**Tulane University**

**School of Public Health and Tropical Medicine**

**HPAM 7660 – Health Policy Analysis**

**Week 3 Reading Discussion Questions**

**Answer Key**

**January 28th Reading Discussion Questions** *– Please submit through Canvas no later than 10:30am on January 28th.*

**Improving Evidence-Based Policymaking: A Review**

* What is evidence-based policymaking and what are its defining principles/key steps?

Evidence-based policymaking (EBP) involves using findings from program evaluations and outcome analyses to inform and guide government policy and funding decisions. Its defining principles include:

1. Building and compiling rigorous evidence about what works, including costs and benefits.
2. Monitoring program delivery and using impact evaluations to measure program effectiveness.
3. Using rigorous evidence to improve programs, scale what works, and redirect funds from ineffective programs.
4. Encouraging innovation and testing new approaches

* What are the two approaches to evidence-based policymaking identified in the reading? How do they differ?

1. **Evaluating Existing Programs**: Focuses on assessing the effectiveness of current programs through systematic reviews and cost-benefit analyses.
2. **Generating New Evidence**: Involves creating new knowledge to design or refine programs and policy approaches, such as through learning agendas and stakeholder consultations.

The first approach evaluates what is already implemented, while the second seeks to fill knowledge gaps for future policies​

* Randomized controlled trials (RCTs) are generally considered the “gold standard” of evidence generation. What are some limitations of RCTs?
  + High cost and long timelines.
  + Ethical challenges, such as exclusion of certain populations.
  + Limited generalizability due to specific contexts and controlled conditions.
  + Often focus on quantitative over qualitative insights.
  + May lack statistical power, leading to misinterpretation of results​
* Take a look at the Policy Process Models on pages 11 through 14. What are some aspects that these models have in common? In what ways do they differ?

**Common Aspects:**

* Most models are iterative, showing policymaking as a cyclical or ongoing process.
* Emphasis on stakeholder engagement and evaluation at various stages.
* Evidence is considered integral but not the sole factor influencing decisions.

**Differences:**

* The CDC model emphasizes distinct circular steps and prioritizes evaluation and education.
* Cairney’s model highlights environmental contexts and rational/irrational decision-making factors without delineating steps.
* Kingdon’s model focuses on the alignment of problem, policy, and politics streams within windows of opportunity
* List the six approaches for broadening the types of evidence that can inform and strengthen policymaking and make it more actionable. Summarize each approach in a sentence or two.
* **Capture Learnings Beyond Impacts**: Focuses on processes, contextual nuances, and dynamic implementation to supplement traditional outcome-focused studies.
* **Evaluate Indigenous Interventions**: Studies locally developed policies and programs to ensure they align with community values and capacities.
* **Apply Critical Race Theory**: Investigates how systemic racism and oppression influence policy effectiveness, integrating these insights into evidence generation.
* **Engage Practitioners in Research Design**: Involves practitioners in creating research questions and evaluating interventions to ensure relevance and applicability.
* **Coproduce Research with Communities**: Collaborates with community members throughout the research process to democratize evidence production and enhance cultural responsiveness.
* **Rethink the Role of Funders**: Encourages funders to prioritize equity, support diverse research agendas, and advocate for evidence-informed policies​