DOCTOR OF PUBLIC HEALTH PROGRAMME LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

COMPULSORY TAUGHT MODULES

EVIDENCE BASED PUBLIC HEALTH POLICY AND PRACTICE

AUTUMN 2021

AIM

To enable students to locate, assess, synthesise, present and use research and other information to influence public health policy and improve the public health in a range of settings

OBJECTIVES

By the end of the module, students should be able to:

- 1. acquire and evaluate the quality of existing evidence related to the effectiveness, efficiency, equity and acceptability of public health policies and interventions;
- 2. distinguish between generating evidence, eliciting values and making decisions;
- 3. undertake a systematic review of existing studies, draw out the policy implications, and assess the quality and relevance to policy of such reviews;
- 4. make persuasive recommendations for policy or practice change to improve the public health based on the best evidence available;
- 5. demonstrate an understanding of the process of public health policy making including agenda setting, formulation and implementation, in particular, the relationship between research, and policy and practice, and the assumptions underpinning the concepts of 'evidence', 'policy' and 'politics';
- 6. use their understanding of how different groups involved in public health policy may approach the same issue from different perspectives to advocate more effectively for evidence-informed public health policies and practice informed by sound evidence.

CONCEPTUAL OUTLINE: FROM EVIDENCE TO POLICY AND PRACTICE CHANGE

Leadership in public health policy and practice requires two types of skills – those concerned with leadership and management, and those relating to improving and shaping policy and practice, involving accessing, understanding, developing, disseminating and facilitating the use of the evidence base for better public health outcomes. The compulsory taught modules on the DrPH programme focus on these two types of skills. The aim of EBPHP is to develop the necessary analytic skills for evidence-based policy and practice. Since the evidence base is constantly changing and developing, the emphasis is on practical, generic skills rather than substantive findings in particular areas of public health.

The advent of electronic databases allows easier and cheaper methods to identify the relevant scientific studies on a public health issue, and it is important to understand how best to do this. It is also important to understand the limitations of such evidence, especially as there is often very useful information and experience that remains outside the more formal, peer reviewed literature. It is essential to be able to discriminate between evidence of

different standards, and to weigh appropriately the evidence from different types of research and study designs, as well as different sources.

Decision making in public health policy and practice involves many different groups, some scientific, some managerial and some representing political or other group interests. Better public health policy and practice requires that evidence be accessible in the different forms needed to inform each of the groups involved in the decision process. For example, to influence political decision-makers, it is usually necessary for the arguments to be presented concisely. For scientific users, the emphasis is more on completeness and fully referenced reviews, and, for the general public, the need is to ensure that the presentation is clear and free from unnecessary jargon. An important skill is to be able to present the evidence to each of these groups in ways which make it useful for their decision making, and which ensure that the essence of the argument remains intact.

Public health leaders are often involved in commissioning and managing applied research, and it is important to develop skills in ensuring that the research undertaken is appropriate to meeting the needs of policy and practice. It is also important to ensure that it uses rigorous methods, and has the best chance of providing robust and useful answers. The ability to develop and undertake primary research is taken forward in the Organisational and Policy Analysis (OPA) (RS1) and in the Thesis (RS2) components later in the programme. As preparation for these, the current module aims to teach students how to appraise the quality and relevance of existing research so that they can better design and carry out their own projects in the future.

The emphasis in this module is less on teaching skills in methods of hands-on, primary research, than on skills in identifying how best to synthesise and use existing research in a policy environment, and helping students to become more effective evidence-informed public health practitioners.

TEACHING STRATEGY

The module is taught over 10 weeks, in the main through approximately three-hour online sessions on Monday and Tuesday afternoons. Occasionally, sessions may take place at other times depending on the availability of those leading the sessions. Most sessions involve a mixture of more formal presentations and less formal interactive or practical sessions (e.g. appraising the quality and relevance to public health practice and policy of different types of research evidence), usually in small groups. Generic skills and overarching principles are reinforced and made relevant through the use of case studies and practical examples. As DrPH students are drawn from with a wide range of different backgrounds and areas of public health practice, some teaching will involve restating some of the basic principles underlying the different parts of public health practice.

In addition to doing the essential readings for each session, some extra preparation is often required before specific sessions (e.g. preparing a group work presentation). Please read the details of each session well ahead of time. A detailed timetable and outline of each session will be available at the start of the module.

Assignment I

This assignment is based on the elements in the module that focus on the policy making process and the deployment of evidence in that process. Students are asked to prepare an 'agenda setting' or influencing strategy on behalf of a non-governmental organisation,

designed to get a research-driven issue onto the policy agenda of a ministry of health. They can choose any topic and/or policy area in the field of public health, and any setting.

This assignment is due to be submitted via Moodle by 4pm 7 January 2022.

Assignment II

This assignment consists of a rigorous evidence review and builds on the series of sessions devoted to evaluating and synthesising public health evidence. This is accompanied by a short policy briefing on the implications of the review prepared for a minister of health in a country of the student's choice.

This assignment is due to be submitted via Moodle by 4pm 14 January 2022.

Late submissions, extensions and extenuating circumstances

Students are reminded that those who hand in assignments late will be penalised unless an 'Extension' has been granted. The mark for any assignment submitted up to one week late without an agreed extension will be lowered by one grade. Assignments submitted more than one week late without an agreed extension will be considered a failure and students will have to resubmit the assignment at the next opportunity to be able to complete the taught component of the DrPH and move on to the next stage.

Extensions can only be granted in circumstances that are unforeseen, exceptional, short-term events, which are outside a student's control and have a negative impact on their ability to prepare for or take an assessment. They cannot be claimed for circumstances that are not deemed exceptional or which could have been prevented or foreseen by the student. Requests for extension must be submitted prior to the deadline for submitting the assessed work.

Students can claim 'Extenuating Circumstances' if the assignment has been submitted but they feel that extenuating circumstances have put them at a disadvantage. Requests for 'Extenuating Circumstances' have to be submitted within 3 calendar weeks of the assignment deadline.

The LSHTM Extenuating Circumstances Policy is set out in full in section 7.4 of the following: https://www.lshtm.ac.uk/sites/default/files/academic-manual-chapter-07.pdf

Students who want to request an 'Extension' or claim 'Extenuating Circumstances' must submit a completed Extenuating Circumstances Form and provide relevant documentary evidence in support of the claim to the LSHTM Registry, via assessments@lshtm.ac.uk. The email header should contain 'EXTENSION_firstname_surname' or 'ECs_firstname_surname', respectively. Please consult the Extenuating Circumstances Policy (see link above) for a list of circumstances that are likely to be acceptable or unacceptable and for the standard of evidence required.

The Extenuating Circumstances Form can be accessed through the 'Regulations, policies and procedures' page on the School's intranet:

https://www.lshtm.ac.uk/study/new-students/msc-research-students/regulations-policies-and-procedures

The request will then be considered by the Extenuating Circumstances Committee for a decision.

PREPARATORY READING

The following introductory books and reports are recommended for those who wish to do some preparatory reading before the start of the module and will be helpful throughout the term. They are not compulsory reading and students are encouraged to be selective in their preparation as previous knowledge, training and experience is likely to vary. A reading list for individual sessions will be made available at the beginning of the module.

Public policy and health policy

Buse K, Mays N, Walt G. *Making health policy*. Maidenhead: Open University Press, second edition, 2012 (available from the School supplies department at a discount since part of the LSHTM series 'Understanding Public Health')

Peters BG. Advanced introduction to public policy. Edward Elgar, second edition, 2021

Use of evidence in policy

Smith K. Beyond evidence-based policy in public health. The interplay of ideas. Basingstoke: Palgrave Macmillan, 2013, Chapters 1 and 2

Boaz A, Davies H, Fraser A, Nutley S, eds. *What works now? Evidence-informed policy and practice.* Bristol: The Policy Press, 2019

Oliver K, Lorenc T, Innvaer S. New directions in evidence-based policy research: a critical analysis of the literature. *Health Research, Policy and Systems* 2014; 12:34.

Mair D., Smillie L., La Placa G., Schwendinger F., Raykovska M., Pasztor Z., van Bavel R., *Understanding our political nature: How to put knowledge and reason at the heart of political decision-making*. https://ec.europa.eu/jrc/en/publication/eur-scientific-and-technical-research-reports/understanding-our-political-nature-how-put-knowledge-and-reason-heart-political-decision, accessed 31 August 2019.

Beck EJ, Mays N. The HIV Pandemic and Health Systems: an introduction. In: Beck EJ, Mays N, Whiteside A and Zuniga J (eds). *The HIV Pandemic: local and global implications*. Oxford: Oxford University Press, 2006: 3-20.

Beck EJ, Mays N. Some Lessons Learned. In: Beck EJ, Mays N, Whiteside A and Zuniga J (eds). *The HIV Pandemic: local and global implications*. Oxford: Oxford University Press, 2006: 757 – 776.

Systematic evidence reviews

Gough D, Oliver S, Thomas J, eds. *An introduction to systematic reviews.* London: Sage, 2012

Booth A, Sutton A, Papaioannou D. Systematic approaches to a successful literature review. London: Sage, 2016

Research methods and study designs in public health

Raine R, Fitzpatrick R, Barratt H, Bevan G, Black N, Boaden R, *et al.* Challenges, solutions and future directions in the evaluation of service innovations in health care and public health. *Health Serv Deliv Res* 2016;4(16) DOI: 10.3310/hsdr04160 (Published May 2016)https://www.ncbi.nlm.nih.gov/books/NBK361182/pdf/Bookshelf NBK361182.pdf

Gray M. *Evidence-based healthcare and public health*. Third edition. Edinburgh: Churchill Livingstone/Elsevier, 2009

Bowling A. Research methods in health: investigating health and health services. Third edition. Maidenhead: Open University Press, 2009, particularly Chapters 4, 9, 10, 15, 16 and 17

Bowling A, Ebrahim S, eds. *Handbook of health research methods: investigation, measurement and analysis.* Maidenhead: Open University Press, 2005, particularly Chapters 3-6, 9-11 and 14

Economic evaluation and cost effectiveness analysis

Drummond M, Sculpher MJ, Claxton K, Stoddart GL, Torrance GW. Methods for the Economic Evaluation of Health Care Programmes, Oxford: Oxford University Press, 2015. (Chapter 1)

Weatherly H, Drummond M, Claxton K, Cookson R, Ferguson B, Godfrey C, Rice N, Schulpher M, Sowden A. Methods for assessing the cost-effectiveness of public health interventions: key challenges and recommendations. *Health Policy* 2009; 93: 85–92

Module Organisers

Nicholas Mays

Nicholas Mays has been Professor of Health Policy in the Department of Health Services Research and Policy in the Faculty of Public Health & Policy since May 2003. He has almost 40 years' experience in health policy and health systems analysis.

He has directed the Policy Innovation and Evaluation Research Unit (PIRU) funded by the National Institute for Health Research (NIHR) on behalf of the English Department of Health and Social Care (DHSC) since its inception in January 2011. The Unit is primarily devoted to providing advice on the development of pilots of innovative policies and programmes in health services, social care and wider public health, and then undertaking robust evaluations of these initiatives. The Unit works closely with policy advisers in DHSC and other national bodies such as NHS England and Public Health England.

His main interests relate to health care system reform in high income countries, the evaluation of complex policy change in health care systems and the health policy making process. Current and recent research includes evaluations in England of the implementation of the UK Antimicrobial Resistance Strategy, the integrated health and care Pioneer programme, and the Public Health Responsibility Deal (a public-private partnership to encourage business and public sector organisations to pursue health-promoting activities).

Before joining the School, he worked in the Social Policy Branch of the NZ Treasury, at the King's Fund health policy think-tank in London where he was director of health services research, at the Queen's University of Belfast, at the United Medical and Dental Schools of Guy's and St Thomas' Hospitals, University of London, and in the NHS.

Further details of his interests and activities can be found at: http://www.lshtm.ac.uk/people/mays.nicholas

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Eduard J. Beck

Eddy Beck retired from UNAIDS in 2017 and relocated back to London to continue policy-based research after 13 years working in the UN at WHO and UNAIDS. During his time in the UN his focus was on the use of strategic information to develop technical advice and policy, at country, regional and global levels.

As a medical student, working with Aboriginal children in Alice Springs, central Australia, he had witnessed the impact of socio-economic, political and cultural factors on disease causation and the need to address these, as well as biomedical factors, in order to improve population health.

After a number of clinical positions in Australia, UK and the Netherlands, he started working on HIV in 1986 as part of his UK public health training at Imperial College London and has continued to research the biomedical, behavioural, health economic and policy aspects of HIV and HIV services ever since.

Before joining the UN, he was a Senior Research Fellow at Imperial College, and Associate Professor at McGill University, Montreal, Canada, working on projects in the UK, Europe, North and South America, the Middle-East, Asia and Africa.

He started working for WHO Geneva in 2004 during "3 by 5" and UNAIDS Geneva in 2006. In 2013 he moved to Trinidad and in 2016 to Guyana on behalf of UNAIDS, working with country and regional policy-makers, UNAIDS cosponsors, and a range of national, regional and global agencies.

Dr Beck is now based in London UK, still involved with research, including a strong interest in identifying and ameliorating the socio-economic, cultural and political factors influencing the health of indigenous and marginalized populations. He has been and still is a technical consultant for the Global Fund, WHO, PAHO and CDC in the Caribbean and Africa, a Director of NPMS-HHC Community Interest Company since 1996, an Honorary Consultant in HIV/GUM, Chelsea & Westminster Hospital, London, and Honorary Professor in the Department of Health Services Research and Policy at LSHTM.

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Annette Boaz

Annette has more than 25 years of experience in supporting the use of evidence across a range of policy domains. She was part of one of the largest UK investments in the evidence use landscape, the ESRC Centre for Evidence Based Policy and Practice and has undertaken an international leadership role in promoting the use of evidence. She is a Founding Editor of the international journal *Evidence & Policy* and has recently published a book on evidence use: 'What Works Now.' With Kathryn Oliver, she leads Transforming Evidence, an international initiative designed to support the use of research evidence in different policy fields and contexts. She has a particular research interest in stakeholder involvement, the role of partnerships in promoting research use, implementation science and service improvement. She has worked in the UK Department of Health and also the Government Office for Science. She is a fellow of the Academy of Social Sciences and a member of the WHO European Advisory Commitee on Health Research.

Further details of her publications and projects can be found at: https://www.lshtm.ac.uk/aboutus/people/boaz.annette

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Module Administrator

Anne-Marie Sue-Patt works in the Teaching Support Office and can be found on the ground floor in the Keppel Street building, or on extension 2332.

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24 August 2021