CHRA Guidelines

Comparative health reform analyses (**CHRAs**) are articles comparing salient reforms related to the governance, financial arrangements[1] and delivery of the health care system across several jurisdictions in Canada (provincial, territorial, or federal).[2] CHRAs should not exceed 6,000 words in length (excluding the abstract and "For More Detail" list).

Authors of CHRAs are strongly encouraged to:

- write in a language and style that is accessible to both a scholarly and decision-maker audience and,
- observe the standardized format presented below.

The Editors recognize that there are regional differences in policy-making processes and in what information may be accessible to policy researchers (e.g., with respect to policy instruments and implementation or communication plans). In addition, evaluations may be wanting. Please attempt, however, to write to as many of the sections outlined below as possible, explaining where appropriate why information is unavailable (e.g., evaluations have yet to be carried out because it is too early to see expected outcomes).

Title: (If possible, lead with an action verb)

Abstract: The abstract should be seven sentences, respectively summarizing the seven sections within the report. It is a goal of the journal to make abstracts available in both official languages. Authors are asked to provide an abstract in both English and French. If you have a concern about the two languages requirement, please feel free to email us at this address: health.reform.observer@gmail.com.

Keywords: Authors should provide 3-10 keywords that best describe their submission.

Key messages: Authors should identify 1-3 key messages for readers to "take away" from the article. Each key message should not exceed one sentence in length. Please include these under the heading "Key Messages" on the first page of your manuscript.

The editors will often use key messages to craft “tweets” that will spark interest in and discussion about the published article. We encourage authors to keep this broader social media audience in mind in identifying the key messages.

Main Body of the Article:

1. Brief description of the health policy reforms. (Reforms should be similar, or at least comparable, across all jurisdictions in the comparison.)
2. History and context. (In this section, authors may: present the history and context for each jurisdiction in turn or discuss common contextual and historical factors/influences followed by important factors/influences that are unique to any of the jurisdictions. Authors’ decisions concerning which approach to take is likely to depend on the number of jurisdictions being compared (a few or many) and how different or similar histories and contexts are across the compared jurisdictions).

Sections 3 to 6 of the main body of the article (see below) should avoid presenting each jurisdiction in turn (as permitted in the History and Context section) and instead draw comparisons (e.g., similarities and differences between jurisdictions) with respect to the topic(s) of each section. For example:

3. Goals of the Reforms

With respect to explicit goals, two provinces and one territory stated X, but the other three provinces under study used Y as their stated goal…
In CHRAs where a number of jurisdictions are compared (5 or more) authors might wish to supplement their narrative description with tables.

3. Goals of the reforms (stated and implicit).
4. Factors that influenced how and why:
    - the issue(s) came onto the governments' agendas (ideally using the Kingdon (2003) framework, which identifies the factors that influence whether an issue appears on the governmental agenda as well as those that influence whether an issue moves to the decision agenda).
    - the final decisions were made (ideally using the 3I framework, which identifies a range of institutional, interest, idea and external factors that can influence a particular policy decision (Lavis et al. 2012)).

    The use of common analytical frameworks to describe these (heuristically distinct) stages in the policy-making process will help to ensure a more rigorous approach and to facilitate cross-issue and cross-jurisdiction comparisons. (See additional resources at the bottom of this page.)

5. How the reforms were achieved.
    - Policy instruments
    - Implementation plans
    - Communications plans, if available
6. Evaluation. (Here, findings can be presented separately for each jurisdiction or, when feasible, according to broad categories of evaluation processes and outcomes.)
    - Process of evaluation, conducted/planned
    - Impact evaluation
7. Analytical Comparison. The purpose of this section is to present new knowledge rather than summarize the primarily descriptive comparisons (e.g., similarities and differences) presented in Sections 1-6. Specifically, this section should address the overarching question: What can we learn from these case studies about the linkage between processes, contexts, and outcomes (expected or demonstrated) of the proposed/adopted reforms? Reviewers will be asked to give particular weight to Section 7 in considering the contribution that the article makes to the scholarly literature on comparative health care reform analysis.

References: References should contain only works cited in the article and should be limited to 25 or fewer. Please consult the Manuscript Formatting Requirements for information about formatting references and in-text citations.

Authors have the option of including a For More Detail list of resources in addition to the References.

For More Detail: This list may include the following:

- Media releases
- Government reports/documents
- Academic literature (two or three seminal, insightful pieces)

Should you have any questions about the suitability of your manuscript for submission to *Health Reform Observer – Observatoire des Réformes de Santé*, including manuscripts that seek to compare a reform in one or more countries other than Canada to one or more provincial/territorial reforms within Canada, please feel free to email us at this address: health.reform.observer@gmail.com.

Kingdon JW. 2003. *Agendas, alternatives, and public policies*. 2nd ed. New York: Addison-Wesley Educational Publishers.

Lavis JN, Røttingen JA, Bosch-Capblanch X, Atun R, El-Jardali F, Gilson L, Lewin S, Oliver S, Ongolo-Zogo P, Haines A. 2012. Guidance for evidence-informed policies about health systems: 2. Linking guidance development to policy development. *PLoS Medicine* 9 (3):e1001186. https://doi.org/10.1371/journal.pmed.1001186.

Additional Resources:

Understanding Policy Developments and Choices Through the "3-i" Framework: Interests, Ideas and Institutions
This briefing note is part a series on the various models used in political science to represent public policy development processes. Published in March 2014.

Comprendre l'élaboration et les choix de politiques d'après le cadre des « trois I » : Intérêts, Idées et Institutions
Cette note documentaire fait partie d'une série de courts documents sur les différents modèles utilisés en sciences politiques pour représenter les processus de développement des politiques publiques. Publié en mars 2014.

[1] Financial arrangements include financing (raising revenue), but also funding (paying organizations), remuneration (paying providers), incentivizing consumers, etc.

[2] Candidate reforms for CHRAs may include: (i) adopted provincial/territorial reforms; (ii) proposed provincial/territorial reforms that resulted in a "no-go" decision; (iii) reforms originating at the federal level such as those pertaining to First Nations and Inuit health care; and (iv) reforms originating at the regional level, if particularly far-reaching and significant in scale and/or emerge from a unitary health authority. It is possible that the reform will belong in category (i) in one jurisdiction but in another category in other jurisdictions.