

# HRA Guidelines

**Provincial/territorial health reform analyses (HRAs)** are short, primarily descriptive articles pertaining to one salient reform related to the governance, financial arrangements<sup>[1]</sup>, and delivery of the health care system in a specific jurisdiction.<sup>[2]</sup> HRAs should not exceed 2,000 words in length (excluding the abstract and "For More Detail" list).

Authors of HRAs 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.

Standardizing the format of Provincial/Territorial HRAs is expected to facilitate cross-issue and cross-jurisdiction analyses of Canadian health reforms. 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](mailto: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 reform
2. History and context
3. Goals of the reform (stated and implicit)
4. Factors that influenced how and why:
  - the issue came onto the government's agenda (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 decision was 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
  - Process of evaluation, conducted/planned
  - Impact evaluation
7. SWOT Analysis: Strengths, weaknesses, opportunities, threats at the time the decision was made (presented in a 2 x 2 table as shown below). Recognizing that analyses of strengths, weaknesses, opportunities and threats may vary by stakeholder perspective, authors should be transparent about the perspective they have adopted.

Strengths	Weaknesses
Opportunities	Threats

**References:** References should contain only works cited in the article and should be limited to 15 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 (one or two 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*, please feel free to contact us here: [health.reform.observer@gmail.com](mailto:health.reform.observer@gmail.com). **Prospective authors are encouraged to review past issues of the journal to see if an analysis of a reform has previously been published. If an analysis of a particular reform in a particular jurisdiction has already been published, a new submission on the same reform must present new knowledge—for example, findings from evaluations that had not been undertaken at the time of publication of the original HRA.**

Kingdon JW. 2003. *Agendas, alternatives, and public policies*. 2<sup>nd</sup> 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.

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

[<sup>2</sup>] Candidate reforms for HRAs 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.