

Health Reform Observer - Observatoire des Réformes de Santé

HRA GUIDELINES

Revised March 2021

Provincial/territorial health reform analyses (HRAs) are short, primarily descriptive articles pertaining to **one salient reform** related to the governance, financial arrangements¹ and delivery of the health care system **in a single Canadian jurisdiction**. Candidate reforms for HRAs 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. **Comparative Health Reform Analyses (CHRAs)**, on the other hand, compare health reform responses to a particular issue across two or more jurisdictions. View CHRA Guidelines at: <https://mulpress.mcmaster.ca/hro-ors/chra-template>.

HRAs should not exceed 3,500 words in length (excluding references). Authors of HRAs 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 of Provincial/Territorial HRAs 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.

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

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

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.

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 REFORM

This section should clearly identify the reform under consideration, including its status at the time of writing (proposed, implemented, amended, failed). This section should also answer the questions “Why was this reform important to undertake?” and “What are/were the explicit goals of the reform?” Authors may wish to discuss implicit goals as well. In explicating why the reform is/was important to undertake, authors may wish to consider the anticipated impact of the 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. This section may incorporate a 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 tease out key factors that influenced policy-making decisions and the final form taken by the reform. 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 reform.
- 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 is to bring the reader up to speed on what has happened since the legislation was passed/failed to pass or since the policy or program was implemented. Concerning implementation, authors may wish to report on steps/stages, tools, actors and timelines and/or discuss any unanticipated events that impacted implementation plans. With respect to evaluation, authors should endeavour to point readers to efforts (if any) to evaluate the reform. 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 CONCLUSION

This section provides authors with the opportunity to summarize the strengths, weaknesses, opportunities, threats (SWOT) at the time the decision was made. The SWOT analysis should be 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 from which strengths, weaknesses, opportunities and threats are framed.

Table 1: SWOT Analysis

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none">•••	<ul style="list-style-type: none">•••
OPPORTUNITIES	THREATS
<ul style="list-style-type: none">•••	<ul style="list-style-type: none">•••

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*, please feel free to contact us at 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.

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

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>