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Strengthening Health Policy Scholarship in Canada

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**Field of Dreams:
Strengthening Health Policy Scholarship in Canada**

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EXECUTIVE SUMMARY

This background paper was prepared to inform discussion at CHEPA's Health Policy Symposium *Field of Dreams: Strengthening Health Policy Scholarship in Canada* on November 2, 2007. We reflect on the characteristics of Canada's health policy community in relation to the larger and more mature international health policy community: its contributions, opportunities and constraints for growing into a well institutionalized Canadian academic field. Sources consulted in preparing this document include:

- Approximately 60 U.S. and Canadian graduate health policy course syllabi gathered between May and September 2007
- An inventory of over 40 active Canadian health policy research centres (university and non-university-based)
- An investigation of the Canadian Institutes of Health Research (CIHR) researcher database to characterize the community of researchers who identify 'health policy' as an area of expertise
- A Web of Science analysis of health policy journals, publications and citations between 1990 and 2006
- A selective review of Canadian health reform documents

Characterizing the Field

The terms "health policy" and "health policy analysis" often interchangeably refer to scholarship concerned with policy in the health sector. Clear, agreed upon definitions of either term are hard to find, and each has its drawbacks. "Health policy analysis", often associated with research to inform health policy making, disregards some of the most important and interesting contributions to knowledge that arise from the analysis of policy. "Health policy" is the favoured alternative, but unfortunately conflated with the very thing which is studied (health policies themselves and policy making).

The field might be also be characterized by its exemplary and seminal literature, in search of its "canon". An examination of 35 Canadian and U.S. health policy course syllabi reveal a diverse array of teaching resources including texts, journal articles and grey literature with minimal overlap across courses. The over 40 assigned core texts comprise a mix of general policy and politics, health policy and politics, and content-specific texts. Descriptive and evaluative peer reviewed journal articles are drawn from 250 different journals though 20 core general medical and health policy journals are sources for 70% of these articles. Two texts -- Deborah Stone's *Policy Paradox* and Malcolm Taylor's *Health Insurance and Canadian Public Policy* -- along with the final report of the Commission on the Future of Health Care in Canada

and Hutchison, Abelson and Lavis' 2001 *Health Affairs* analysis of Canadian primary care reform are the most frequently assigned teaching resources.

Health Policy Scholars

The Canadian health policy community originated from a small group of disciplinary and interdisciplinary scholars based in a handful of research centres across the country. These academics applied training and expertise in primarily public health and epidemiology, economics, sociology and political science to address emerging health services problems. Today, this community has grown to include at least 30 university based health policy research centres specializing in population- and content-specific issues and is expanding its frontiers to include additional disciplines, fields and sub-fields such as management, law, history, geography, nursing. In the past, Canadian health policy educators tended to cluster in Faculties of Health Sciences but are now more evenly distributed across Faculties of Social Sciences, Law and in Schools of Business.

Contributions and Impact

How has health policy scholarship affected both the academic and the applied policy worlds? Historically – and in contrast to the U.S. – Canada has had no dedicated graduate programs in health policy per se. A large proportion of Canadian health policy academics received their doctoral training in the U.S. or the U.K. Canadian graduate students of health policy have had the choice of general health degree training programs (e.g., health research methodology, health policy management & evaluation, population health) with ad hoc policy content, or discipline-based degrees (e.g., political science, economics) with ad hoc health content. Canada's first interdisciplinary doctoral program in Health Policy commenced in 2008 at McMaster University.

Graduate health policy course syllabi reveal diverse objectives and pedagogical approaches. Compared to U.S. courses, Canadian courses give less emphasis to theory and analytic methods. In Canada, approaches appear strongly shaped by individual instructors' specializations. Some courses emphasize description of the institutional arrangements and evolution of the Canadian health system while others focus on analytic tools for explanation and prediction. Solid, standard graduate curricula call for better convergence on the basic tools and content necessary for the mastery of health policy.

Health policy scholars face a modest number of outlets for their academic contributions, including dedicated general health policy journals as well general medical and disciplinary-specific journals. The most prestigious health policy journals are based in the U.S. (*Milbank Quarterly*, *Health Affairs* and *the Journal of Health Politics, Policy and Law*) and share target audiences that are multidisciplinary as well as both academic and applied. A landmark event for Canada health policy scholarship was the launch of *Healthcare Policy*, the first Canadian journal with a health policy focus, in 2005. Vibrant health policy discourse is also found in general medical and disciplinary journals, which offer rather extreme differences in media visibility and academic impact.

Mirroring the historical establishment of health policy journals and their respective communities, the volume of published health policy literature increased rapidly in the early 1990s with steadier, more incremental growth after this period. The roster of top publishing authors has evolved, but there remain no dominant contributors. Health policy papers are distributed through the spectrum of possible journal outlets, with predominant themes in public, environmental and occupational health – perhaps surprising, given the common identification of the field with health services and health systems.

To researchers and policy makers alike, a significant indicator of influence is the diffusion of health policy research into everyday health policy discourse and ultimately policy. Documenting this type of influence is extremely difficult to do. Influence and impact can mean many things in the world of policy. As we learn more and more about what it takes to be relevant and influential, we still lack concrete and systematically searchable examples of how our work actually makes a difference and continue to find examples of where and why it isn't.

Government commissioned products such as health commission reports offer proxies for assessing potential influence by providing opportunities to examine the penetration of health policy research scholarship into these reports. Of the over 700 references that appeared in the combined reference sections of two commission reports (Romanow Commission, 2004; Fyke Commission, 2001), peer reviewed journal articles accounted for just under a quarter of the Romanow report references and just under a third of the Fyke report references. Top tier medical (e.g., *NEJM*, *BMJ*, *CMAJ*) and health policy (e.g., *Milbank*, *Health Affairs*) journals provided the sources for about half of the combined journal article referenced in the reports; medical journals were favoured over health policy journals. A more thorough review of

government reports and their analogous policy processes will give us greater insight into the extent and ways in which health policy scholarship contributes to policy discourse but the sheer number of high quality publications making their way into these high profile reports is encouraging.

Supporting the Field

“Canadian health policy” displays many features of a standard academic field: it is a branch of knowledge that is being taught and researched at the university level though we are still developing an understanding of what that branch of knowledge comprises. What are the institutional structures that organize the field as it matures – and what more is needed to create our field of dreams? We find that while substantial research funding is available, it is fragmented and dominated by strategic opportunities rather than a steady investment in the growth of basic knowledge. Researchers have only recently gained the capacity to replicate themselves in Canada, with the emergence of training programs – reflection is needed on essential skills and content of state of the art graduate education in health policy. Health policy academic career paths are divided between interdisciplinary settings, disciplinary departments, and clinical faculties not always providing the ideal intellectual environment or material security to ensure success. The Canadian health policy community is served relatively well by venues for presenting completed research but opportunities for meaty dialogue about big picture policy issues or about major advances in content, theory or methods relevant to the field are scarce.

Introduction

Since the late 1980s, the Centre for Health Economics and Policy Analysis (CHEPA) at McMaster University has provided an intellectual home for a small group of researchers interested in the analysis of health policy from a variety of disciplinary perspectives. Over the years, CHEPA's community of health policy researchers has grown and is now spread across multiple faculties and academic departments. In the fall of 2006, CHEPA formed a Program in Health Policy to provide interested scholars throughout the McMaster campus with opportunities for shared dialogue and activity around the teaching of health policy, the development of new research programs and enhanced scholarly exchange. It was within this newly formed group that the idea of hosting an invitational symposium, where we could continue this dialogue with our Canadian and international peers, first arose. Tackling the challenging but all important subject of defining and taking stock of the field of health policy seemed the right place to start.

From time to time, it seems sensible to reflect on one's academic home - its core mission, evolution and areas in need of attention. Periodic review of academic fields and scholarship helps to identify accomplishments as well as weaknesses, and opportunities for strengthening the field as a whole. Health economists and political scientists, among others, have undertaken similarly spirited reviews (Culyer and Newhouse, 2000; Croxson, 1998; APSA, 2007) and major associated trends such as interdisciplinarity (Moran, 2006; Hall et al. 2006; Giacomini 2004) have been scrutinized.

In the United States, health policy is widely recognized as a field of scholarship. It boasts a multitude of research institutes, funding bodies, publication outlets and training programs all dedicated to the production of scholars and scholarship geared toward the understanding and resolution of pressing health policy problems. The health policy landscape outside of the U.S. is less clearly defined. There are pockets of university- based health policy groups within larger institutions in other countries such as LSE Health and Social Care based in the London School of Economics, and the Centre for Public Policy & Management at the University of St. Andrews, Scotland. A significant infrastructure of applied health policy discourse can be found through think tanks such as the King's Fund. The European landscape is more difficult to characterize though institutionalizing efforts do exist such as the European Health Policy Group formed in the late 1990s to provide European health policy scholars with a forum for exchange about broad health reform themes such as equity, choice and access.

Recognizable Canadian counterparts do not yet exist despite a small but active community of health policy scholars with receptive audiences for their research, a modest array of funding opportunities and emerging training programs. In this symposium background paper, we reflect on the particular characteristics of Canada's health policy community in relation to the larger and more mature international health policy community (the US and Europe in particular): its contributions, opportunities and constraints for growing into a well institutionalized Canadian academic field.

Approach and Data Sources

Taking stock of an academic field and its key attributes and accomplishments is an ambitious undertaking with many ways to approach the task. There are, necessarily, subjective aspects to the endeavour, influenced in part by the background of those undertaking the mapping exercise. We have tried to limit this subjectivity by collecting as much information as possible through publicly accessible sources – an exercise that has produced as many questions as answers, but one that has also deepened our understanding of the current situation.

We began our inquiry with the following questions:

- How is “health policy” currently defined by those in the field?
- Who makes up the community of Canadian health policy scholars?
- What scholarship does the field produce in terms of education and research and how do these two strands relate to each other?
- How is the health policy community currently being supported to sustain itself and flourish?

This initial mapping exercise was intended to help us answer a subsequent set of questions about how to cultivate the field in the future.

The following sources were used to prepare this document:

- A collection of approximately 60 graduate health policy course syllabi gathered between May and September 2007 from Canadian and US health policy programs and educators¹
- An inventory of over 40 active Canadian health policy research centres (university and non-university-based)

¹ The search strategy used consisted of a combination of searches of all Canadian graduate schools to identify health policy programs or courses and searches of a selection of US graduate health policy programs. Course syllabi were collected from course instructors, graduate program offices and from instructor, course and program websites.

- A review of the Canadian Institutes of Health Research (CIHR) researcher database to learn more about the community of researchers who identify 'health policy' as an area of expertise
- A Web of Science analysis of health policy journals, publications and citations between 1990 and 2006
- A selective review of Canadian health reform documents to identify the prevalence of peer reviewed research in applied health policy discourse.

Characterizing the Health Policy Field

Wikipedia defines an academic field as follows: "An academic discipline, or field of study, is a branch of knowledge which is taught or researched at the college or university level. Disciplines are defined and recognized by the academic journals in which research is published, and the learned societies and academic departments or faculties to which their practitioners belong. Fields of study usually have several sub-disciplines or branches, and the distinguishing lines between these are often both arbitrary and ambiguous." A field gains its form not only from the knowledge content within it, but also the institutional structures that organize the pursuit and teaching of this knowledge.

What's in a name?

In the case of health policy, the first institutional marker to examine is its name. More than one label defines what may or may not encompass the same area of activity. 'Health policy' and 'health policy analysis' are used commonly and often interchangeably to refer to scholarship concerned with policy in the health sector. Yet clear, agreed upon definitions of either health policy or health policy analysis are hard to find.

Ham (1990) characterizes health policy analysis in three ways: as "an academic endeavour carried out by university based researchers interested in understanding *how* policy is formulated and the impact it has on health problems"; as a "practical endeavour carried out by bureaucrats and professionals working in health services agencies and designed *to address problems* faced by these agencies"; and as the work of hybrid organizations such as think tanks that are located midway between academia and government (1990:62). These characterizations reflect the key functional differences between the *analysis of policy processes* (to examine the various and relative determinants of policy) and *analyses of policy content* which focus on a particular problem confronting policy makers, options available to address the problem, or evaluation of a particular policy area (e.g., effects of a drug policy on health services utilization and outcomes) (p.63).

Wikipedia lacks a definition for “health policy” but includes the following definition of “health policy analysis”:

Health policy analysis is the process of assessing and choosing among spending and resource alternatives that affect the [health care system](#), [public health](#) system, or the health of the general public. Health [policy analysis](#) involves several steps: identifying or framing a problem; identifying who is affected (stakeholders); identifying and comparing the potential impact of different options for dealing with the problem; choosing among the options; implementing the chosen option(s); and evaluating the impact. The stakeholders can include government, private healthcare providers (e.g. hospitals, health plans, and office-based clinicians), industry groups (e.g., pharmaceutical, biotechnology, and medical device manufacturers), professional associations, industry and trade associations, advocacy groups, and consumers.
[http://en.wikipedia.org/wiki/Health_policy]

This highly instrumental definition depicts health policy analysis as an activity undertaken for the explicit purpose of making resource allocation decisions. Its focus on health policy analysis *for*, in this case, spending decisions, excludes most of the scholarly health policy work that involves the analysis *of* health and health care policies.

Both terms have their drawbacks. “Health policy analysis” has accrued the unfortunate connotation of being a mere informant to health policy making. This presumption of “analysis for” disregards some of the most important and interesting contributions to knowledge made from “analysis of.” “Health policy” is now often a favoured alternative, but is also conflated with the thing studied (health policies themselves and policy making), as opposed to the study of these.

Disciplinary and interdisciplinary affiliations

Health policy/analysis is also recognized as a sub-field of public policy within the discipline of political science where it is generally viewed as an application of public policy analysis. It also has natural affinities to political economy, law, and ethics.

Several years ago, for teaching and curriculum purposes, we developed a working definition of health policy analysis informed by a review of selected US and internationally based health policy courses (appendix 1). In this 1-page working definition, Health Policy Analysis is defined as *an interdisciplinary field that investigates how health policy is made, what it is, what it might become, and what its effects are*. Health policy analysts draw on a range of disciplines (e.g., economics, political science and sociology) and methods (e.g., econometrics, epidemiology, and interpretive methods) to their study of topic areas of interest. Though it can

surely be improved, it offers a starting point for a commonly agreed definition, perhaps even a revised Wikipedia definition.

Body of Work

Another basic defining institution for any field is its body of work. Is health policy scholarship easy to look for, and to recognize as such?

Chris Ham, one of only a handful who has written explicitly on the subject, described health policy analysis in 1990 as a “relatively new field of work ... [with no] body of material generally recognized as comprising health policy analysis” (1990: 62). He contrasted this ‘new’ field from health economics and epidemiology for which distinguishable bodies of material *did* exist.

Core and Classic Scholarship

Educational curricula and course syllabi are crucial sources for defining the “canon” of an academic field. We collected over 60 course syllabi from Canadian and U.S.² graduate programs and from these identified 35 *core* health policy courses (i.e., where the term “health policy” either appears in the course title or objectives) for review. The 21 Canadian course syllabi collected were distributed across 11 universities. The 14 U.S. course syllabi were collected from 5 major U.S. Graduate health policy programs (appendix 2³). What does this review tell us about the characteristics of health policy scholarship?

The most striking finding is the sheer breadth of material that potentially constitutes “the canon” and the lack of content overlap among course syllabi. Over 1800 individual readings were assigned across the 35 course syllabi reviewed: 1077 journal articles, 291 book titles (with multiple readings assigned within some of these) and 387 grey materials.

Close to 300 different texts and over 1000 journal publications from 250 different journal titles represents a vast terrain of educational material. About 70% of the journal article

² Our decision to collect U.S. course syllabi to the exclusion of other countries’ course syllabi was driven by ease of access to these course syllabi. Distinctive UK and European health policy programs and courses are not as easy to identify as those in the U.S. and time constraints prevented us from undertaking a comprehensive search in these jurisdictions.

³ This appendix has been updated since it was first compiled to reflect new courses on offer or changes to the status of existing courses.

references were pulled from 20 journals with general medical journals (*Journal of the American Medical Association* and *The New England Journal of Medicine*) leading the pack (N= 159 and N=109 references respectively) and the prominent health policy journal *Health Affairs* following closely behind (N=98) (appendix 3). Texts comprised a mix of i) general policy and politics texts (e.g., Stone's *Policy Paradox*; Pal's *Beyond Policy Analysis*; ii) politics/analysis of health policy texts (e.g., Walt's *Health Policy: An Introduction*; Tuohy's *Accidental Logics*); and iii) content-specific texts (e.g., tobacco, public health, AIDS, health reform, pharmaceuticals/technologies, professions).

We distilled a shorter list of 46 “core texts”⁴ (appendix 4). Most were U.S. publications (N=30); the remaining were either Canadian (N=11) or European (N=5). Their content covered a mix of U.S. and Canadian policy and politics primers (N=14), various health policy texts focused on analyses of health system change within countries or in a comparative perspective (N=25); and disciplinary or methods texts (N=9).

Overlap was found in a few key areas: Deborah Stone's *Policy Paradox* appears in 8 courses and represents the greatest overlap between U.S. and Canadian courses. Beyond this dominant text, overlap was more common among Canadian than U.S. course readings: Malcolm Taylor's *Health Insurance and Canadian Public Policy* was assigned in 6 courses; the final report of the Romanow Commission and Hutchison, Abelson and Lavis' 2001 *Health Affairs* paper on primary care reform were each assigned in 7 Canadian courses respectively. While most courses focused on the fundamentals of their own health system (i.e., Canada or the U.S.), those that took a broader view to include for example health care funding arrangements in Europe tended to use the same text -- *Funding Health Care: Options for Europe*. Buckingham: Open University Press.

Health Policy Scholars

The Canadian Health Policy Community: Past to Present

Prior to the mid-1980s, university-based health policy research was largely carried out by a small but highly successful number of academics working in isolation or in small groups within disciplinary and interdisciplinary departments scattered across Canadian universities. Between the mid-1980s and mid-1990s, a critical mass of these individuals came together in a

⁴ A reading was categorized as ‘core’ if its contents were assigned 3 or more times throughout the course syllabus.

few sites to form research centres dedicated to the production of research that could inform policy. Included in this group were the University of Montreal's Groupe de Recherche Interdisciplinaire en Santé (GRIS), McMaster's CHEPA, the Manitoba Centre for Health Policy and the UBC Centre for Health Services and Policy Research.

This group combined training and expertise in epidemiology, public health and health services research methods from the major US public health schools, as well as sociology, economics and political science from Canada and the UK. Over time, new faces and disciplinary frontiers have shaped the Canadian health policy community including an expanded range of political science sub-fields now concerned with health policy problems (e.g., public admin, comparative public policy, historical institutionalism) and the addition of bioethics, geography, history, law and management.

Since the pioneering years of the 1980s and early 1990s, the number of research groups focusing all or a portion of their work on the production of health policy research and analysis has increased across Canada and is currently comprised of about 30 university-based groups, and about half this number of think tanks, charities and government research units combined.⁵ A notable trend that has accompanied expansion in this sector is the larger number of groups dedicated to researching policy issues specific to a population or content area (e.g., children, mental health, rural and northern, nursing) (appendix 5).

The community of health policy educators has also evolved. There are currently about 40 graduate 'health policy' courses on the books throughout Canadian universities described as focusing on one or a combination of issues, methods, concepts or the application of a disciplinary perspective to health policy (e.g., economics and health policy; politics and health policy) (appendix 2).⁶ Of these, 25 are offered in Medicine or Health Sciences faculties, 10 in Social Sciences, 3 in MBA programs and 2 in a Law faculty. In comparison, the graduate Health Policy programs of 5 major U.S. universities (Harvard, Michigan, Yale, UC Berkeley and UNC) offer at least 20 health policy courses through stand alone departments or schools of health policy and management, health care policy, or health policy and administration.

⁵ Centres included in this grouping were categorized as Tier 1 (identify the production of health policy research explicitly in their mandate); Tier 2 (have a division or a branch of their research devoted to health policy research); and Tier 3 (indirectly focus on health policy research as facilitator, umbrella organization or advocacy group).

⁶ Courses selected for inclusion listed 'health policy' in course title and/or objectives.

Research expertise statistics provide another way of looking at Canada's health policy community. We requested Common CV and Canadian Institutes of Health Research web form statistics to help us with this task. Within the Common CV structure, the "discipline" menu includes the following terms, none of which capture *health policy*: economics, health sciences, allied and health services delivery, knowledge management, knowledge translation, law, science policy studies, sociology and political science.

Within the CIHR classification scheme, 'health policy' is a sub-code along with 'health economics' and 'health care delivery' within the Health Services Research class code. Since CIHR was established in 2000, between about 15 and 50 uniquely-nominated principal investigators classified their research each year in the 'health policy' category. This compares to a range of 30-75 nominated PIs who identify 'health care delivery' as their primary research class and up to about 20 each year who identify health economics as their primary research class (CIHR, 2007).

Conferences, symposia and workshops offer places for scholars to meet, exchange ideas and advance knowledge. Health policy scholars have a variety of Canadian and international academic conferences to choose from depending on their disciplinary homes (e.g., economics, political science, public administration, and sociology) and content interests (e.g., priority setting, bioethics, technology assessment, and population health). Since the 1980s, conferences dedicated to the exploration of health policy problems have grown in number. McMaster's CHEPA, UBC's CHSPR and the University of Montreal's Department of Health Administration were early convenors of conferences designed to bring health policy researchers, practitioners and policy makers together on current or emerging topics of importance. In 2004, the Canadian Association of Health Services and Policy Research (CAHSPR) was established to replace its predecessor organization - the Canadian Health Economics Research Association (CHERA). CAHSPR's aim is "to enhance research capacity within both the researcher and "research user" communities across Canada". Its annual conference has become the institutionalized knowledge exchange venue for health system researchers and practitioners across the country. Academy Health is CAHSPR's closest U.S. counterpart and appeals to a similarly broad base of health policy and health services researchers. An equivalent U.K. or European counterpart was not found.

Sorting out who we are or who we might be is challenging in Canada with the diversity of backgrounds and academic homes described above. But with only 40 taught courses, 45

research groups and a few dozen researchers each year identifying their proposed research as 'health policy', learning more about this community and how best to serve its interests seems feasible. Taking stock in this way is an important means to identify expertise that is missing or in short supply, and how training gaps might be addressed. Priorities for building future research capacity might be identified in different ways -- around policy content or problems, or by analytic or methodological approaches.

Contributions and impact

We considered educational contributions as well as contributions to academic and applied health policy discourse to better understand what the health policy community is producing and with what impact.

Health policy training

Until recently, there have been no graduate health policy training programs offered in Canada and many of Canada's current health policy scholars have obtained their doctoral training in the U.S., U.K. or elsewhere. The University of Toronto has come closest with Health Policy as one of 5 fields within its department based Health Policy, Management and Evaluation degree program. Canada's first interdisciplinary doctoral program in Health Policy is scheduled to commence in 2008 at McMaster University. Outside of these programs, students interested in dedicated health policy training either settle for ad-hoc courses within other general health degree training programs (e.g., clinical epidemiology, health administration, population health, health research methodology) or choose the discipline-based training route (e.g., political science).

Our collection of graduate health policy course syllabi described earlier allowed us to review the objectives and pedagogical approaches of these courses. We found greater emphasis given to theory and analytic methods in the selected US health policy courses we reviewed compared to their Canadian counterparts.

Within the Canadian sample of courses we found a mix of aims and approaches, many of which appear to be shaped by instructor content expertise and/or training. Some courses emphasize issues and content over theory and methods while others try to achieve more of a balance through the application of explanatory frameworks to a selection of policy problems.

The heavy emphasis given to *describing* the current institutional arrangements of the Canadian health system and its historical evolution is noteworthy in contrast to courses emphasizing the teaching of analytic tools for explaining these arrangements or predicting their prospects for change over time. Discussion of the appropriate balance and combination of health policy teaching objectives warrants further attention in relation to the objectives of the programs within which these courses reside.

Academic health policy discourse

Contributing to academic health policy discourse requires outlets for scholarly research, discussion and debate. In the following sections we describe the current outlets for health policy scholarship, their impact ratings, top cited work in the field and the overlap between citation frequency and appearance in health policy course offerings.

Peer reviewed journals are another identifying feature of a field's academic scholarship. A small number of dedicated health policy journals have been established since the *Milbank Quarterly* in 1923. A clustering of US and European based journals were introduced between the late 70s and early 80s: *Journal of Health Politics, Policy and Law* (est. 1976); *Social Science and Medicine* with its Health Policy sub-section (est. 1978); *Health Policy* (est. 1980), *Journal of Public Health Policy* (est. 1980), and *Health Affairs* (est.1981).

A 15-year lull set in until the mid-1990s and the establishment of the UK-based *Journal of Health Services Research and Policy* (JHSRP) which also marked the first explicit integration of 'health policy' and 'health services' within a single journal. The UK health and public policy community continues to establish new field-specific journals – recent appearances include *Evidence and Policy* (est. 2005) and *Health Economics, Policy and Law* (est. 2006). In 2005, Canada established its own home-grown journal *Healthcare Policy* to serve a growing and active community of health policy researchers and practitioners.⁷

The target audiences and stated purposes of these journals are remarkably similar although a review of their core mission reveals different emphases. Academics, health policy

⁷ Prior to the establishment of *Healthcare Policy*, the only other Canadian outlets for health policy researchers were the *Canadian Medical Association Journal*, *Canadian Public Policy*, and *Canadian Public Administration* with each requiring considerable positioning and orientation to meet the journal's primary audience (e.g., physicians, public policy scholars and public sector managers).

leaders and decision makers are universally targeted by all health policy journals but their core commitments to either “applying the best empirical research to practical policymaking” (*Milbank Quarterly*), “rigorous conceptual development and analysis” (*Health Economics, Policy and Law*), or to providing a forum for current scientific and policy debates, including key methodological issues” (*Journal of Health Services Research and Policy*) reveal some distinguishing features. As the lone Canadian entry, *Healthcare Policy* is unique among these journals in its aim to “bridge the worlds of research and decision-making”.

Vibrant health policy discourse is also found in general medical journals and a range of discipline and sub-discipline based journals. The top-tier general medical journals (e.g., *BMJ*, *Lancet*, *NEJM* and *JAMA*) and some high profile health sciences/services research journals (e.g., *Medical Care*) can have a major impact on their audiences and in turn mainstream media if their articles are picked up. In contrast, discipline-based journals such as the *American Political Science Review*, or the *Journal of Political Economy* are much less likely to be aimed at, and consequently influence, mainstream media or health policy decision makers yet publish high quality scholarship.

We reviewed the impact factor of the major health policy journals, general medical journals and selected and discipline-specific journals displays an interesting set of comparisons worthy of attention. The dedicated health policy journals range in impact factor from 1.1 – 6.8 (Table 1) in comparison to the general medical journals which boast much higher impact factors ranging from 6.8 for the *Canadian Medical Association Journal* (at the top of the health policy journal impact factor range) to 51 for *The New England Journal of Medicine*. Health policy journal impact factors fare slightly better when compared to the disciplinary social and health sciences journals.

Table 1

Journal	2006 Impact Factor ⁸
<i>NEJM</i>	51
<i>Canadian Medical Association Journal</i>	6.8
<i>Milbank Quarterly</i>	6.8
<i>Medical Care</i>	3.7

⁸ The impact factor of a journal is calculated by dividing the number of citations in the Journal Citation Reports year (e.g., 2006) by the total number of articles published in the two previous years. For example, an impact factor of 1.0 means that, on average, articles published one or two years ago have been cited one time. Citing articles may be from the same journal though most citing articles are from different journals. Another journal impact evaluation measure is the immediacy index which is a gauge of how quickly articles in a subject category are cited.

<i>Health Affairs</i>	3.4
<i>American Journal of Bioethics</i>	3.4
<i>Journal of Political Economy</i>	3.2
<i>American Political Science Review</i>	3.0
<i>Social Science and Medicine</i>	2.8
<i>American Journal of Sociology</i>	2.6
<i>Administrative Science Quarterly</i>	2.5
<i>Health Services Research</i>	2.3
<i>Health Economics</i>	2.0
<i>Journal of Organizational Behaviour</i>	2.0
<i>Nursing Economics</i>	1.8
<i>Journal of Public Health Policy</i>	1.4
<i>Public Administration Review</i>	1.3
<i>Health Policy</i>	1.2
<i>Journal of Health Politics, Policy and Law</i>	1.2
<i>Canadian Public Policy</i>	0.4
<i>Healthcare Policy</i>	2005 (first issue)
<i>Journal of Health Services Research and Policy</i>	Not found
<i>Health Economics, Policy and Law</i>	2006 (first issue)

General medical journals

Interdisciplinary health policy journals

Disciplinary social and health sciences journals

Citation and journal content analyses to assess influence/impact

We searched the major health policy journal websites for journal-specific citation analyses. Of the 10 journals searched, only two – *The Milbank Quarterly* and *JHPPL* – post regularly updated article citation rankings of their top 20 or top 50 cited articles (appendix 6). Analysis of these two journals' top cited articles reveals as much variation in the types of articles highlighted as in their content. Review and synthesis articles rather than content-related themes are among the most highly cited *Milbank* articles. Explanatory policy analyses and policy evaluations dominate *JHPPL*'s top cited articles (appendix 6).

Overlap between top cited articles and health policy course readings

As an indicator of influence we reviewed our graduate course syllabi database to determine what overlap existed between these and the top cited *Milbank* and *JHPPL*

articles. Our comparison yielded only 4 overlapping readings (appendix 6) although 6 of the primary authors of the top cited articles had other work assigned in course syllabi.

Web of Science analysis of 'health policy' journal content

We searched the Web of Science electronic database for the term “health policy” to explore publication trends between 1990 and 1999 and 2000 and 2007 (e.g., authors and publications with the greatest numbers of ‘health policy’ articles, most frequent subject categories used to classify ‘health policy’ articles, and the dominant countries and institutions publishing ‘health policy’ articles) (appendix 7).

The distribution of published literature over time shows a rapid increase in volume in the early 90s with steadier, more incremental growth after this period. This trend mirrors the establishment of health policy journals and their respective communities described earlier. The list of ‘top publishing’ authors has changed over the two periods reviewed yet there are no dominant contributors. ‘Health policy’ journal content is distributed widely through many and varied journals (e.g., general medical journals, clinical specialty journals, public health as well as dedicated health policy journals). A large concentration of ‘health policy’ literature published across both time periods reviewed falls in the areas of public, environmental and occupational health. The prominence of these topics in the literature is notable given the tendency toward implicit and explicit labeling of health policy scholarship as research focused on health services and health systems. Institutional and country of origin trends demonstrate a gradual increase in the proportion of content generated from outside the U.S. though U.S. content continues to dominate.

Applied Policy Discourse and Policymaking

To researchers and policy makers alike, the most significant indicator of health policy scholarship influence is its ability to diffuse into everyday health policy discourse, and to ultimately inform policy. Documenting this type of influence is extremely difficult to do. Influence and impact can mean so many things in the world of policy. While each of us may be able to draw on examples of how our own or our colleagues’ research has

influenced decision makers, organizations and policy processes, systematic efforts to identify and gather these cases are few and far between.

One explanation for this evidence gap is that some types of policies and policymaking processes may be more amenable to being informed in certain ways by research than others. As Lavis et al. document in their study of the role of health services research in public policy-making processes (2002), content-driven policies, such as needs-based funding formula, HIV prenatal testing, and immunization were more responsive to instrumental uses of research as compared to other types of policies that are better served by research that is used to enlighten. In addition, the process of exerting influence is a delicate one requiring trusted relationships between researchers and decision makers, open channels of communication and a strong body of research evidence to draw from. While we are learning more and more about what it takes to be relevant and influential, we still lack concrete examples of how our work is actually making a difference and continue to find examples of where and why it isn't (Oxman, Lavis and Fretheim, 2007).

In the absence of these concrete examples, potential influence and permeation may be easier to document. We reviewed 2 high profile health commission reports: one provincial report (the Fyke Commission report, 2001) and 1 pan-Canadian report (the final report of the Commission on the Future of Health Care in Canada, 2004). We looked at the prevalence of health policy scholarship in these reports by searching their reference sections and counting the number of references to articles published in leading general medical and health policy journals. Of the over 700 references which appeared in the combined bibliographies of these Commission reports, peer reviewed journal articles accounted for just under a quarter of the Romanow report references and just under a third of the Fyke report references. Top tier medical journals (e.g., *NEJM*, *BMJ*, *CMAJ*) and health policy (e.g., *Milbank*, *Health Affairs*) were the sources of about half of the total journal article references; medical journals were favoured over health policy journals, comprising two thirds of these references. "Critical" and systematic reviews of empirical evidence have some presence in the reference lists of these reports, commensurate with the developments in the field at the time of these commission deliberations.

While this rudimentary review provides only a snapshot of how policy research finds its way into the applied policy world, it gives us a starting point for more in-depth exploration. How were these references used within the report itself? What emphasis were they given relative to other sources? How representative are these two reports of the use of research in the commission process? And finally, how did this scholarship permeate the public domain through media coverage of these reports? With the research community increasingly called upon to engage in high profile communications and knowledge transfer activities, priority should also be given to assessing the impacts of these interventions on policy debates as well as their enduring effects on public policy.

Support for the field

In light of our review, “Canadian health policy” displays many of the features of our wikipedia definition for an academic field. It is a branch of knowledge that is being taught and researched at the university level though we are still developing an understanding of what that branch of knowledge comprises. Its interdisciplinary make-up, though supported by strong and readily identifiable disciplinary roots, presents some challenges. There are some recognizable academic journal outlets through which its research is published yet these outlets are vast and varied and it is not always clear where to turn to find the “best” scholarship in the field. Moreover, the learned societies and academic “homes” that are obvious to scholars in traditional academic fields are not at all evident to health policy scholars. In this last section of the paper, we turn to these institutional structures that organize the pursuit and teaching of this knowledge to ensure the viability of this field as it matures – and to create our field of dreams.

Research, Training and Career Support

While much of health policy research has the aim of informing health policy, the production of excellent research scholarship that can inform health policy requires excellent scholars who are adequately supported to make theoretical, methodological and empirical advances in their field in a research funding environment that values contributions to strategic research priorities as well as basic knowledge production.

Research funding support

Health policy and health services researchers are the 'bottom feeders' in the Canadian research funding hierarchy – they rarely carve out more than a tiny fraction of the health research dollars for their work and have to work really hard to sustain this level of funding. The privileging of basic sciences research over health policy research, in particular, is not only evident in the health research allocations of major funders such as CIHR but also within universities.

Priority and special research competitions have been designed as one way to level the playing field. This has contributed to a perplexingly fragmented array of research funds (e.g., capacity building competitions, partnership competitions, etc.). Traditional sources of investigator-driven health policy research funding are the Canadian Institutes of Health Research (and the specific Institute of Health Services and Policy Research) and, to a lesser extent, the Social Sciences and Humanities Research Council. The Canadian Health Services Research Foundation provides some programmatic research funding but only in a small number of priority areas. The remaining funding pool is comprised of provincial health research granting agencies, provincial health ministries and regional health authorities distributed unevenly across the country. Content-specific funders such as the Canadian Agency for Drugs and Technologies in Health (CADTH) and the National Cancer Institute of Canada (NCIC) are also beginning to turn their attention to health policy research as organizational priorities. While competitions targeted to priority areas can provide a useful vehicle for researchers to obtain funding for relevant research that has the potential to inform policy, their steering effects can pose challenges if the research community becomes overly dependent on these sources and short-term, segmented research priorities do not cover the field adequately.

Training support

Canadian health policy training has lagged far behind the Canadian health policy community's contributions to research and applied policy discourse. Dedicated graduate training programs are in their infancy, but in coming years the pool of interdisciplinary health policy scholars needed to address future health policy challenges will increase. The variation and divergence in current approaches to teaching health policy warrant attention to ensure an appropriate balance of student exposure to theories, methods and

topics and a common knowledge base for the field. Mechanisms for identifying expertise that is missing or in short supply are also needed to prioritize capacity building efforts.

- 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, policy makers 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?

Career support

Health policy scholars comprise a heterogeneous group which populates university faculties and departments in different ways. Some have appointments in interdisciplinary departments or groups with a common interest in health policy or related fields such as community health, health services, etc. Many, however, are isolated as the “health person” in a disciplinary department, or as the lone “social scientist” in a clinical department, where they face career incentives somewhat at odds with prevailing values in the health policy field. For example, those in disciplinary departments may find interdisciplinary and collaborative publications undervalued, while those in clinical departments face pressures to publish in clinical rather than policy journals. In health sciences faculties, appointments are commonly made to soft-funded, non-tenure track positions. Career scientist, new investigator awards and Canada Research Chairs help sustain these faculty members but they are not long-term solutions for career support. In the social sciences faculties, career awards and other research funding can reduce teaching loads but paradoxically, heavy teaching loads tend to impede junior faculty members’ competitiveness for these awards in relation to their health science colleagues with more time for research. Each group envies aspects of the other’s world.

- 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?

Exchange Support

The Canadian health policy community is served relatively well by venues for presenting completed research and for researchers and policy makers to listen to each other, but there are few opportunities for meaningful exchange that focus on the medium to long-term questions to which policy makers and researchers will need to turn their attention, or for sharing common challenges or major advances in content, theory or methods relevant to their field.

- What important questions have health policy scholars shied away from? What are the most appropriate venues for identifying these questions?
- Do health policy makers have adequate opportunity and the right conditions to interact with researchers on a given policy topic?
- Would there be value in creating deliberative exchange opportunities within Canada's health policy community among academics and between academics and policy makers? What might these look like?
- How might we use existing structures like the Canadian Association for Health Services and Policy Research as a launch pad 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 across the country play in facilitating these types of exchanges?

Next Steps

This mapping exercise has likely been as provocative and perplexing as it has been informative about the current state of Canadian health policy. Our objective in preparing this paper was to share the findings from a review of Canada's health policy community in relation to the larger and more mature international health policy community (the U.S. and Europe in particular) and to consider its contributions, opportunities and constraints for growing into a well institutionalized Canadian academic

field. We now look to our colleagues across the country and internationally to help us advance this discussion and help shape our future.

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Hall et al. A meeting of the minds: interdisciplinary research in the health sciences in Canada. *Canadian Medical Association Journal* 2006; 175(7):763-71.

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Appendix 1

What is health policy analysis?

A working definition developed by Julia Abelson and Mita Giacomini
version of 25 November 2003

Health policy analysis is an interdisciplinary field that investigates how health policy is made, what it is, what it might become, and what its effects are.

Policies are decisions, commitments, or goal-oriented behaviours that are undertaken systematically, and to some degree always collectively. Dictionary definitions often characterize a policy as a “course of action” or a “guiding principle.” Policies involve decisions that affect others. They are at the heart of public governance (e.g., legislation), but are also essential elements of professional practices (e.g., clinical protocols) and organizational administration (e.g., business plans and missions).

Policy analysis includes research into the nature of policy and its types, the making of policies, and the implications and consequences of policies. The basic research questions may be:

- Descriptive: “What is happening? What has happened?”
- Normative: “What should happen?”
- Predictive: “What will happen?”
- Explanatory: “Why did it happen?”
- Evaluative: “What were the consequences?”

The science of health policy analysis is advanced in part through the empirical study of pressing policy problems. It is also advanced by basic scholarship in methodologies, concepts, and theories that have potential relevance to a wide array of problems, as well as those that enhance training and education in the field.

Diverse disciplines and fields are brought to bear on these questions. Academic “health policy analysis” fields include interdisciplinary degrees such as “social and policy sciences,” “health services and policy analysis,” “health policy and administration,” and others. Scholars trained in specific disciplines or professions may also focus their research programs on health policy issues.

Disciplines commonly associated with academic policy analysis include economics, sociology, political science, business, public administration, public health, history, law, ethics, and others.

Methods for analyzing policy are as diverse as the disciplinary perspectives and topic areas. Core quantitative methods include epidemiology, econometrics, and statistics. Core qualitative methods include a variety of both interpretive and descriptive approaches from the social sciences and humanities.

Appendix 2
Health Policy Course Offerings

Institution	Schools/Faculties	Degree Program(s)	Course Name	Course Code(s)	Instructor(s)	Syllabus	Course Website
University of California, Berkeley	School of Public Health	Health Policy and Management (MPH)	Health Policy Decision-Making	PH 220	Ann Keller	Fall 2006	http://hpm.berkeley.edu/hpm2.html
			Foundations of Health Policy and Management	PH 298.32	Solomon Oxendine	Fall 2006	
			Health Care Technology Policy	PH 222A	James Robinson	Not Available	http://hpm.berkeley.edu/electives_fieldplacement.html
	School of Social Welfare	Social Welfare (MSW)	Health Policy	SW 238C	Marty Lynch	Spring 2008	http://socialwelfare.berkeley.edu/academic/syllabi/spring08/238c/sw238c.sp08.htm
Harvard University	School of Public Health	Health Policy and Management (MSc)	Political Analysis and Strategy for U.S. Health Policy	HPM 247 HCP 175	Robert Blendon	Spring 2009	http://www.hsph.harvard.edu/registrar/courses/hpm.shtml http://ksgacoman.harvard.edu/courses/course.aspx?number=HCP-175
	J.F.K. School of Government	Health Policy (PhD)	The Economics of Health Care Policy	HPM 227 HCP 272	Joseph Newhouse	Spring 2009	http://www.hsph.harvard.edu/registrar/courses/hpm.shtml http://www.hks.harvard.edu/degrees/teaching-and-courses/courses/the-economics-of-health-care-policy
	School of Public Health	Health Policy and Management (MSc)	Core Course in Health Policy I & II	HPM 246	Joseph Newhouse, Richard Frank, Alan Zaslavsky	Fall 2008	http://www.hsph.harvard.edu/registrar/courses/hpm.shtml
	J.F.K. School of Government	Health Policy (PhD)		HCP 597 & 598			http://www.hks.harvard.edu/degrees/teaching-and-courses/courses/(subject)/HCP/(semester)/0
	Faculty of Arts and Sciences	Health Policy (PhD)		Health Policy 2000			http://webdocs.registrar.fas.harvard.edu/courses/HealthPolicy.html
	School of Public Health	Health Policy (PhD)	Current Issues in Health Policy	HPM 277	Arnold Epstein, Anthony Komaroff	Summer 2008	http://www.hsph.harvard.edu/academics/public-health-studies/course-schedule/health-policy-and-management/hpm-277.html http://www.hsph.harvard.edu/academics/public-health-studies/files/08HSPHFINAL.pdf
	J.F.K. School of Government	Public Policy (MPP) Public Policy/International Development (MPP/ID) Public Administration (MPA)	Health Policy Reform: The U.S. in Comparative Perspective	HCP 382	Mary Ruggie	Fall 2008	http://ksqnotes1.harvard.edu/degreeprog/Syllabus.nsf/0/42BD4D0012F8C59D852574AC005CD1E6/\$FILE/syllabus.pdf
Harvard Law School	Health Policy (PhD)	Ethics and Health Policy	LAW 31451A	Norman Daniels	Spring 2008	http://www.law.harvard.edu/academics/courses/2007-08/?id=4348	
University of Michigan	School of Public Health	Public Health (MPH) Health Services Administration (MHSA) Health Services Research (MS-HSR)	Introduction to Public Health Policy	HMP 615	Paula Lantz	Fall 2008	http://www.sph.umich.edu/iscr/caid/display_course.cfm?courseID=HMP615
			The Politics of Public Health Policy	HMP 685	Scott Greer	Winter 2009	http://www.sph.umich.edu/iscr/caid/display_course.cfm?courseID=HMP685
		Public Health (MPH) Health Services Administration (MHSA) Health Services Research (MS-HSR) Health Services Organization and Policy (PhD)	Economics of Health Management and Policy I	HMP 660	Richard Girth	Fall 2008	http://www.sph.umich.edu/iscr/caid/display_course.cfm?courseID=HMP660
			Economics of Health Management and Policy II	HMP 663	Edward Norton, Daniel Eisenberg	Winter 2009	http://www.sph.umich.edu/iscr/caid/display_course.cfm?courseID=HMP663
			Health Law	HMP 652	Peter Jacobsen	Fall 2008	http://www.sph.umich.edu/iscr/caid/display_course.cfm?courseID=HMP652

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Institution	Schools/Faculties	Degree Program(s)	Course Name	Course Code(s)	Instructor(s)	Syllabus	Course Website
		Public Health (MPH) Health Services Administration (MHSA)	Applied Health Policy Analysis	HMP 664	Paula Lantz	Winter 2009	http://www.sph.umich.edu/iscr/caid/display_course.cfm?courseID=HMP664
			The Politics of Health Services Policy	HMP 684	Scott Greer	Winter 2009	http://www.sph.umich.edu/iscr/caid/display_course.cfm?courseID=HMP684
University of North Carolina, Chapel Hill	School of Public Health	Healthcare Administration (MHA) Public Health (MPH/MSPH)	Introduction to Health Policy and Management	HPM 600	Deborah Bender	Spring 2008	http://www.sph.unc.edu/images/stories/academic_programs/hpaa/documents/600_res.pdf
			International and Comparative Health Systems	HPM 660	Dean Harris, Bruce Fried	Fall 2007	http://www.sph.unc.edu/images/stories/academic_programs/hpaa/documents/660.pdf
			Health Law	HPM 710	Dean Harris	Fall 2008	http://www.sph.unc.edu/images/stories/academic_programs/hpaa/documents/710.pdf
			Introduction to Health Policy and Politics	HPM 755	Thomas C. Ricketts	Fall 2008	http://www.sph.unc.edu/images/stories/academic_programs/hpaa/documents/755.pdf
Yale University	School of Public Health	Health Policy (MPH)	Health Policy and Health Systems	H{A 510a	Mark Schlesinger	Fall 2008	http://publichealth.yale.edu/hpa/education.html#policy
			Health Politics and Policy	HPA 514b	Colleen Barry	Spring 2009	
		Epidemiology and Public Health (MSc) Health Policy (PhD)	Advanced Applications in Policy Analysis	HPA 529a	Patricia Keenan	Not Available	http://publichealth.yale.edu/phdgraduate/index.html
			Capstone Course in Health Policy	HPA 597b	Elizabeth Bradley	Spring 2009	
University of Alberta	School of Public Health	Health Policy and Management (MPH) Health Promotion (MPH) Health Policy Research (MSc)	Introduction to Health Systems and Health Policy	PHS 500	Dev Menon	Fall 2008	http://www.phs.ualberta.ca/pdfs/PHS500_08.pdf
		Health Policy and Management (MPH) Epidemiology (MPH) Public Health Leadership (MPH) Global Health (MPH)	Health Policy Development	PHS 600	Carl Phillips	Winter 2009	http://www.publichealth.ualberta.ca/phs600.cfm
University of British Columbia	School of Population and Public Health	Health Services Research and Policy (MSc)/(PhD)	Issues in Canadian Health Policy	SPPH 542	Steve Morgan	Fall 2008	http://www.spph.ubc.ca/courses/spph542.pdf
		Health Administration (MHA)	Canadian Health Policy and the Health Care System	SPHA 510	Steve Morgan	Fall 2008	http://www.mha.spph.ubc.ca/program_course.html
	College of Health Disciplines	-	Health Care Ethics	IHHS 401	Barbara Purves	Fall 2006	http://www.chd.ubc.ca/files/file/ihhs/IHHS%20401%20course%20outline%202006.doc
Carleton University	School of Public Policy and Administration	Public Administration (MA)	Health Policy	PADM 5221	Allan Maslove	Winter 2009	http://www.carleton.ca/spa/Programs/courses.html#5221
			Health Policy in Developing Countries	PADM 5817	Lisa Mills	Fall 2008	http://www.carleton.ca/spa/Programs/courses.html#5817

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McMaster University	Faculty of Health Sciences, Department of Clinical Epidemiology and Biostatistics	Health Research Methodology (PhD)	Health Policy Analysis	HRM 738	Julia Abelson	Winter 2009	http://www.fhs.mcmaster.ca/grad/hrm/course_list.html
			The Canadian Health Care System in Comparative Perspective	HRM 729	Fiona Miller	Winter 2006	
	DeGroot School of Business	Health Services Management (MBA)	Health Policy Analysis	C721	Glen Randall	Fall 2008	http://www.degroot.mcmaster.ca/MBA/outlines/documents/C721Fall2008.pdf
			Comparative Health Care Systems	C723	Chris Longo	Fall 2007	http://www.degroot.mcmaster.ca/MBA/outlines/documents/C723.pdf
	School of Social Work	Social Welfare Policy (MSW) Social Work (PhD)	Policy Making Process	SW 703	Donna Baines	Fall 2008	http://www.socsci.mcmaster.ca/socwork/emplibray/0809co703db.pdf
McGill University	Faculty of Medicine, Epidemiology and Biostatistics	-	Health Care Systems in Comparative Perspective	EPIB 525	Amelie Quesnel-Vallee	Winter 2006	http://www.mcgill.ca/files/sociology/course06_soci525.pdf
	Faculty of Arts, Sociology			SOCI 525			
University of Ottawa	Telfer School of Management	Health Systems (MSc)	Health Care System Organization and Policy	HAH 6260	Doug Angus, Denis Caro	Fall 2005	http://www.grad.uottawa.ca/Default.aspx?tabid=1727&monControl=Cours&ProgId=683
	Faculty of Social Sciences, Graduate School of Public and International Affairs	Public and International Affairs (MA)	Health Policy	API 6314	Patrick Fafard	Fall 2008	http://www.socialsciences.uottawa.ca/api/eng/course_descriptions.asp
Queen's University	Faculty of Health Sciences, Department of Community Health and Epidemiology	Health Services and Policy Research (MSc) Epidemiology and Population Health (MSc) Clinical Epidemiology (MSc)	Health Services and Policy Applications	EPID 803	Ken MacDonald	Fall 2008	http://chspr.queensu.ca/epid803.php
	School of Policy Studies	Public Administration, Health Policy (MPA)	Health and Public Policy	MPA 836	Gregory Marchildon	Spring 2007	http://www.queensu.ca/sps/current_students/MPA/courses/836_S07.pdf
University of Regina	Faculty of Arts, Department of Political Science	Political Science, Public Policy (MA)	Politics of Health Care	PSCI 844	-	Not Available	http://www.uregina.ca/gradstudies/calendar/programs/pol_science.shtml
Ryerson University	School of Nursing	Nursing, Leadership in Health Care Policy and Education (MN)	Health Policy: A Comparative Analysis	MN 8920	Gerry Warner	Not Available	http://www.ryerson.ca/graduate/programs/nursing/requirements/thesis/
Simon Fraser University	Faculty of Health Sciences	Public Health (MPH), formerly Population and Public Health (MScPPH)	Health Policy Making in a Global Context	HSCI 829-3	Susan Erikson	Spring 2009	http://www.fhs.sfu.ca/graduate-programs/course-outlines/health-policy-making-in-a-global-context-program
			Population Health Policy: Analysis and Issues	HSCI 891-3	Laurie Goldsmith	Spring 2008	http://www.fhs.sfu.ca/graduate-programs/course-outlines/special-topic-population-health-policy

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Institution	Schools/Faculties	Degree Program(s)	Course Name	Course Code(s)	Instructor(s)	Syllabus	Course Website
University of Saskatchewan	College of Medicine, Department of Community Health and Epidemiology	Community Health and Epidemiology (PhD)	Health Policy and Politics	CH&EP 808.3	A Backman, A Leis	Not Available	http://www.medicine.usask.ca/che/programs/phd/required-courses
University of Toronto	Faculty of Medicine, Department of Health Policy, Management and Evaluation	Health Administration (MHS), Health Services Research (MSc/PhD)	Canada's Health System and Health Policy I	HAD 5010H/5011H	Raisa Deber, Paul Williams	Fall 2008	http://www.hpme.utoronto.ca/about/gradprograms/mscphd-hsr/courses.htm#5011 http://www.hpme.utoronto.ca/about/gradprograms/mhsc/courses.htm#5010
		Health Services Research (MSc)/(PhD)	Concepts and Theory for Health Policy	HAD 7001H-S1	Fiona Miller	Winter 2009	http://www.hpme.utoronto.ca/about/gradprograms/mscphd-hsr/courses.htm#7001-S1
			Ideas and Arguments in Health Care Policy	HAD 7001H-S2	Tony Culyer	Winter 2009	http://www.hpme.utoronto.ca/about/gradprograms/mscphd-hsr/courses.htm#7001-S2
			Introduction to Qualitative Methods for Health Services and Policy Research	HSR 1001H	Nora Jacobson	Winter 2009	http://www.hpme.utoronto.ca/about/gradprograms/mscphd-hsr/courses.htm#1001
		Health Services Research (MSc/PhD), Health Technology Assessment & Management (MSc)	Advanced Health Economics and Policy Analysis	HAD 5760	Audrey Laporte	Winter 2009	http://www.hpme.utoronto.ca/about/gradprograms/mscphd-hsr/courses.htm#5760
University of Waterloo	Faculty of Applied Health Sciences, Department of Health Studies and Gerontology	Public Health (MPH)	Health Policy in Public Health	PHS 603	D Hammond	Summer 2008	http://www.ucalendar.uwaterloo.ca/SA/GRAD/0809/GRDCourse-PHS.html

Appendix 3

Top 20 Periodicals cited in US and Canadian Health Policy Course Syllabi

No. of articles	Periodical
159	Journal of the American Medical Association
109	The New England Journal of Medicine
98	Health Affairs
54	Journal of Health Economics
39	Journal of Health Politics, Policy and Law
26	Inquiry
25	American Journal of Public Health
22	Health Care Financing Review
20	British Medical Journal
19	Canadian Medical Association Journal
19	Health Services Research
19	Social Science & Medicine
17	Medical Care
17	The Lancet
16	American Economic Review
16	Mythbuster
15	Policy Options
12	Bulletin of the World Health Organization
10	Journal of Political Economy
9	Hastings Center Report

Total No. of Periodicals: 245

Total No. of Articles: 1077

No. of articles in top 21: 721

Appendix 4

Reference List of Core¹ Readings

[Retrieved from 35 US and Canadian Health Policy Course Syllabi]

- (1) -. Health Services Research. Cambridge: Harvard University Press, 1991.
- (2) -. Health Services Restructuring in Canada. Kingston: McGill-Queen's University Press, 2006.
- (3) -. Politics in the American States: A Comparative Analysis. Gray V, Hanson RL, editors Eighth ed. Washington: CQ Press, 1000.
- (4) -. The George W Bush Presidency. Washington: CQ Press, 2004.
- (5) -. The New Politics of State Health Policy. -: University Press of Kansas, 2001.
- (6) -. Toward a Moral Horizon: Nursing Ethics and Leadership. Toronto: Pearson, 2004.
- (7) -. World Health Systems: Challenges and Perspectives. Chicago: Health Administration Press and AUPHA Press, 2002.
- (8) Abraham LK. Mama Might Be Better Off Dead. Chicago: The University of Chicago Press, 1993.
- (9) Armstrong P, et al., editors. Unhealthy Times: Political Economy Perspectives on Health and Care in Canada. Toronto: Oxford University Press, 2001: VII-X.
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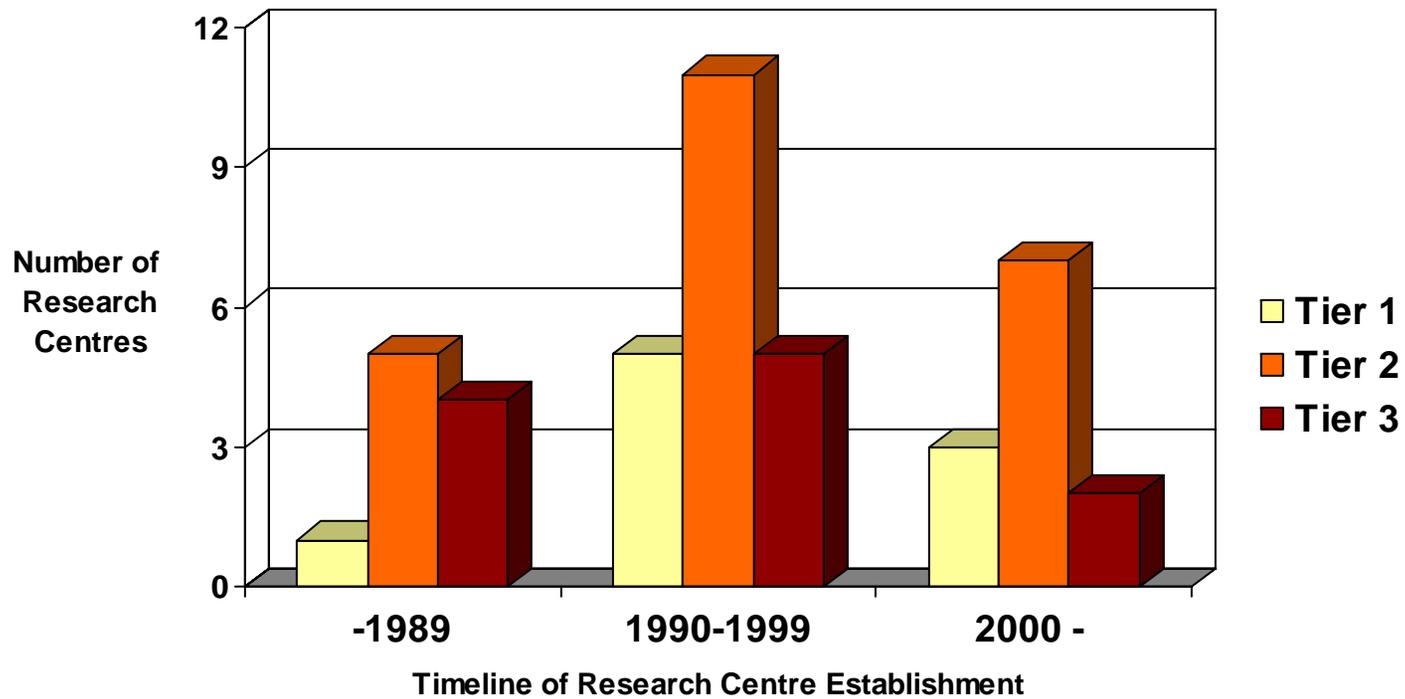
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¹ A reading was categorized as 'core' if its contents were assigned 3 or more times throughout the course syllabus.

Appendix 5

Health Policy Research Centres in Canada



Tier 1: Research groups that identify the production of health policy research as an explicit and primary goal of their organization.

Tier 2: Research groups that explicitly devote a portion of their research activities to health policy.

Tier 3: Research groups that identify health policy research as a peripheral activity of their organization.

Appendix 6
Top Cited Articles in *The Milbank Quarterly* and the *Journal of Health Politics, Policy and Law*

Most Cited Articles	Article Type	Content Area	Country of origin
<i>Milbank Quarterly</i>*			
Contribution of Primary Care to Health Systems and Health. Barbara Starfield, Leiyu Shi, James Macinko. <i>The Milbank Quarterly</i> 2005 83:3 457-502	Review article	Primary Care	US
Welfare Reform and Substance Abuse. Lisa R. Metsch, Harold A. Pollack. <i>The Milbank Quarterly</i> 2005 83:1 65-99	Review article and discussion of policy implications	Welfare reform and substance abuse	US
✓Mental Health Policy and Psychotropic Drugs. Richard G. Frank, Rena M. Conti, Howard H. Goldman. <i>The Milbank Quarterly</i> 2005 83:2 271-298	Explanatory analysis - quantitative	Mental health policy and drug use	US
Mortality of White Americans, African Americans, and Canadians: The Causes and Consequences for Health of Welfare State Institutions and Policies. Stephen J. Kunitz, Irena Pesis-Katz. <i>The Milbank Quarterly</i> 2005 83:1 5-39	Explanatory analysis - quantitative	Health disparities	US (comparative study of US and Canada)
Perspectives on the Recent Decline in Disability at Older Ages. Douglas A. Wolf, Kelly Hunt, James Knickman. <i>The Milbank Quarterly</i> 2005 83:3 365-395	Critique of analytic methods; new explanatory analysis	Disability/aging	US
Evaluating the Quality of Medical Care. AVEDIS DONABEDIAN. <i>The Milbank Quarterly</i> 2005 83:4 691-729	Literature review and methods development (reprint of original 1966 article)	Quality of care	US
How Good Is the Quality of Health Care in the United States? Mark A. Schuster, Elizabeth A. Mcglynn, Robert H. Brook. <i>The Milbank Quarterly</i> 2005 83:4 843-895	Review article	Quality of care	US

✓✓Improving the Quality of Long-Term Care with Better Information. Vincent Mor. The Milbank Quarterly 2005 83: 333-364.	Review article (methods, concepts and evidence)	Quality of care	US
Pharmacy Utilization and the Medicare Modernization Act. Vittorio Maio, Laura Pizzi, Adam R. Roumm, Janice Clarke, Neil I. Goldfarb, David B. Nash, David Chess. The Milbank Quarterly 2005 83:1 101-130	Policy evaluation - quantitative	Pharmaceutical policy	US
Exporting the Buyers Health Care Action Group Purchasing Model: Lessons from Other Communities. Jon B. Christianson, Roger Feldman. The Milbank Quarterly 2005 83:1 149-176	Policy synthesis - case studies	Purchasing	US
✓Consulting as a Strategy for Knowledge Transfer. Nora Jacobson, Dale Butterill, Paula Goering. The Milbank Quarterly 2005 83:2 299-321	Model Development - case study	Knowledge Transfer	Canada
The Epidemiologic Transition: A Theory of the Epidemiology of Population Change. Abdel R. Omran. The Milbank Quarterly 2005 83:4 731-757	Review article and theory development (reprint of 1971 article)	Population health	US
The Significance of the Milbank Memorial Fund for Policy: An Assessment at Its Centennial. Daniel M. Fox. The Milbank Quarterly 2006 84:1 5-36	Review and historical analysis	Role of private foundations in health policy	US
Stories from the Sharp End: Case Studies in Safety Improvement. Douglas McCarthy, David Blumenthal. The Milbank Quarterly 2006 84:1 165-200	Empirical analysis - comparative case study	Patient Safety	US
When Mental Health Becomes Health: Age and the Shifting Meaning of Self-Evaluations of General Health. Jason Schnittker. The Milbank Quarterly 2005 83:3 397-423	Critique of analytic methods/measurement issues	Measurement of self-rated health	US
The Need for More Research on Language Barriers in Health Care: A Proposed Research Agenda. Elizabeth Jacobs, Alice Hm Chen, Leah S. Karliner, Niels Agger-Gupta, Sunita Mutha. The Milbank Quarterly 2006 84:1 111-133	Review article and research agenda	Disparities research	US
The Politics of Racial Disparities: Desegregating the	Explanatory analysis	Health disparities	US

Hospitals in Jackson, Mississippi. David Barton Smith. The Milbank Quarterly 2005 83:2 247-269	- case study		
Public Policy and Mental Illnesses: Jimmy Carter's Presidential Commission on Mental Health. Gerald N. Grob. The Milbank Quarterly 2005 83:3 425-456	Explanatory policy analysis - qualitative	Mental health	US
✓One of These Things is Not Like the Others: The Idea of Precedence in Health Technology Assessment and Coverage Decisions. Mita Giacomini. The Milbank Quarterly 2005; 83: 2 193-223.	Policy analysis/ framework development	HealthTechnology Assessment and Coverage Policy	Canada
<i>Journal of Health Politics, Policy and Law**</i>			
Jennifer M. Mellor, Jeffrey Milyo. Rexamining the Evidence of an Ecological Association between Income Inequality and Health. Jun 01, 2001; 26: 487-522.	Methods advancement - quantitative	Population health	US
Rukmalie Jayakody, Sheldon Danziger, Harold Pollack. Welfare Reform, Substance Use, and Mental Health. Aug 01, 2000; 25: 623-652	Policy evaluation - quantitative	Welfare reform impacts	US
Stephen M. Shortell, AnnP. Zukoski, Jeffrey A. Alexander, Gloria J. Bazzoli, Douglas A. Conrad, Romana Hasnain-Wynia, Shoshanna Sofaer, Benjamin Y. Chan, Elizabeth Casey, Frances S. Margolin. Evaluating Partnerships for Community Health Improvement: Tracking the Footprints. Feb 01, 2002; 27: 49-92.	Evaluation - mixed methods	Public-private partnerships	US

✓Mark Schlesinger. On Values and Democratic Policy Making: The Deceptively Fragile Consensus around Market-Oriented Medical Care. Dec 01, 2002; 27: 889-926.	Explanatory policy analysis	Elite and public values	US
✓Robert H. Miller, Randall R. Bovbjerg. Efforts to Improve Patient Safety in Large, Capitated Medical Groups: Description and Conceptual Model. Jun 01, 2002; 27: 401-440.	Model development/policy design	Patient safety	US
Huw T. O. Davies, A. Eugene Washington, Andrew B. Bindman. Health Care Report Cards: Implications for Vulnerable Patient Groups and the Organizations Providing Them Care. Jun 01, 2002; 27: 379-400.	Policy analysis and recommendations - conceptual	Report cards	US
✓✓Mark A. Peterson. From Trust to Political Power: Interest Groups, Public Choice, and Health Care. Oct 01, 2001; 26: 1145-1164.	Policy analysis - conceptual	Politics of health care	US
James Maxwell, Peter Temin. Managed Competition versus Industrial Purchasing of Health Care among the Fortune 500. Feb 01, 2002; 27: 5-30.	Policy evaluation - survey of practices	Managed Competition	US
Clark C. Havighurst. Health Care as a (Big) Business: The Antitrust Response. Oct 01, 2001; 26: 939-956.	Descriptive policy analysis	Corporatism and health care	US
Susan Bartlett Foote. Why Medicare Cannot Promulgate a National Coverage Rule: A Case of <i>Regula Mortis</i> . Oct 01, 2002; 27: 707-730.	Explanatory policy analysis (legal/admin) - case study	Coverage policy	US
✓Karl Kronebusch. Children's Medicaid Enrollment: The Impacts of Mandates, Welfare Reform, and Policy Delinking. Dec 01, 2001; 26: 1223-1260.	Policy evaluation	Welfare policy	US
Pascale Lehoux, Stuart Blume. Technology Assessment and the Sociopolitics of Health Technologies. Dec 01, 2000; 25: 1083-1120	Conceptual analysis - case study examples	Health technology assessment	Canada
Michelle M. Mello, Carly N. Kelly, Troyen A. Brennan. Fostering Rational Regulation of Patient	Review article and policy recommendations	Regulation	US

Safety. Jun 01, 2005; 30: 375-426.			
✓✓Charlene Harrington, Joseph T. Mullan, Helen Carrillo. State Nursing Home Enforcement Systems. Feb 01, 2004; 29: 43-74.	Policy evaluation	Regulation	US
Keith Syrett. A Technocratic Fix to the "Legitimacy Problem"? The Blair Government and Health Care Rationing in the United Kingdom. Aug 01, 2003; 28: 715-746.	Explanatory policy analysis	Politics of Rationing	UK
Arnold J. Rosoff. Evidence-Based Medicine And the Law: The Courts Confront Clinical Practice Guidelines. Apr 01, 2001; 26: 327-368.	Explanatory policy analysis	Practice Guidelines and the Courts	US
Gary J. Young, Kamal R. Desai, Fred J. Hellinger. Community Control and Pricing Patterns of Nonprofit Hospitals: An Antitrust Analysis. Dec 01, 2000; 25: 1051-1081.	Policy analysis - quantitative	Antitrust	US
✓✓Abigail C. Saguy, Kevin W. Riley. Weighing Both Sides: Morality, Mortality, and Framing Contests over Obesity. Oct 01, 2005; 30: 869-923.	Explanatory policy analysis	Obesity	US
✓Schlesinger, M. Reprivatizing the Public Household? Medical Care in the Context of American Public Values. Aug 01, 2004; 29: 969-1004.	Explanatory policy analysis	Values and Health Policy	US
Nurit Guttman, Deena R. Zimmerman, Myra Schaub Nelson. The Many Faces of Access: Reasons for Medically Nonurgent Emergency Department Visits. Dec 01, 2003; 28:1089-1120	- explanatory analysis (qualitative) - typology development	- Utilization of health services	US

* Based on ISI citation data collected from journals published in the last 3 years; updated daily (accessed August 31 2007)

** Updated monthly (accessed August 25 2007)

✓✓ Indicates that this reference appears in a course syllabus

✓ Indicates that other work(s) by the primary author appears in course reading material



Background Statistics

Web of Science Analysis 1990-1999 & 2000-2007

Top 10 Authors with the greatest number of *health policy* articles

1990-1999

Field: Author	Record Count	% of 1516	Bar Chart
BANTA, HD	10	0.6596 %	
ASCH, DA	8	0.5277 %	
HAKAMA, M	8	0.5277 %	
MECHANIC, D	8	0.5277 %	
ROOS, NP	6	0.3958 %	
VONDELING, H	6	0.3958 %	
[ANON]	5	0.3298 %	
FRANK, RG	5	0.3298 %	
GOLD, M	5	0.3298 %	
HERSHEY, JC	5	0.3298 %	

2000-2007

Field: Author	Record Count	% of 2481	Bar Chart
ROSENBAUM, S	12	0.4837 %	
EYLES, J	9	0.3628 %	
HAKAMA, M	9	0.3628 %	
MCKEE, M	9	0.3628 %	
ABELSON, J	7	0.2821 %	
ANTTILA, A	7	0.2821 %	
BUSSE, R	6	0.2418 %	
GILSON, L	6	0.2418 %	
GOLDMAN, HH	6	0.2418 %	
MCD AID, D	6	0.2418 %	

Top 10 Publications which contain the greatest number of *health policy* articles

1990-1999

Field: Source Title	Record Count	% of 1516	Bar Chart
SOCIAL SCIENCE & MEDICINE	101	6.6623 %	■
HEALTH POLICY	87	5.7388 %	■
JOURNAL OF HEALTH POLITICS POLICY AND LAW	39	2.5726 %	■
HEALTH AFFAIRS	35	2.3087 %	■
INTERNATIONAL JOURNAL OF HEALTH SERVICES	27	1.7810 %	■
AMERICAN JOURNAL OF PUBLIC HEALTH	21	1.3852 %	■
MEDICAL CARE	20	1.3193 %	■
JOURNAL OF ADVANCED NURSING	16	1.0554 %	■
MILBANK QUARTERLY	16	1.0554 %	■
BRITISH MEDICAL JOURNAL	13	0.8575 %	■

2000-2007

Field: Source Title	Record Count	% of 2481	Bar Chart
HEALTH POLICY	116	4.6755 %	■
SOCIAL SCIENCE & MEDICINE	109	4.3934 %	■
HEALTH AFFAIRS	61	2.4587 %	■
BULLETIN OF THE WORLD HEALTH ORGANIZATION	50	2.0153 %	■
JOURNAL OF TECHNOLOGY ASSESSMENT IN HEALTH CARE	46	1.8541 %	■
JOURNAL OF HEALTH POLITICS POLICY AND LAW	37	1.4913 %	■
AMERICAN JOURNAL OF PUBLIC HEALTH	32	1.2898 %	■
PEDIATRICS	32	1.2898 %	■
GESUNDHEITSWESSEN	30	1.2092 %	■
JOURNAL OF ADVANCED NURSING	29	1.1689 %	■



Top 10 Subject Categories used to classify health policy articles

1990-1999				2000-2007			
Field: Subject Category	Record Count	% of 1516	Bar Chart	Field: Subject Category	Record Count	% of 2481	Bar Chart
PUBLIC, ENVIRONMENTAL & OCCUPATIONAL HEALTH	450	29.6834 %		PUBLIC, ENVIRONMENTAL & OCCUPATIONAL HEALTH	826	33.2930 %	
HEALTH CARE SCIENCES & SERVICES	337	22.2296 %		HEALTH CARE SCIENCES & SERVICES	477	19.2261 %	
HEALTH POLICY & SERVICES	332	21.8997 %		HEALTH POLICY & SERVICES	450	18.1378 %	
MEDICINE, GENERAL & INTERNAL	194	12.7968 %		MEDICINE, GENERAL & INTERNAL	215	8.6659 %	
SOCIAL SCIENCES, BIOMEDICAL	154	10.1583 %		SOCIAL SCIENCES, BIOMEDICAL	193	7.7791 %	
PSYCHIATRY	63	4.1557 %		PSYCHIATRY	142	5.7235 %	
SOCIAL ISSUES	57	3.7599 %		NURSING	104	4.1919 %	
NURSING	47	3.1003 %		PEDIATRICS	74	2.9827 %	
MEDICINE, LEGAL	41	2.7045 %		MEDICAL INFORMATICS	71	2.8617 %	
PUBLIC ADMINISTRATION	29	1.9129 %		SOCIAL ISSUES	67	2.7005 %	

Top 10 Institutions publishing health policy articles

1990-1999				2000-2007			
Field: Institution Name	Record Count	% of 1516	Bar Chart	Field: Institution Name	Record Count	% of 2481	Bar Chart
HARVARD UNIV	58	3.8259 %		HARVARD UNIV	82	3.3051 %	
JOHNS HOPKINS UNIV	24	1.5831 %		WHO	63	2.5393 %	
UNIV CALIF LOS ANGELES	24	1.5831 %		UNIV TORONTO	50	2.0153 %	
UNIV N CAROLINA	24	1.5831 %		UNIV MICHIGAN	48	1.9347 %	
BOSTON UNIV	20	1.3193 %		JOHNS HOPKINS UNIV	44	1.7735 %	
UNIV LONDON LONDON SCH HYG & TROP MED	19	1.2533 %		UNIV CALIF SAN FRANCISCO	43	1.7332 %	
RAND CORP	18	1.1873 %		MCMASTER UNIV	42	1.6929 %	
STANFORD UNIV	18	1.1873 %		CTR DIS CONTROL & PREVENT	37	1.4913 %	
UNIV PENN	18	1.1873 %		UNIV LONDON LONDON SCH HYG & TROP MED	32	1.2898 %	
WHO	18	1.1873 %		YALE UNIV	32	1.2898 %	

The following databases are used to generate the displayed results: *Science Citation Index Expanded (SCI-EXPANDED)*, *Social Sciences Citation Index (SSCI)*, and *Arts & Humanities Citation Index (A&HCI)*. Only articles are included in the search parameters. These statistics are generated by searching for articles containing the phrase “health policy” in the article title or abstract. Consequently, these search parameters capture neither all relevant journal articles nor all articles that deal with health policy issues. This represents an exploratory statistical analysis only and is not intended for independent publication.



Top 10 Countries mentioned in *health policy* articles

1990-1999				2000-2007			
Field: Country/Territory	Record Count	% of 1516	Bar Chart	Field: Country/Territory	Record Count	% of 2481	Bar Chart
USA	744	49.0765 %		USA	1024	41.2737 %	
ENGLAND	173	11.4116 %		ENGLAND	402	16.2031 %	
CANADA	104	6.8602 %		CANADA	238	9.5929 %	
AUSTRALIA	74	4.8813 %		AUSTRALIA	153	6.1669 %	
NETHERLANDS	62	4.0897 %		GERMANY	135	5.4414 %	
SWEDEN	45	2.9683 %		NETHERLANDS	106	4.2725 %	
GERMANY	39	2.5726 %		SWITZERLAND	96	3.8694 %	
FRANCE	36	2.3747 %		FRANCE	76	3.0633 %	
SOUTH AFRICA	28	1.8470 %		SWEDEN	52	2.0959 %	
FINLAND	25	1.6491 %		SPAIN	50	2.0153 %	

Distribution of *health policy* articles (1990-2007)

Year	Number of Articles	Year	Number of Articles
2007	173	1998	223
2006	393	1997	187
2005	364	1996	165
2004	331	1995	189
2003	346	1994	162
2002	300	1993	129
2001	267	1992	141
2000	277	1991	89
1999	214	1990	41

The following databases are used to generate the displayed results: *Science Citation Index Expanded (SCI-EXPANDED)*, *Social Sciences Citation Index (SSCI)*, and *Arts & Humanities Citation Index (A&HCI)*. Only articles are included in the search parameters. These statistics are generated by searching for articles containing the phrase “health policy” in the article title or abstract. Consequently, these search parameters capture neither all relevant journal articles nor all articles that deal with health policy issues. This represents an exploratory statistical analysis only and is not intended for independent publication.



Most cited articles which use the term “health policy” (1990-1999)

Rank	Times Cited	Reference List
1	6578	Ware, J. E. & Sherbourne, C. D. (1992). The Mos 36-Item Short-Form Health Survey (Sf-36) .1. Conceptual-Framework and Item Selection. <i>Medical Care</i> , 30, 473-483.
2	1168	Murray, C. J. L. & Lopez, A. D. (1997). Alternative projections of mortality and disability by cause 1990-2020: Global burden of disease study. <i>Lancet</i> , 349, 1498-1504.
3	870	Regier, D. A., Narrow, W. E., Rae, D. S., Manderscheid, R. W., Locke, B. Z., & Goodwin, F. K. (1993). The De-Facto-United-States-Mental-And-Addictive-Disorders-Service-System. <i>Archives of General Psychiatry</i> , 50, 85-94.
4	661	Weiss, K. B., Gergen, P. J., & Hodgson, T. A. (1992). An Economic-Evaluation of Asthma in the United-States. <i>New England Journal of Medicine</i> , 326, 862-866.
5	375	Murray, C. J. L. & Lopez, A. D. (1996). Evidence-based health policy - Lessons from the global burden of disease study. <i>Science</i> , 274, 740-743.
6	345	Johnson, J. A. & Bootman, J. L. (1995). Drug-Related Morbidity and Mortality - A Cost-Of-Illness Model. <i>Archives of Internal Medicine</i> , 155, 1949-1956.
7	246	Ramsay, D. J., Bowman, M. A., Greenman, P. E., Jiang, S. P., Kushi, L. H., Leeman, S. et al. (1998). Acupuncture. <i>Jama-Journal of the American Medical Association</i> , 280, 1518-1524.
8	241	Lynch, J. W., Kaplan, G. A., & Salonen, J. T. (1997). Why do poor people behave poorly? Variation in adult health behaviours and psychosocial characteristics by stages of the socioeconomic lifecourse. <i>Social Science & Medicine</i> , 44, 809-819.
9	233	Woolhandler, S. & Himmelstein, D. U. (1991). The Deteriorating Administrative Efficiency of the United-States Health-Care System. <i>New England Journal of Medicine</i> , 324, 1253-1258.
10	212	Regier, D. A., Kaelber, C. T., Rae, D. S., Farmer, M. E., Knauper, B., Kessler, R. C. et al. (1998). Limitations of diagnostic criteria and assessment instruments for mental disorders - Implications for research and policy. <i>Archives of General Psychiatry</i> , 55, 109-115.

The following databases are used to generate the displayed results: *Science Citation Index Expanded (SCI-EXPANDED)*, *Social Sciences Citation Index (SSCI)*, and *Arts & Humanities Citation Index (A&HCI)*. Only articles are included in the search parameters. These statistics are generated by searching for articles containing the phrase “health policy” in the article title or abstract. Consequently, these search parameters capture neither all relevant journal articles nor all articles that deal with health policy issues. This represents an exploratory statistical analysis only and is not intended for independent publication.



Most cited articles which use the term “health policy” (2000-2007)

Rank	Times Cited	Reference List
1	234	Kunzli, N., Kaiser, R., Medina, S., Studnicka, M., Chanel, O., Filliger, P. et al. (2000). Public-health impact of outdoor and traffic-related air pollution: a European assessment. <i>Lancet</i> , 356, 795-801.
2	233	Eifel, P., Axelson, J. A., Costa, J., Crowley, J., Curran, W. J., Deshler, A. et al. (2001). National Institutes of Health Consensus Development Conference statement: Adjuvant therapy for breast cancer, November 1-3, 2000. <i>Journal of the National Cancer Institute</i> , 93, 979-989.
3	178	Tunis, S. R., Stryer, D. B., & Clancy, C. M. (2003). Practical clinical trials - Increasing the value of clinical research for decision making in clinical and health policy. <i>Jama-Journal of the American Medical Association</i> , 290, 1624-1632.
4	155	Sturm, R. (2002). The effects of obesity, smoking, and drinking on medical problems and costs. <i>Health Affairs</i> , 21, 245-253.
5	129	Brownson, R. C., Baker, E. A., Housemann, R. A., Brennan, L. K., & Bacak, S. J. (2001). Environmental and policy determinants of physical activity in the United States. <i>American Journal of Public Health</i> , 91, 1995-2003.
6	128	Coffield, A. B., Maciosek, M. V., McGinnis, J. M., Harris, J. R., Caldwell, M. B., Teutsch, S. M. et al. (2001). Priorities among recommended clinical preventive services. <i>American Journal of Preventive Medicine</i> , 21, 1-9.
7	117	Nestle, M. & Jacobson, M. F. (2000). Halting the obesity epidemic: A public health policy approach. <i>Public Health Reports</i> , 115, 12-24.
8	115	Fields, L. E., Burt, V. L., Cutler, J. A., Hughes, J., Roccella, E. J., & Sorlie, P. (2004). The burden of adult hypertension in the United States 1999 to 2000 - A rising tide. <i>Hypertension</i> , 44, 398-404.
9	90	Lynch, J., Smith, G. D., Hillemeier, M., Shaw, M., Raghunathan, T., & Kaplan, G. (2001). Income inequality, the psychosocial environment, and health: comparisons of wealthy nations. <i>Lancet</i> , 358, 194-200.
10	90	Hays, R. D., Cunningham, W. E., Sherbourne, C. D., Wilson, I. B., Wu, A. W., Cleary, P. D. et al. (2000). Health-related quality of life in patients with human immunodeficiency virus infection in the United States: Results from the HIV cost and services utilization study. <i>American Journal of Medicine</i> , 108, 714-722.

The following databases are used to generate the displayed results: *Science Citation Index Expanded (SCI-EXPANDED)*, *Social Sciences Citation Index (SSCI)*, and *Arts & Humanities Citation Index (A&HCI)*. Only articles are included in the search parameters. These statistics are generated by searching for articles containing the phrase “health policy” in the article title or abstract. Consequently, these search parameters capture neither all relevant journal articles nor all articles that deal with health policy issues. This represents an exploratory statistical analysis only and is not intended for independent publication.