. He discussed the evolution of health system reform scholarship, critiqued early studies that offered superficial descriptions of single-country experiences and called for more rigorous cross-country comparisons to advance scholarship. Bevan emphasized the need for health policy scholarship to “feed back to the disciplines upon which it draws” such as economics, sociology and political science.

Mark Schlesinger described the fundamental weakness of the U.S. health policy enterprise as “our failure to realize the importance of historical perspectives and lessons”. Using the images of ghosts and whispers, Schlesinger argued that flawed perceptions of policy failures have haunted or constrained the analysis of current policy issues. For example, the disenchantment with, subsequent backlash against, and regulations imposed on U.S. managed care organizations in the 1990s have inhibited health policy studies of the impacts of these regulations because the “flawed” managed care system is not deemed worthy of academic scrutiny. The former Health System Planning agencies and their legacy of inherent weaknesses have similarly led to an unfortunate and premature abandonment of the health system performance monitoring agenda. Schlesinger discussed the need for the scholarly community to define the scope of health policy scholarship more broadly – especially to engage historians in accounts of past events with the purpose of identifying lessons to inform current policy.

Carolyn Tuohy offered two depictions of the field of health policy. In one depiction she described the field as sharing a set of animating questions that are typically cross-national in scope and that evolve over time and engage scholars in international conversation. But she also portrayed the field as being shaped by the domestic context of policy scholars, which drives a particular set of questions and investigations, and shapes the institutional arrangements that support the field in that particular context.

Tuohy described the health policy field in Canada as becoming more institutionalized through the establishment of its own journals and dedicated funding agencies. However, she suggested provocatively that ideological biases among scholars have possibly inhibited progress in the field. For example, she cited a focus on the Canadian context and the attachment to Canada’s first-dollar, single-payer model, as habits of complacency that “stalls” progress toward new knowledge in the field. To encourage the maturing of the field, Tuohy challenged health policy educators, research units and conferences to abandon this “homogeneity of perspectives”.

Discussion Themes

There was considerable discussion about how to cultivate the kind of interdisciplinarity that is needed for the health policy field to flourish through a strong interface with its core disciplines. Several questions arose about how we might do a better job of bringing interdisciplinary and disciplinary programs together, how disciplinary departments can become more involved in interdisciplinary education, and how health policy can give back to the disciplines that it draws on. One suggested strategy was to dedicate resources to post-doctoral fellowships in health policy that would provide disciplinary scholars with enough exposure to health policy to provide them with the tools to contribute to health policy scholarship from their home disciplinary perspective.

The issue of the appropriate institutional milieu for interdisciplinary health policy scholarship was also raised. While social science faculties may seem distant from the content of health policy, concerns were raised about the lack of fit in medical and health sciences faculties where the biomedical paradigm is dominant. Even in schools of public health, there is poor recognition of scholars who cultivate ties within other faculties and programs. Creating meaningful interdisciplinary homes for health policy scholars can be a long-term process. In the interim, efforts need to be made to ensure that young scholars can confidently join the field, otherwise the field will remain underdeveloped.

The session ended with a call for reform within universities to allow for the development of scholars who can better support policy making through the production of knowledge that can be used in decision-making. Enthusiasm and commitment from senior university leaders are crucial.

Session 2: A view from the other side: Policy maker perspectives on the field of health policy

Speakers: Ron Sapsford, Deputy Minister of Health, Ontario
Pierre-Gerlier Forest, Président, Fondation Trudeau
Penny Ballem, Former Deputy Minister of Health, British Columbia

In a second plenary session, policymakers (current and former) working at the provincial and federal levels of government considered the evolution of the field. From his vantage point as Deputy Minister of Health in Ontario, *Ron Sapsford* described the field of health policy as one that has been shaped equally by the knowledge required by policymakers to make decisions (*analysis for policy*) and by the questions that health policy researchers have posed about how health policy has developed (*analysis of policy*). For policymakers to be able to use health policy research to inform their decisions, they need appropriate training and education. One knowledge gap that is particularly acute is a lack of understanding among policymakers of policy analysis frameworks. Sapsford argued this can lead to conflicts between policymakers and researchers about how and why issues have been analysed by the research community. An interdisciplinary field of health policy is crucial, as is the need for a balance between specialists and generalists. U.S. scholars tend to generate knowledge about how to implement specific health policies, whereas Canadian scholars have tended to focus on the production of descriptive knowledge. Sapsford would like to see more “how to” questions being answered in Canada and regards this type of research as especially important to the Ontario Ministry of Health and Long-Term Care.

Sapsford's reflections on the future of the health policy field included the hope that policymakers and researchers continue to improve their mutual understanding of each others' worlds. The health policy *métier* involves time constraints, requires innovation and ideas from across the globe, values evidence, and increasingly uses highly educated and interdisciplinary personnel to develop policy. The Ontario Ministry of Health is currently developing a strategy to accomplish this by shifting resources to ensure that the health policy researchers are involved in longer-range policy planning discussions. Successful implementation of this strategy requires a higher skill level for government policy analysts and additional training of academic policy analysts about the workings of government. Secondments, scientist awards and other knowledge exchange opportunities (such as this symposium) facilitate interdisciplinary practice and careers.

Pierre-Gerlier Forest brought the dual perspectives of senior academic and former Chief Scientist of Canada to the session. He played with the metaphor of health policy as a "field" by asking, "What game is your team playing?" and "Is health policy really a team sport?" This metaphor helps illustrate the gaps between research and real-world policy making. Forest described policymaking as a game where rules are established, compromises reached, and the resulting policies are implemented. He argued that it is these elements of the policy-making process, during which voices are heard and compromises are reached, that constitute the real game, rather than the presumed game in which a logical weighing of the research evidence informs the policy process. Forest drew a sharp distinction between policy making and decision making. Policy must be translated into actionable decisions and these decisions may or may not relate to the original policy context.

Regarding the future of the health policy field in Canada, Forest emphasized the need for new research and policy paradigms to support the type of action that is needed within the health system. Forest challenged participants to think about whether the "game" metaphor is the right one for health policy given that there is no real ending (i.e., there are always problems that require solutions), there are no clear boundaries to the playing field, and in a highly competitive field such as health policy, teams may not really coalesce.

Former B.C. Deputy Minister of Health *Penny Ballem* shared an even starker reality of policy making, citing examples in which decisions were made under extreme time pressures, with minimal background information, and required compromise. These stories illustrate what the academic field of health policy can contribute towards informing health policy decisions. Specifically, governments could be much more forward thinking as they project solutions into the future, instead of making decisions consistent with dominant ideologies. Governments need to base policy on research. For the health policy field, this entails finding a balance between the rigour of academia and the ability to sell products (i.e. research) to government and the public. Researchers, in turn, need to understand the reality that governments seek research that resonates with their policies. Pushing further on this point, Ballem argued for the field of health policy to open the black box of government decision making and to take on complex issues such as the power of pharmaceutical and physician interests in policy making, as well as agenda setting more generally. Such collaboration will lead to more pragmatic decisions and practical solutions to which the health policy field and government can contribute.

Session 3: From reflection to action – What are the supports required for the health policy field to flourish?

Following the two plenary sessions, symposium participants met in small groups to answer a series of questions about how to better support the following aspects of the health policy field. The groups addressed: i) research and knowledge production support; ii) education, training and career support; and iii) community building and exchange support. Key themes and action items from these discussions are listed below.

A. Research and Knowledge Production Support

Participants in this group deliberated on a series of questions designed to stimulate thinking about how current gaps in health policy research might be addressed through institutional supports such as training programs, research funding and university commitments (Appendix 1).

Five key themes were identified that would collectively ensure a thriving health policy research community:

1. Identify the different roles and career paths of our future health policy scholars and the appropriate educational preparation and education-delivery modalities required for these roles

Education and training were considered essential building blocks to support a vibrant health policy research community. Participants identified the following issues for dedicated attention:

- How to strike the right balance in training programs between the mastery of theory, methods and content knowledge
- How to prepare our educators to train the next generation of health policy scholars who will need to focus on a different set of policy problems and who may work in career positions that are unfamiliar to existing scholars (e.g., NGOs, knowledge broker roles, etc.)
- How to encourage interdisciplinary training without sacrificing clearly defined research programs and academic homes
- How to collaborate effectively and efficiently across the country to deliver comprehensive and rigorous training programs

2. Raise the bar for dealing with the hard policy research questions

Concerns were raised about the lack of critical debate within the academic community about the strengths and limitations of different policy and research paradigms. Researchers were called upon to be more critical of the legacies of our health system. With that comes the need for new and evolving theories, frameworks and methods that are suited to addressing current policy challenges.

3. Revisit the balance and array of available research funding levers

Participants called for a balance between applied and conceptual research and greater recognition of the important role that conceptual development plays in informing new and evolving policy

and research agendas. A repeat of the very popular CIHR “Methods, Theories and Frameworks” competition was unanimously called for. Consideration of other research funding models was also suggested, including the Robert Wood Johnson Foundation Health Policy Investigators Program.

4. Raise the profile of the health policy field within academia

Numerous suggestions were put forward for raising the profile of the field in relation to other health research that is much more generously supported by funding agencies and within universities. Being clear about what health policy research and analysis is and does was seen as the first task at hand followed by the training of excellent scholars to carry out this work. Creating and sustaining appropriate and nurturing health policy homes in academia that are valued by senior university administrators was also seen as a crucial.

5. Encourage more robust collaborations

A final action item fell in the area of facilitating collaborations at a scale beyond the research project or program level where this is already a great deal of collaboration. This ‘scaling up’ would involve carefully constructed collaborations between different interdisciplinary groups within Canada and in different countries based on common and complementary areas of research focus and strength.

B. Education, Training and Career Support

In this small group discussion, participants were asked to think about the skills and expertise that health policy scholars and practitioners of the future will need and how education and training programs will need to be designed to train these scholars and practitioners. Discussions focused heavily on the theme of academic preparation, but also provided some direction regarding career support.

Academic preparation

There was general agreement about the need to identify the competencies required by students training in the field and the need for standards for health policy curriculum content to ensure rigorous academic preparation. Training that is both discipline-based and interdisciplinary was considered essential. Certain disciplinary areas not typically connected to health policy training were singled out for greater emphasis, particularly history and philosophy of science. *Balance* was the operative word - the need to balance exposure to health policy theory and practice while developing a specific area of expertise, and the need to balance a curriculum that is tailored to individual student needs with the provision of a consistent curriculum with core competencies. As the health policy field grows and matures, it will be important to continue to distinguish training in health policy from training in health services research. Academic health policy programs also need to provide a context of rigorous academic inquiry for students to pose questions that challenge ideologically popular policies.

Career support

On the career support front, several very pragmatic yet challenging action items were tabled. The highest priority was for the provision of an adequate and balanced employment market for health policy graduates who are likely to pursue a variety of career paths that move them within and among academia, government and NGOs - and for many, over the course of a single career trajectory. Opportunities for faculty secondments to government (currently available in some provinces) or the NGO community were considered supportive vehicles for facilitating these types of career transitions and for creating more well-rounded health policy scholars. Within academia, participants suggested creating networks of faculty and students to continue learning beyond formal training. The assembly of a critical mass of senior health policy faculty to support junior faculty through tenure and promotion processes was considered crucial to securing the supply of educators in the field.

C. Community Building and Exchange Support

The third small discussion group tackled the issue of how to build and sustain a thriving community of health policy scholars with appropriate opportunities for exchange among themselves and with the policy decision-maker community. These themes were first raised by the morning plenary speakers. Penny Ballem identified the need for more opportunities for researchers and policymakers as well as researchers, policymakers and civil society representatives to interact, especially in more informal, less public or “under the radar” ways. With the Canadian Health Services Research Foundation no longer hosting its Invited Exchange which provided for this type of interaction, Ballem suggested that there is a leadership opportunity to move into this area. Gwyn Bevan’s establishment of the European Health Policy Group, which meets twice a year, was cited as a good example of the type of forum that researchers might use to identify significant, policy-informing questions for medium- to long-term inquiry. As a volunteer-driven organization, some speakers questioned whether CAHSPR and other voluntary groups would be well positioned to lead this type of initiative compared to the Canadian Health Services Research Foundation or the CIHR Institute for Health Services and Policy Research.

The theme of network- and community- building was vigorously debated in the small group session, beginning with the fundamental question of what purpose is being served by the activity, and then moving on to the specifics of how to get there.

Clarify the purpose and goals for community building and exchange

Much of the early part of the discussion tackled the question of what a vibrant community might look like and what the goals for creating this would be. There was uncertainty about whether the task is to create a new community, expand the existing one, refresh it or build its capacity to address the most challenging policy problems of the day. Community building and exchange in a country the size of Canada was identified as a significant challenge.

Create regular opportunities for brainstorming about current challenges and potential solutions

Participants felt strongly that events like this symposium need to be repeated on a regular basis. Semi-annual meetings or venues were suggested that could be organized around a particular theme. A suggested structure for these meetings was to organize half of the session around standard presentations and half around small group discussions and informal meeting to facilitate creative brainstorming about emerging questions and new research agendas. Building a social component into the meeting was considered essential for community building, as was the creation of momentum and trust building. More intimate CHSRF- or IHSPR-coordinated events for policy dialogues that bring together researchers, policymakers and stakeholders could also be organized. What is essential is a place to be creative, to explore different perspectives and to develop common understanding.

Share resources and avoid duplication

Given the size of the country and expense of travel, it is clear that existing venues and resources must be used optimally. Participants were uncertain about whether CAHSPR was the right venue, or whether there might be some other mechanism to accomplish the goals.

The use of electronic forums such as the CAHSPR forum as an exchange medium received mixed reviews. These may be useful for the exchange of information, course materials and research papers, but not for intellectual exchange. Meeting burden and the dominance of existing networks must also be considered. CAHSPR is not the main annual conference for many health policy scholars (particularly those who come from a social science background). The creation of a Health Policy Analysis interest group within CAHSPR was suggested as a potential starting point.

Concluding comments and next steps

A number of cross-cutting themes emerged from the day's plenary and small group discussions. The issue of leadership was one of these themes and it was discussed in a variety of ways. As it grows and matures, the health policy field in Canada requires leadership from individuals, research centres and pan-Canadian organizations such as CAHSPR, IHSPR and CHSRF. Leadership is also required from our health policymaker communities to communicate the value of health policy scholarship and training to universities. Advocacy is needed to generate adequate support and recognition for the "double duty" roles of health policy researchers in serving both academic and policy communities.

The need for new policy, research and education agendas was another cross-cutting theme of the symposium. New health policy agendas are needed to fill a void following the Romanow Commission report. New research agendas are needed that emphasize, for example, comparative and historical research as well as research that is equipped to consider and address challenges to the current Canadian model. Appropriate funding vehicles to support the development of conceptual frameworks that can inform these evolving and new policy and research agendas are critical to this endeavour. A new health policy education agenda was also called for to focus on

the development of core competencies, rigorous academic preparation and an appropriate balance of theory, methods and content-based training and exposure to real world policy settings and problems.

Discussions were lively and productive, generating an ambitious list of priorities and guiding principles generated over a few short hours. Movement has begun on some of these ideas, such as a recent survey to assess interest in the creation of a health policy interest group within CAHSPR. A comprehensive set of course objectives and reading lists have been collated from Canadian and U.S. health policy course offerings that is available for use in curriculum development. Continued efforts on these and other fronts will require more time and coordinated effort from individuals and organizations supported by regular discussions like the ones held at this symposium. Finding the time and space for these discussions is always a challenge, but the overriding message of the day was that these types of exchanges are critical events that enrich the scholarly field of health policy and the domain of public policy it seeks to inform. Important discussions have begun and there is an appetite for more. We hope the symposium and this summary report fuel these efforts over the months and years to come.

SYMPOSIUM PARTICIPANTS

Julia Abelson

Associate Professor, CE&B
Director, CHEPA
McMaster University

Sara Allin

Doctoral Student, LSE Health
and Social Care
London School of Economics

Jennifer Asanin

Doctoral Student, School of
Geography & Earth Sciences
McMaster University

Penny Ballem

Former Deputy Minister of Health
British Columbia

Gwyn Bevan

Professor, LSE Health and
Social Care
London School of Economics

Ivy Bourgeault

Associate Professor, Sociology/
Health, Aging & Society
McMaster University

Jennifer Boyko

Doctoral Student, HRM
McMaster University

Cathy Charles

Professor, CE&B
McMaster University

John Church

Associate Professor, Political Science
University of Alberta

Sarah Cox

Doctoral Student
McMaster University

Susan Denburg

Associate VP Academic,
Faculty of Health Sciences
McMaster University

Jean-Louis Denis

Professor, Dept. of Health
Administration
University of Montreal

Susan Elliott

Professor, School of
Geography & Earth Sciences
McMaster University

John Eyles

Professor, School of
Geography & Earth Sciences
McMaster University

Pierre-Gerlier Forest

President
Fondation Pierre Elliott Trudeau

François-Pierre Gauvin

Doctoral Student
McMaster University

Mita Giacomini

Professor, CE&B
McMaster University

Alina Gildiner

Assistant Professor, Political Science/
Health, Aging & Society
McMaster University

Laurie Goldsmith

Assistant Professor
Simon Fraser University

Dan Grace

Doctoral Student
University of Victoria

Martin Hering
Assistant Professor, Political Science/
Health, Aging & Society
McMaster University

Nuala Kenny
Professor, Bioethics and Pediatrics
Dalhousie University

John Lavis
Associate Professor, CE&B
McMaster University

Meghan McMahon
Institute of Health Services
and Policy Research
CIHR

Fiona Miller
Associate Professor, Health Policy,
Management and Evaluation
University of Toronto

Steve Morgan
Assistant Professor, Health Care
& Epidemiology
University of British Columbia

Gillian Mulvale
Primary Care Research Associate
CHEPA/MOHLTC

Michael Orsini
Associate Professor, School
of Political Studies
University of Ottawa

Marie-Pascale Pomey
Associate Professor
University of Montreal

Glen Randall
Assistant Professor, School
of Business
McMaster University

Ron Sapsford
Deputy Minister
*Ontario Ministry of Health
and Long-Term Care*

Mark Schlesinger
Professor, Division of Health Policy
& Administration
Yale School of Public Health

Lisa Schwartz
Associate Professor, CE&B
McMaster University

Nathan M. Souza
Doctoral Student
McMaster University

Carolyn Tuohy
Professor, Department of
Political Science
University of Toronto

Charlotte Waddell
Associate Professor, Children's
Health Policy Centre
Simon Fraser University

Mike Wilson
Graduate Student, CE&B
McMaster University

Appendix 1

Questions Posed to Small Group Discussion Participants

A. Research Support

Participants deliberated on the following questions:

- *What important questions have health policy scholars shied away from and why? What research supports are needed to address this situation?*
- *What supports are needed to ensure a reasonable balance between strategic content-driven research agendas driven by organizations with significant resources and relevant, curiosity-driven research that tends to be less adequately funded?*
- *How can we raise the profile of health policy research relative to other health research within universities?*

B. Education, Training and Career Support

Participants in this group were invited to reflect on the following questions during their discussion:

- *What skills and expertise will future health policy scholars need and how will we ensure that they are comprehensively covered in health policy coursework and training programs? Which disciplinary perspectives need to be more fully integrated into our training programs to ensure that we are producing well prepared graduates? How can universities, policymakers and funders work more cohesively in this area?*
- *What resources do health policy educators need to deliver high-quality courses and programs? How do these needs differ across the country and across universities? What are some practical, low-cost ways of providing this type of support?*
- *What supports are needed to ensure that future health policy scholars develop a sophisticated understanding of the policy environments that they will be researching and seeking to inform and influence?*
- *What career supports do Canadian health policy scholars need to thrive in the different types of environments in which they find themselves? How can we promote greater appreciation of these different worlds?*

C. Community Building and Exchange Support

Participants in this group were asked to reflect on the following:

- *What are the most appropriate venues for identifying the questions that health policy scholars have shied away from?*
- *Do health policymakers have adequate opportunity and the right conditions to interact with researchers on a given policy topic?*
- *Would there be value in creating more deliberative exchange opportunities within Canada's health policy community among academics and between academics and policymakers? What might these look like?*
- *How might we use existing structures like the Canadian Association for Health Services and Policy Research as a launch for new exchange activities? What models are there in other jurisdictions for supporting these types of activities?*
- *What role might the health policy research centres in Canada play in facilitating these types of exchanges?*