

# Health Reform Observer - Observatoire des Réformes de Santé

## CHRA GUIDELINES

Revised March 2021

**Comparative health reform analyses (CHRAs)** compare health reforms related to a particular issue across **two or more jurisdictions** in Canada and that relate to the governance, financial arrangements<sup>1</sup> and delivery of the health care system (provincial, territorial, or federal). CHRAs may also compare health reforms in one or more Canadian jurisdictions with a similar reform in another country. Candidate reforms for CHRAs may include: 1) proposed reforms that resulted in a “no-go” decision; 2) reforms originating at the federal level such as those pertaining to Indigenous Peoples’ health care; and 3) reforms originating at the regional level within a province or territory if they are particularly far-reaching and significant in scale and/or emerge from a unitary health authority. **Provincial/territorial health reform analyses (HRAs)**, in comparison, focus on a single reform in a single Canadian jurisdiction. View HRA Guidelines at: <https://mulpress.mcmaster.ca/hro-ors/hra-template>.

**CHRAs** should not exceed **6,500 words in length (excluding references)**. Authors of CHRAs are strongly encouraged to:

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

Standardizing the format CHRAs is expected to facilitate cross-issue and cross-jurisdiction learning about health reform in Canada. The Editors recognize that there are regional differences in policy-making processes and in what information may be accessible about the policy-making process. In addition, evaluations may be wanting, particularly for recent reforms.

### TITLE

If possible, lead with an action verb.

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

## **ABSTRACT**

The abstract should be no more than 200 words in length and summarize why the reform was important to undertake, what happened, and with what impact or anticipated impact. 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 [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 3-5 key messages for readers to ‘take away’ from the article. Consider a mix of potential readers, from decision-makers, to academics, to other policy players. Reading interest will vary by reader and take-away messages might relate to the choice of policy tools, context, implementation barriers and facilitators, policy players’ roles and perspectives, or evaluation efforts. 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.

## **MAIN BODY OF THE ARTICLE**

### **1 BRIEF DESCRIPTION OF THE HEALTH POLICY REFORMS**

This section should clearly identify the reforms being compared, including their status at the time of writing (proposed, implemented, amended, failed) and why they were chosen for comparison. This section should answer the questions “Why, in each jurisdiction, were these reforms important to undertake?” and “What were the explicit goals of each reform?” Authors may wish to discuss implicit goals as well. In explaining why the reforms were important to undertake, authors may wish to consider the anticipated impact of each reform, who is/was expected to benefit, and how.

### **2 HISTORY AND CONTEXT**

The goal of this section is to help readers quickly apprehend the key social, economic, cultural and political factors and events that influenced how, why and when the problem or issue came onto the government’s agenda in each jurisdiction. This section may incorporate

a comparative timeline of key events. Authors are urged to highlight, where applicable, how the issue and/or stakeholder perspectives have changed over time.

### **3 THE POLICY-MAKING PROCESS**

The goal of this section is to draw comparisons between key factors that influenced policy-making decisions and the final form taken by the reforms in the jurisdictions. Authors may wish to consider:

- What policy instruments were available to policymakers (e.g., regulation, taxation, communication, spending). Which were adopted and why?
- Who the key policy players are/were and the roles they play(ed) in shaping the policy-making process and final form of the reforms.
- The role that research evidence played, if any, in the process.

The use of common analytical frameworks to examine the policy-making process helps to ensure a more rigorous approach and to facilitate cross-issue and cross-jurisdiction learning. See the resources at the end of the guidelines for two recommended frameworks (Kingdon and 3I). Other frameworks (e.g., political economy) may be employed or proposed by authors.

### **4 IMPLEMENTATION AND EVALUATION**

The aim of this section, like the one above, is to draw comparisons between implementation as well as evaluation plans or efforts in each jurisdiction. If there has been (public) debate on evaluation (whether to evaluate or not, reasons for the lack of evaluation, methods used for the evaluation, criteria used in the evaluation process etc.), authors may wish to report on these, indicating which stakeholders held what positions.

### **5 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 1-4. 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 5 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. Please consult the Manuscript Formatting Requirements (<https://mulpress.mcmaster.ca/hro-ors/how-to-format-ms>) for information about formatting references and in-text citations.

## ADDITIONAL NOTES FOR PROSPECTIVE AUTHORS

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 contact us at: [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 a comparative analysis of a reform has previously been published.** If a comparative analysis of a particular set of reforms has already been published, a new submission on the same reform content/topic must present new knowledge—for example, findings from evaluations that had not been undertaken at the time of publication of the original CHRA or include new jurisdictions.

## RESOURCES

- Gauvin F-P. 2014. Understanding policy developments and choices through the ‘3-i’ framework: interests, ideas and institutions. Montréal, Québec: National Collaborating Centre for Healthy Public Policy. [http://www.nchpp.ca/docs/2014\\_ProcPP\\_3iFramework\\_EN.pdf](http://www.nchpp.ca/docs/2014_ProcPP_3iFramework_EN.pdf)
- 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>