Policy Dialogues: *Evidence and Engagement for Advancing Health Equity*

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Quetzacuatl & Multi-Colored Corn
Breakout Session - Agenda

3:00 Welcome & Brief Introductions
3:15 What is a “Health Policy”?
3:20 Defining Equity 'n Policy
3:30 Role of Community Based Participatory Research in Closing the "know do gap”
3:35 Five Steps for Developing Policy Briefs
3:50 Policy Dialogues (engaging with evidence)
4:10 Closing Comments
4:15 Adjourn
What is Health Policy?

• Health policy is a process, or a series or pattern of governmental activities or decisions that are designed to remedy some health problem, either real or imagined (e.g., to prevent an epidemic, a program for inoculating a population is developed and implemented).

• It is formulated, implemented and evaluated by authorities in a political system.

• **Decisions**, usually developed by **government** policymakers, for determining **present** and **future objectives** pertaining to the public **health system**.

Source: Adapted from various definitions of public policy and health policy by Cacari Stone (i.e. Theodore Lowi, J. McDonald)
What is Health Policy?

• Health Policy
  • Structural Determinants of Health
    • Political
    • Economic
    • Social
    • Cultural
  • Environmental
  • Socializing and Empowerment
  • Lifestyle

• Health Care Policy
  • Access
  • Cost
  • Quality
  • Examples:
    financing/economics, insurance and managed care (HMO, PPO, ERISA), long-term care, Medicaid, behavioral health reform, prescription drugs, pay-for-performance, health information technology, SCHIP

Fear of Deportation Makes Communities Less Healthy

Deportation policy creates a climate of fear and paralysis in communities.

People are afraid to drive,

afraid to use parks and exercise outdoors,

afraid to use public services like clinics

and afraid to get involved in their communities.
Children Are Especially Vulnerable

Deportations and threat of deportations lead to:

- POORER CHILD HEALTH
- POORER CHILD EDUCATIONAL OUTCOMES
- POORER CHILD BEHAVIORAL OUTCOMES
- POORER ADULT HEALTH AND SHORTER LIFESPAN
Fear of Deportation Leads to Stress and Trauma

Deportation and the Threat of Deportation:

- **LEAD TO MENTAL HEALTH ISSUES AMONG KIDS** - Nearly 30% of undocumented parents in the report said their US-citizen children are afraid either all or most of the time. Nearly half said that their child had been anxious, and three-quarters said that a child has shown symptoms of post-traumatic stress disorder.

- **LEAD TO POOR BIRTH OUTCOMES** - A recent study found a 24% increase in risk of low birth weight among infants born to Latina mothers after a major immigration raid, when compared to birth weights before the raid (see Novak et al, 2017).
Don’t just tell a different version of the same story.
Change The Story!
Equity ‘n Policy

Health Equity
- Recognizes the human right to health, defined as the right to attain the highest possible standard of health—remove obstacles to health in any sector (e.g., education, housing, or transportation) (Whitehead, 1992)
- Embraces nondiscrimination and equality—everyone has equal rights, and governments are obligated to prohibit policies that have either the intention or the effect of discriminating against particular social groups; prohibit de facto (unintentional or structural) as well as intentional discrimination
- Addresses social justice in health—striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health and who are economically and socially disadvantaged (Braveman et al., 2017).

Equity Policy
- Commits to distributive justice, equal protection and fair allocation of burdens and resources and procedural justice or fairness in how the decision-making process takes place with marginalized communities participating in the policy-making process (Minkler, 2010); beyond (re)allocation of resources, includes equal concerns about the nature of relationships among persons (Powers & Faden, 2006)
- Respects mutuality in relationships
- Equalizes power dynamics among diverse partners in the policy-making process
- Confronts social subordination as a threat to social justice and human rights
- Counteracts stigma of diverse populations, especially those who have been traditionally defined as “other”
- Supports capacities for self-determination
- Recognizes the role of intersectional positions of power and privilege and cultural humility in conducting community and applied research policy research
- Leverages social policies to ameliorate economic or social disadvantage, such as minimum wage laws, progressive taxation, and statutes barring discrimination in housing or employment based on race, gender, disability, or sexual orientation
“The influence of research in eliminating health disparities and promoting health equity is inextricably linked to political climate, political dynamics, and the moral commitments of scientists as well as political leaders.”

What is Evidence Informed Policy Making?

…..an approach to policy decisions that aims to ensure that decision making is well-informed by the best available research evidence.

…..strengthening the use of research evidence, and the ability of policymakers to make appropriate judgements about its relevance and quality, is a critical challenge that holds the promise of helping to achieve significant health gains and better use of resources.

Benefits of Evidence-Informed Policy Making

• **Reduce wasteful spending.** By using evidence on program outcomes to inform budget choices, policymakers can identify and eliminate ineffective programs, freeing up dollars for other uses.

• **Expand innovative programs.** Requiring that new and untested programs undergo rigorous evaluation helps determine whether they work and identifies opportunities to target funding to innovative initiatives that deliver better outcomes to residents or reduce costs.

• **Strengthen accountability.** Collecting and reporting data on program operations and outcomes makes it easier to hold agencies, managers, and providers accountable for results.

Bridging the Great Divide

<table>
<thead>
<tr>
<th>How Policy Makers Perceive Research</th>
<th>How Researchers Perceive Policy</th>
<th>How Communities and Practitioners Perceive Policy and Research</th>
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</thead>
<tbody>
<tr>
<td>Lack of timeliness</td>
<td>Decisions based on political preferences and money</td>
<td>Both disconnected from real lived experiences of the persons on whom they are doing research or for whom they are making policy</td>
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<tr>
<td>Politically irrelevant research</td>
<td>Lack of scientific evidence</td>
<td>Lack of personal contact among researchers, policy makers, and those most affected by the problem</td>
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<td>Research for the sake of research</td>
<td>Too much partisanship</td>
<td>Lack of political will or action</td>
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<td>Too much focus on describing and managing the problem</td>
<td>Manipulation of data to support a political position or agenda</td>
<td>Not enough action</td>
</tr>
<tr>
<td>Lack of applicability to “real-life” solutions</td>
<td>Lack of political will or action</td>
<td></td>
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Source: Cacari Stone (2016).
• Policy making occurring within issue networks (governments, sectors, social networks)
• Policy subsystems: sustained place based (policy oriented learning)
• Strategic use of research by an array of actors & partners
• Advocacy action to confront political power & policy broker actions
• Relationships, trust
Conceptual Model for Illustrating the Link between Community-based Participatory Research and Policy Making

Contexts
- Macro: History (Economic, Social & Political)
- Participatory Research: Trust/Mistrust, Capacity & Readiness

CBPR Processes
- Partnership Dynamics: Role of Evidence, Role of Civic Engagement/Political Participation

Policy Making
- Problem(s): Policy Window of Opportunity, Agenda-Setting
- Policy Formulation: Problem Definition, Alternatives
- Policy Evaluation & Modification: Adoption, Public Awareness, Policy Change

Outcomes
- Health Outcomes
- Policy Change
  - Political Action
  - Policies (formal/informal)
  - Policy Landscape
  - Procedural justice
  - Distributive justice
What is policy analysis?

- Finding out “what governments do, why they do it, and what difference it makes.”
- Attempt to provide suggestions to decision-makers
- Uses multiple disciplines and methods to transform information so it may be used in the decision process to address problems and issues.

- Policy Analysis
  - Narrowly defined problem, includes data collection techniques, readings synthesis

- Policy Research
  - A monograph on a broad problem
  - Methods include decision analysis, cost-benefit analysis, systems analysis or other techniques

- Applied Social Science Research
  - Assessment of effects of a policy intervention on defined set of outcomes, i.e. impact of seat belts on traffic fatalities
Policy Analysis Steps for Evidence-Informed Policy Making

Step 1 Define the Problem
Describe dimensions & rationale from policy lens

Step 2 Stakeholder Analysis
Identify supporters & opponents

Step 3 Develop an Action Plan
Select criteria and construct policy options
(pros/cons)

Step 4 Policy Implications
Describe outcomes & trade-offs

Step 5 Policy Dialogues
Deliberate feasibility & if possible build consensus

Source: Adapted from the World Health Organization by L. Cacari Stone, 2009-2018
Good Policy Follows Good Science: Criteria for Assessing Evidence

• Avoid tampering of science with partisan politics or personal agendas
• Non-official as well as official data should be acknowledged
• Research methodology is sufficiently robust
• Includes a multiplicity of actors who interpret, analyze and engage in policy decisions/debate/deliberations and processes based on evidence
• Demonstrated and evaluated to work in “real-world” settings
• Policy options and alternatives that are feasible within a given organizational or political climate
Policy Brief: A Tool for Evidence Informed Policy Making

Source: Lavis et al SUPPORT Tool for evidence-informed health Policymaking (STP)
**Policy Dialogues**

**Equity in Policy**

This training institute reviews the role of evidence in developing health equity and disparity reduction policy interventions at the local, state, tribal, and federal levels. Using a problem-based and translational learning approach, participants develop policy analysis briefs, fact sheets and engage with interested stakeholders in policy dialogues.

The translational learning method emphasizes equity evidence in order to facilitate the development and take-up of public policies under the concept of Health in all policies including changes in health care settings and where possible, work, study and play. Policy analysis labs provide participants with the tools to conduct evidence-based research.

Policy Dialogues support “civic engagement with evidence across partners: community members, researchers and policy makers.”

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**Gap Between Researchers, Policy Makers & Community**

**What policy makers say about researchers?**

Lack of timeliness and politically relevant research; research for the sake of research: disconnected from policy discourse; too much focus on the describing and managing the problem; lack of applicability to “real-life” solutions; lack of cost-effectiveness data.

**What researchers say about policy makers?**

Decisions based on political preferences and money; lack of scientific evidence; too much partisanship; not enough action.

**What communities say about researchers and policy makers?**

Absence of personal contact between researchers, policy-makers and those most impacted by the problem; communities most burdened with health disparities/inequities are not included in policy making; lack of community voice.

**Good policy follows good science:** Criteria for assessing evidence

- Avoid tampering of science w/partisan politics
- Non-official as well as official standards should be acknowledged including community knowledge
- Research methodology is sufficiently robust
- Includes a multiplicity of actors who interpret, analyze and engage in policy debate and processes based on evidence
- Includes “burden of proof” - interests of the poor, women and vulnerable are taken into account in the collection and presentation of governance evidence

- Demonstrated and evaluated to work in “real-world” settings
- Policy interventions (practices that show promise to work)

**Policy Implications**

- Describe the Trade-Offs & Outcomes
- Implications of policy (pros & cons of doing nothing?)

**Policy Dialogues**

Deliberate feasibility & if possible build consensus

**References**

THE PRICE OF IMMIGRATION POLICY ON THE HEALTH OF CHILDREN

KEY MESSAGES

WHAT'S THE PROBLEM?

- In 2013 the U.S. was home to 46 million immigrants, which was 13 percent of the U.S. population. The unauthorized population was 11.3 million, with 40 percent of these individuals residing with children under the age of 18.
- Migration patterns have changed after the events of September 11th with less seasonal movement across the border and increased permanent relocation of entire families. Subsequently, mixed-status families make up a growing proportion of immigrant communities. For example, 80% of children have a parent who is not authorized to be in the county. Between 2003 and 2013 nearly one million children had a parent that was deported. Detention and deportation policies affect the well-being and health of children.
- Children suffer many ill effects when a parent is detained and/or deported, including but not limited to increased poverty, poorer health, food and housing insecurity, poorer school performance, fear and anxiety, and social withdrawal.
- Comprehensive immigration legislation, "road to citizenship," has failed to pass in the House of Representatives during the 2013 legislative session. Speaker of the House Paul Ryan currently refuses to take up immigration reform with President Obama due to the president's use of executive action (bypassing Congress) to improve the lives of 11.3 million unauthorized immigrants and their families when congressional action failed.
- Improving the health of immigrant children or those in mixed-status families requires multiple levels of intervention, some of which do not initially look like health or health care policy.

POLICY OPTIONS

Option 1 – Using California as a model (SB735) for New Mexico State Health Insurance, expand health insurance to all low-income children regardless of immigration status. Include 15 to 31 year olds who are eligible under the Executive Action, Deferred Action for Childhood Arrivals (DACA), in a state health plan as California has been proving for this community.

- The health of immigrant communities is vital to the health of communities in general. Children deserve to be protected from the harmful effects of preventable and treatable illnesses regardless of their immigration status.
- DACA recipients receive a two year reprieve from the fear of deportation. Local, state, and federal government should be concerned for the health and well-being of these newly authorized immigrants and make health insurance a viable option for this community.

Option 2 – Promote the continued ability for unauthorized immigrants to obtain driver's licenses in the state. New Mexico should also start to consider the REAL ID Act and enact options that comply with this Act.

- The ability to obtain a driver's license has large social and safety implications that affect U.S. society. Driving to and from work, school, medical appointments, free public health events, grocery stores, church, and community activities allows for participation and assimilation into life in the U.S.

Option 3 – Prior to deportation, require all individuals, including those who do not receive an immigration court hearing, to be screened by Department of Homeland Security (DHS) Headquarters to determine whether they should receive prosecutorial discretion.

- Prosecutorial discretion in immigration enforcement allows Immigration Control and Enforcement (ICE) and DHS to focus their efforts and resources on deportation of criminals and those who pose a threat to society. Hardworking parents who are attempting to create a stable environment for themselves and their children in the U.S. should not be the focus of deportation efforts.
- The mental health sequelae for children of unauthorized parents can be mitigated by decreasing the fear of detention and deportation.

ADDITIONAL POLICY CONSIDERATIONS

It appears that comprehensive immigration reform is currently on hold until after the Presidential Election. Executive Action and state policy are now some of the only options for improving the health and living situations of more than 11 million unauthorized immigrants and 4.3 million citizen children who reside with them. New Mexico needs to take responsibility for the unauthorized population who pay into the system with their hard work and financial contributions through state and local taxes. Prioritizing family unity will not only improve unauthorized families' health and well-being but our society as a whole.

ENDNOTES


This fact sheet and policy issues brief are available from: Katrin avant014@nmsu.edu and Emily Harmon eharmon@nmsu.edu

NOTE: This fact sheet is part of a public policy briefing and graduate course focused on Health Policy, Politics and Social Equity (PH 554, Dr. Lisa Caetani Stone). The views expressed in this briefing and fact sheet are those of the student author and DO NOT necessarily represent the views of the faculty or the University of New Mexico.
Step 5- Policy Dialogues

“Dialogue for policy and decision-making,” involves those with the influence to make decisions at any level of the health system. The key characteristics of policy dialogues are:

1. An iterative process
2. Considering both the technical and political aspects of the problem in question
3. Very variable and broad in nature
4. Involving evidence-based and politically sensitive discussions
5. Including a broad range of key stakeholders, and
6. Having a concrete purpose or outcome in mind, e.g., a decision, a plan, or a deliverable (e.g., a report or review)

Dialogues Engage the Policy Making Stakeholders

- Governmental Agencies (federal, state, tribal, local)
- The Executive (Presidency & Governors)
  - Task forces, interagency committees
- Legislature (Federal & State)
- Courts
- Interest Groups
- Community Organizations
- Media
- Research Institutes & Think Tanks
- The People?
  - “Restoring citizen participation in health policy”
A policy dialogue can lead to a key policy decision with the buy-in and ownership of a wide range of stakeholders.

Effective program implementation is more likely to happen, because stakeholders understand the complexities involved and are vested in change.
