

The ethics of motivating PHIR (Population Health Intervention Research)

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Plan of the talk



Some background

What PHIR is (and isn't)

The ethics of PHIR

The ethics of motivating
PHIR

Uncertainty abounds

- Public and population health research and practice are fundamentally exercises in uncertainty:
 - Incomplete knowledge
 - Dynamic populations
 - One-shot “solutions”, each of which poses potential but unpredictable risks to individuals and communities
- Our knowledge base is *inherently* uncertain and unstable – epistemically and re: values.

Population health



“As an approach, population health focuses on the interrelated conditions and factors that influence the health of populations over the life course, identifies systematic variations in their patterns of occurrence, and applies the resulting knowledge to develop and implement policies and actions to improve the health and well-being of those populations”.

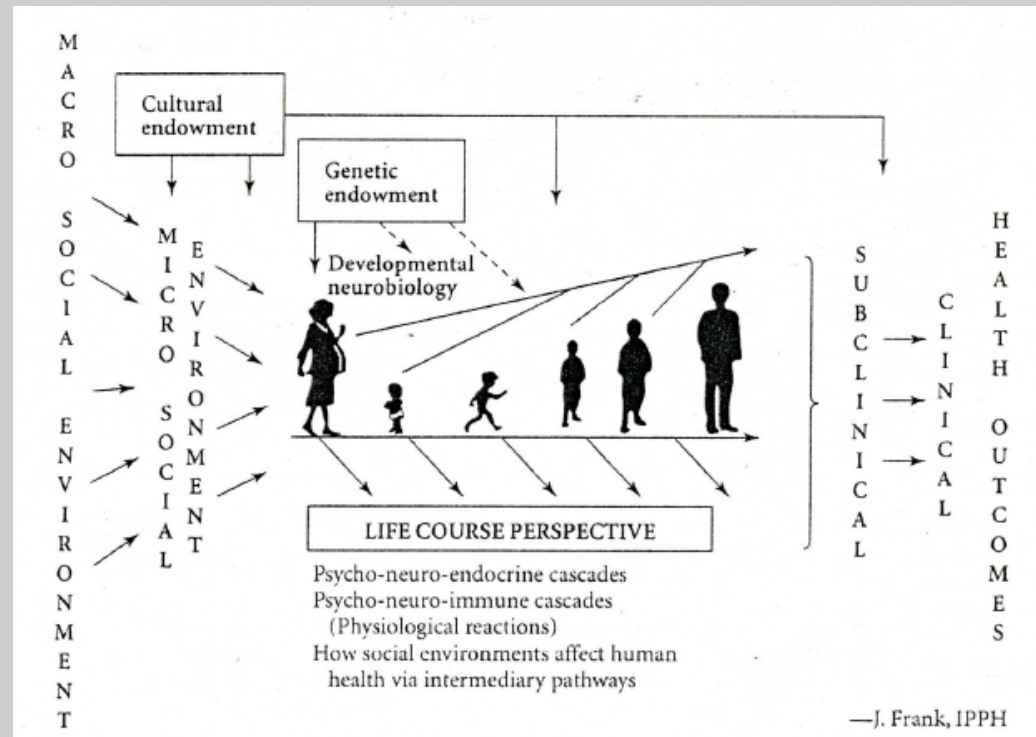


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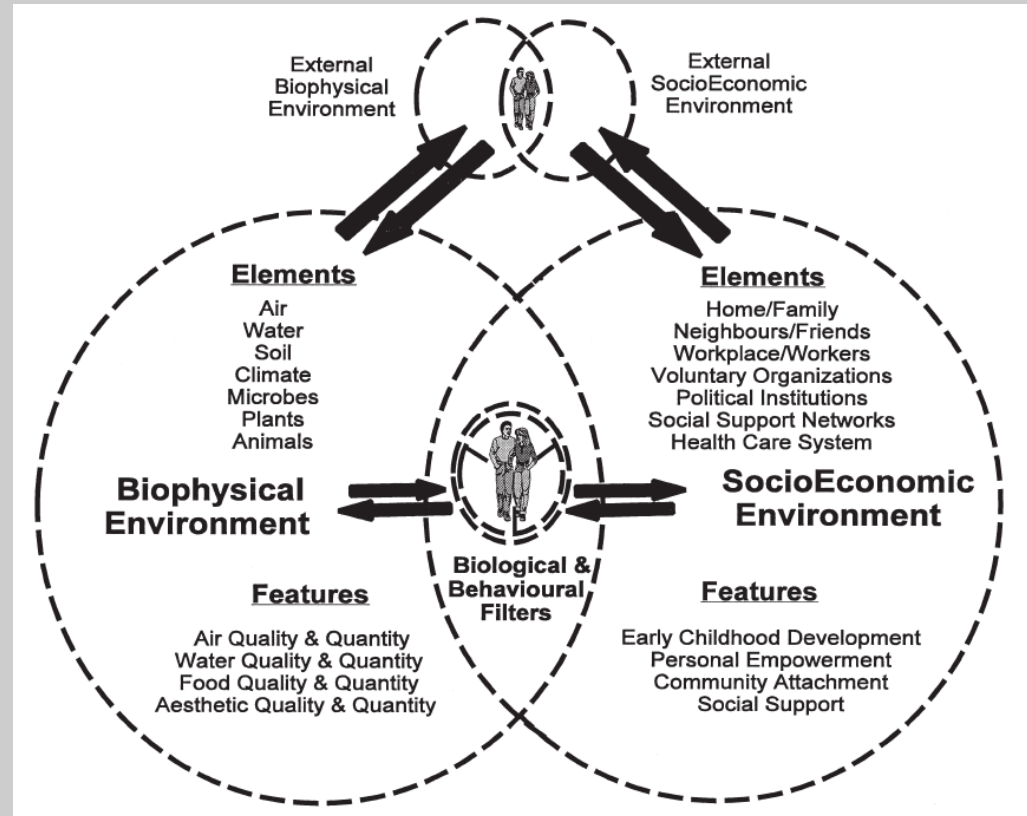
Key features of a pop-health approach

- Focus on populations, not just individuals
- Focus on population-level determinants, not just individual behaviors
- Focus on risk profiles of populations, not just groups of 'high-risk' individuals



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Who cares about population health?

Population health research typically yields a description of patterns of health inequities due to social organization.

For some, this leads to an ethical imperative, namely to redress those inequities in the name of justice.

But for others, it would be at best supererogatory, and at worst misguided and wasteful, to attend to health inequities at the population level.

So what, if any, is the morally appropriate response to the description of patterns of population health?

What is PHIR?

What Is Population Health Intervention Research?

Penelope Hawe, PhD,¹ Louise Potvin, PhD²



ABSTRACT

Population-level health interventions are policies or programs that shift the distribution of health risk by addressing the underlying social, economic and environmental conditions. These interventions might be programs or policies designed and developed in the health sector, but they are more likely to be in sectors elsewhere, such as education, housing or employment. Population health intervention research attempts to capture the value and differential effect of these interventions, the processes by which they bring about change and the contexts within which they work best. In health research, unhelpful distinctions maintained in the past between research and evaluation have retarded the development of knowledge and led to patchy evidence about policies and programs. Myths about what can and cannot be achieved within community-level intervention research have similarly held the field back. The pathway forward integrates systematic inquiry approaches from a variety of disciplines.

Key words: Evaluation; population health intervention research; evidence-based practice; intervention research; population health

La traduction du résumé se trouve à la fin de l'article.

Can J Public Health 2009;100(1):18-114.

Canadian Journal of Public Health 2009; 100.1: 18-114.

What *is* Population Health Intervention Research?

Hawe and Potvin, CJPH 2009

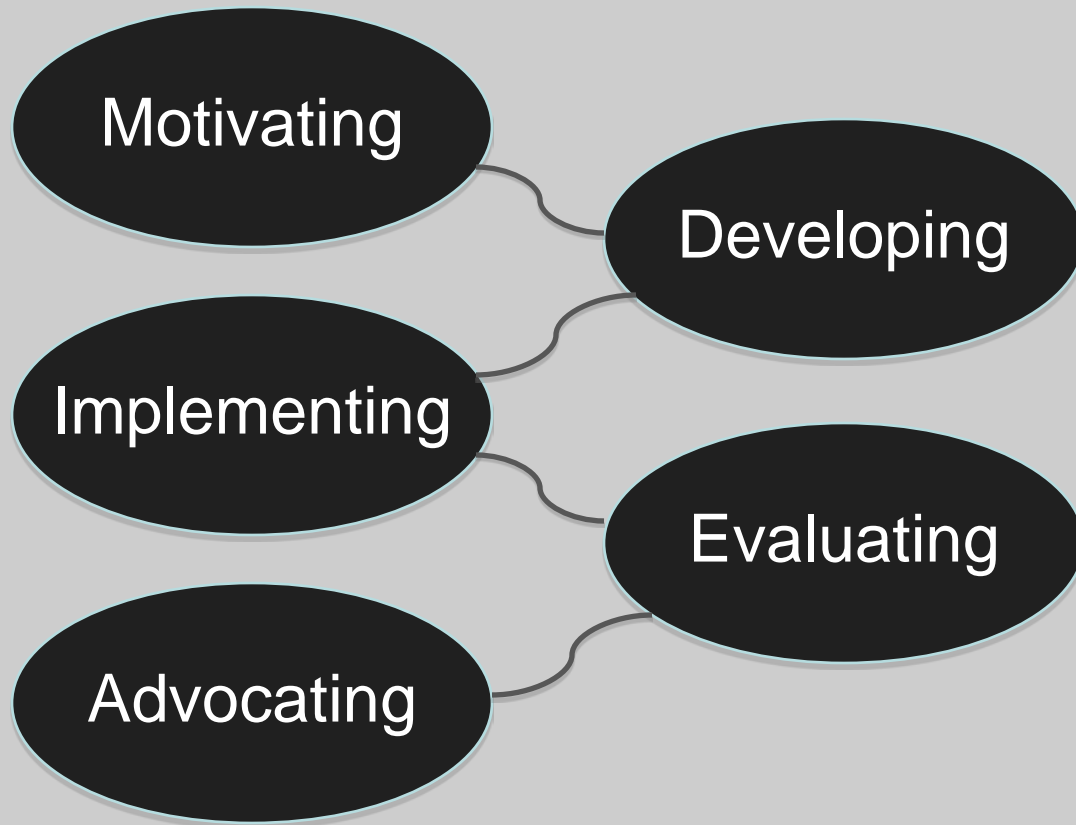
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What Population Health Intervention Research is *not*

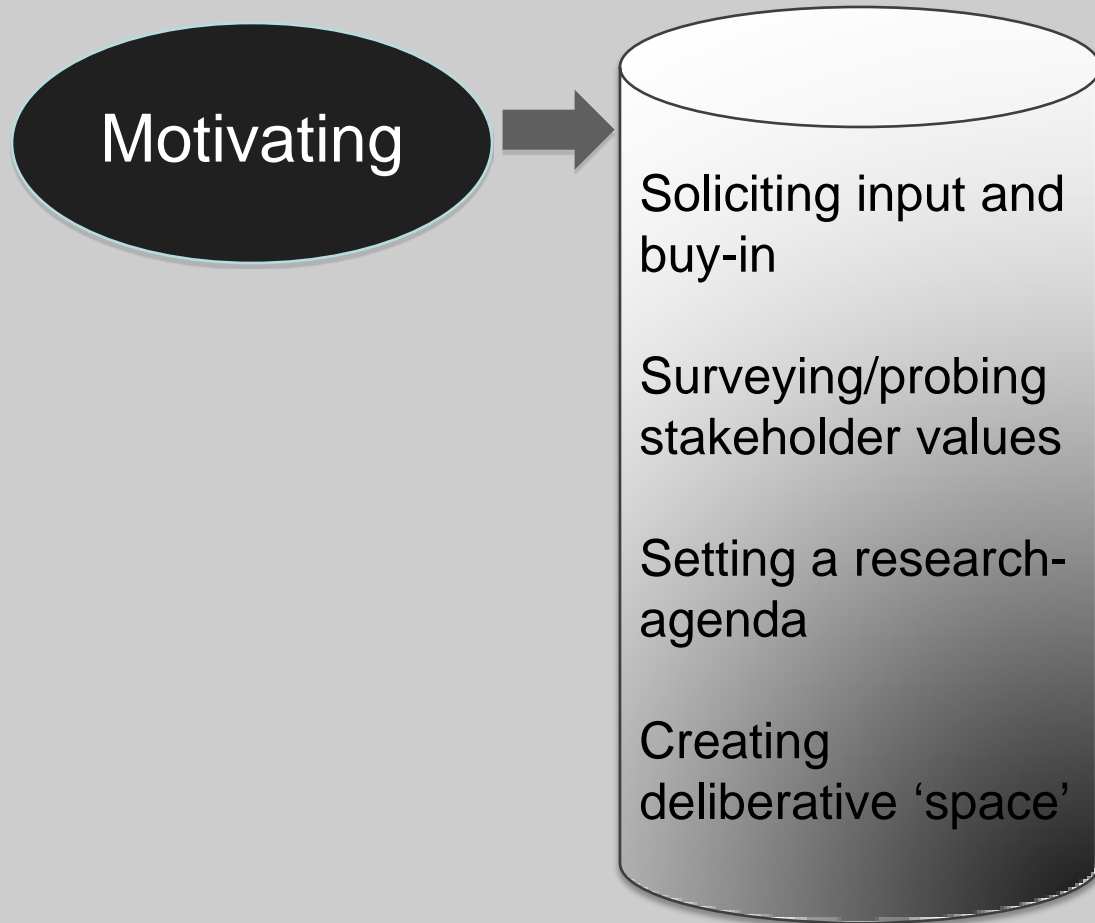
Hawe and Potvin, CJPH 2009

- *PHIR is not implementation research*
 - Focus on causal pathways
 - Look upstream
 - Act locally, contextually, developmentally
- *PHIR is not evaluation research*
 - Focus beyond the health sector (thus, not health promotion research, either)
 - Undertake with sufficient resources

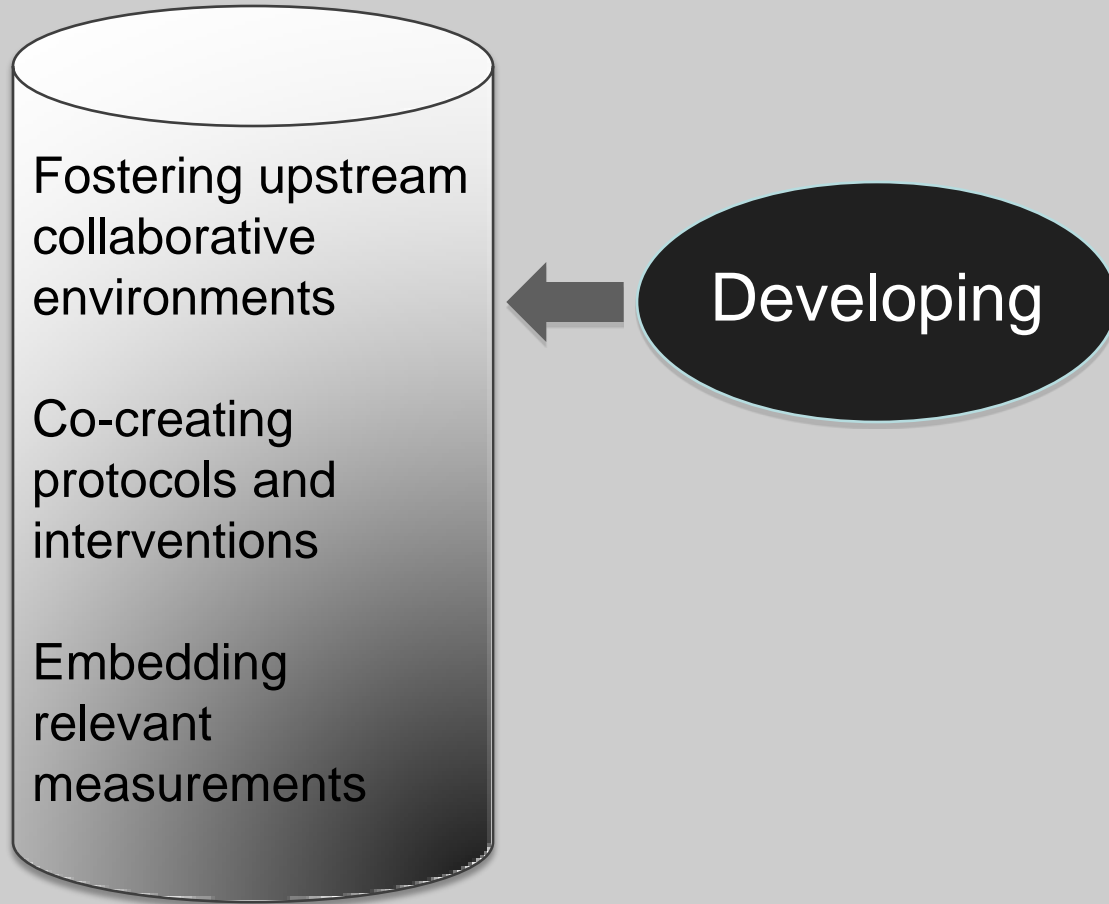
Some tasks for ethicists in PH & in PHIR



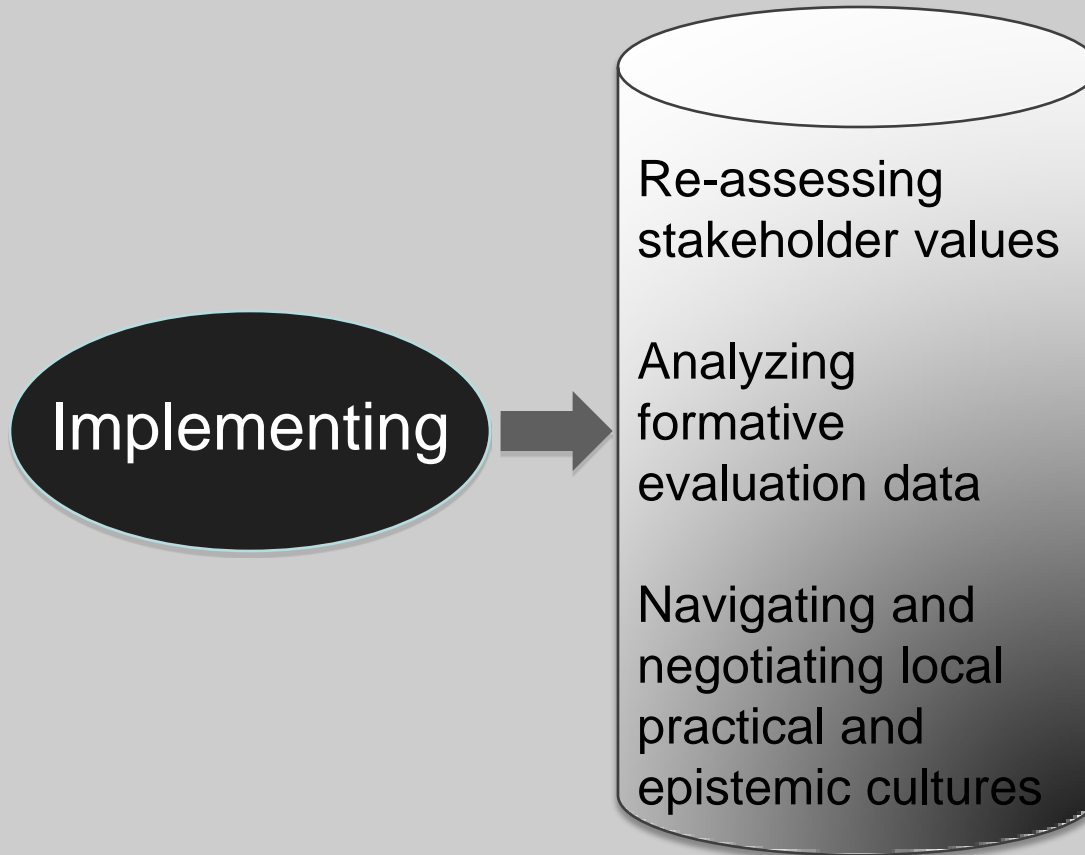
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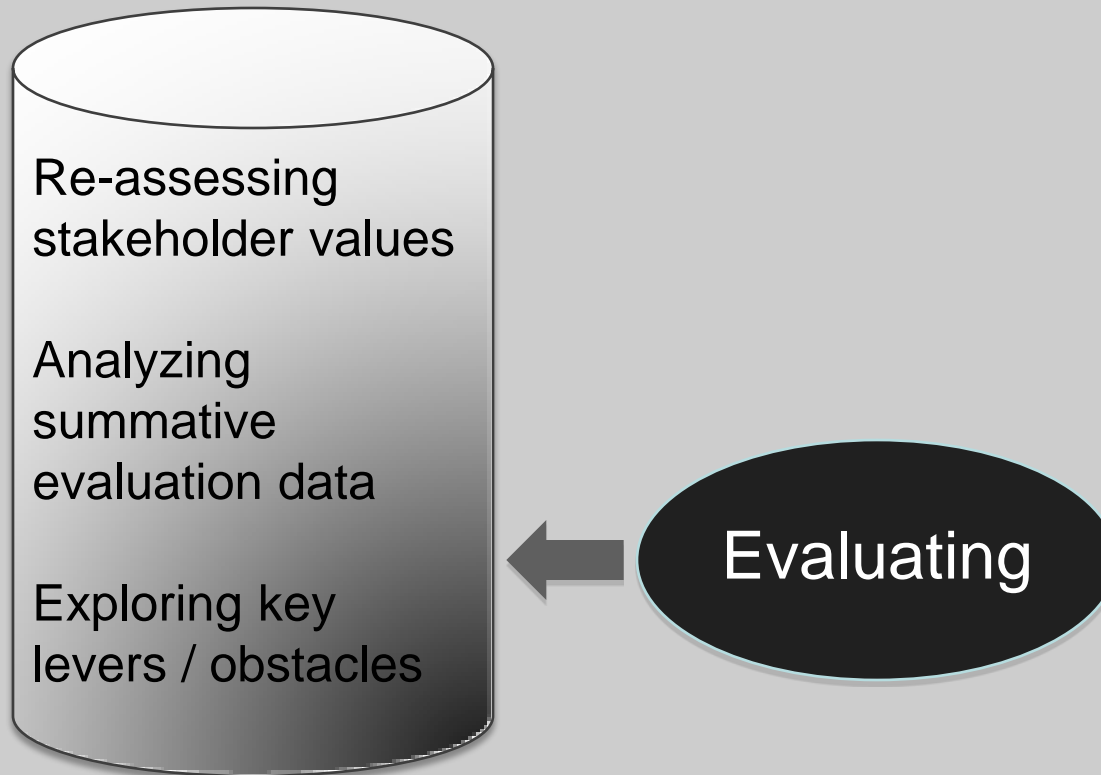
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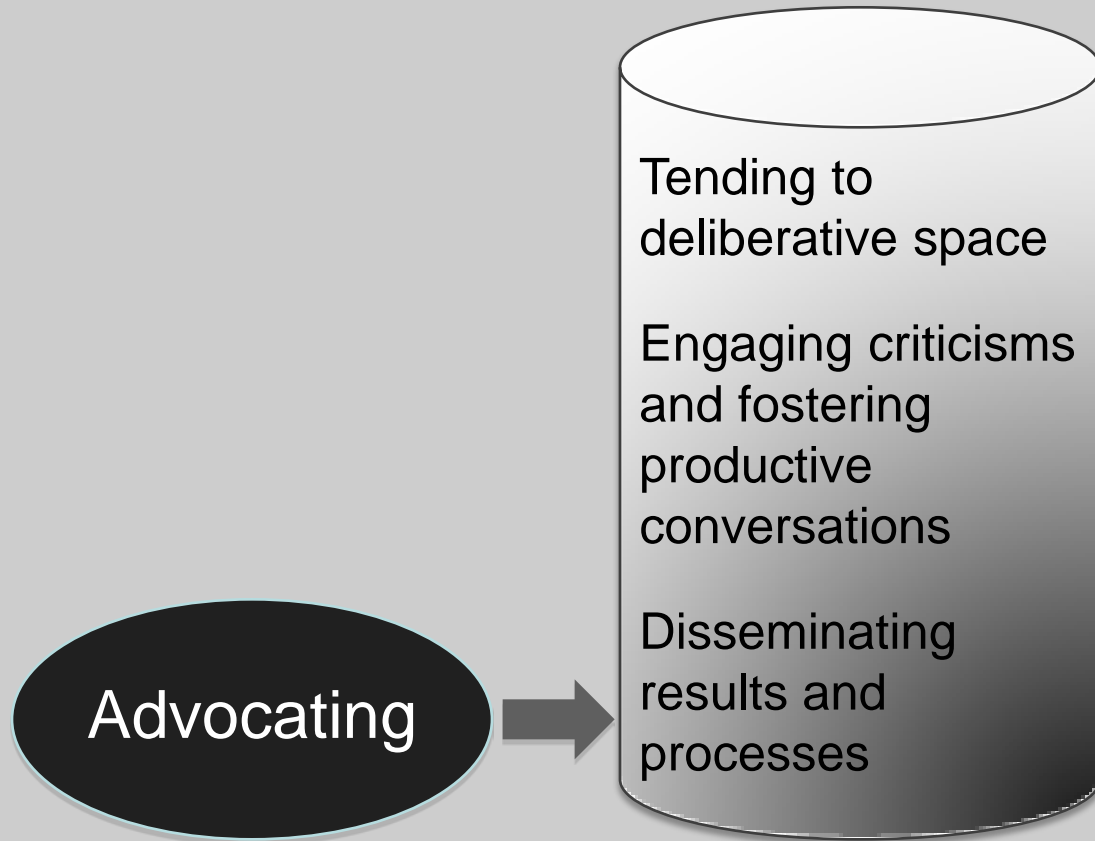
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Some tasks for ethicists in PH & in PHIR



But the key task is framing

Motivating

Developing

Implementing

Evaluating

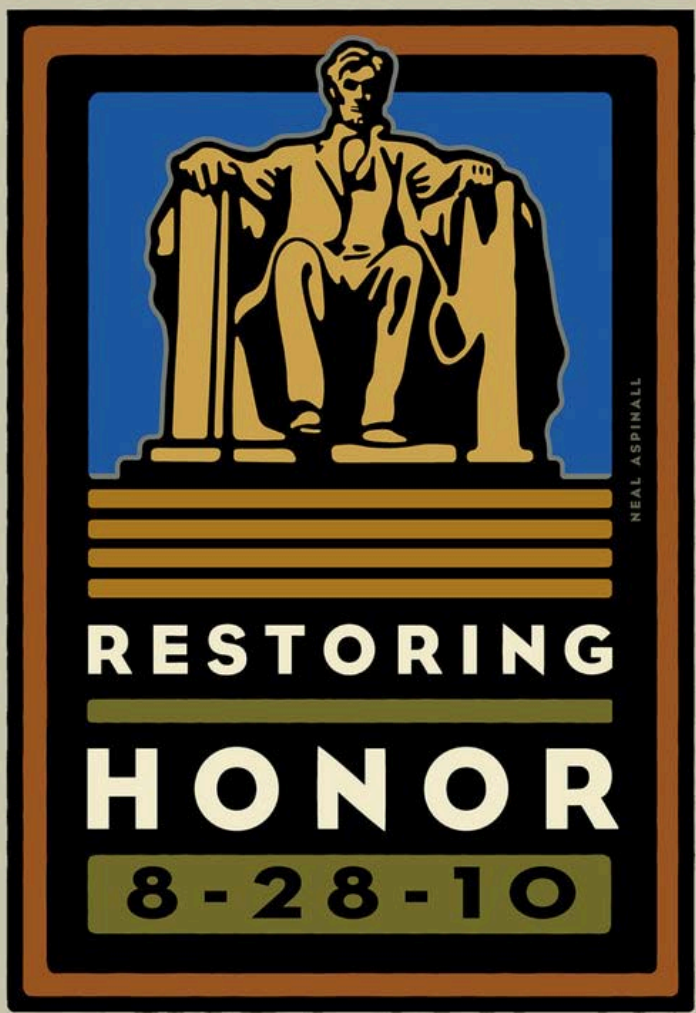
Advocating

Motivation matters

“The advocacy and lobbying that are required to influence policies, change practice, and achieve public health action are an important component of public health. The process of achieving influence is often more difficult, and requires more complex social and political negotiations, than appraising evidence and formulating recommendations. In public health advocacy, research provides only one type of evidence, and evidence of any type is but one consideration that is taken into account. Social, political, and commercial factors often drive or determine the use of evidence in policy settings. A key feature of evidence based policy and practice is that it is informed by a consideration of the evidence, but the decisions made will depend on prevailing values and priorities” (Rychetnik *et al.* 2004; embedded refs. omitted)

Understanding these values and priorities, and how to influence them to motivate interventions, is crucial.

But which values (should) matter?



In a complex pluralistic democracy, there may be no (or few) universally shared ethical values.

Vs.



But which values (should) matter?

- In a complex pluralistic democracy, there may be no (or few) universally shared ethical values.
- Even when widely shared values do exist, they are likely to be:
 - in conflict with each other, at least sometimes; and/or
 - not fully, self-consciously known to the agent(s)

How can we navigate this values swamp?



Plausible starting points | landmarks | beacons

- Fairness and equality
- Care/benefit over harm/risk
- NB: What these mean to different people, and how they fare against other values and interests, are unclear *at best*.



Framing Healthy Communities: Strategic Communications and the
Social Determinants of Health

A FrameWorks Research Report

Prepared for the FrameWorks Institute

by

Tiffany Manuel with Franklin D. Gilliam, Jr.

Available online at:

http://www.frameworksinstitute.org/assets/files/food_and_fitness/social_determinants_of_health.pdf

Framing Healthy Communities

Core research questions



“Does exposure to key frame elements on community health issues have a measurable impact on support for programs and policies meant to address public health issues as a larger ecological concern? ...

(1) Do people exposed to key frame elements on community health issues report higher levels of support for public policies designed to address public health outcomes compared to people who received no exposure to those Frames?

(2) To the extent that various frame elements are successful in lifting support for these policies, which frame elements are most effective when compared to the other frame elements tested in the study?

(3) Are there any particular demographic or political factors which mitigate the success of various frame elements? (with particular emphasis here on California as a demographic variable of interest)”

Framing Healthy Communities

Methods

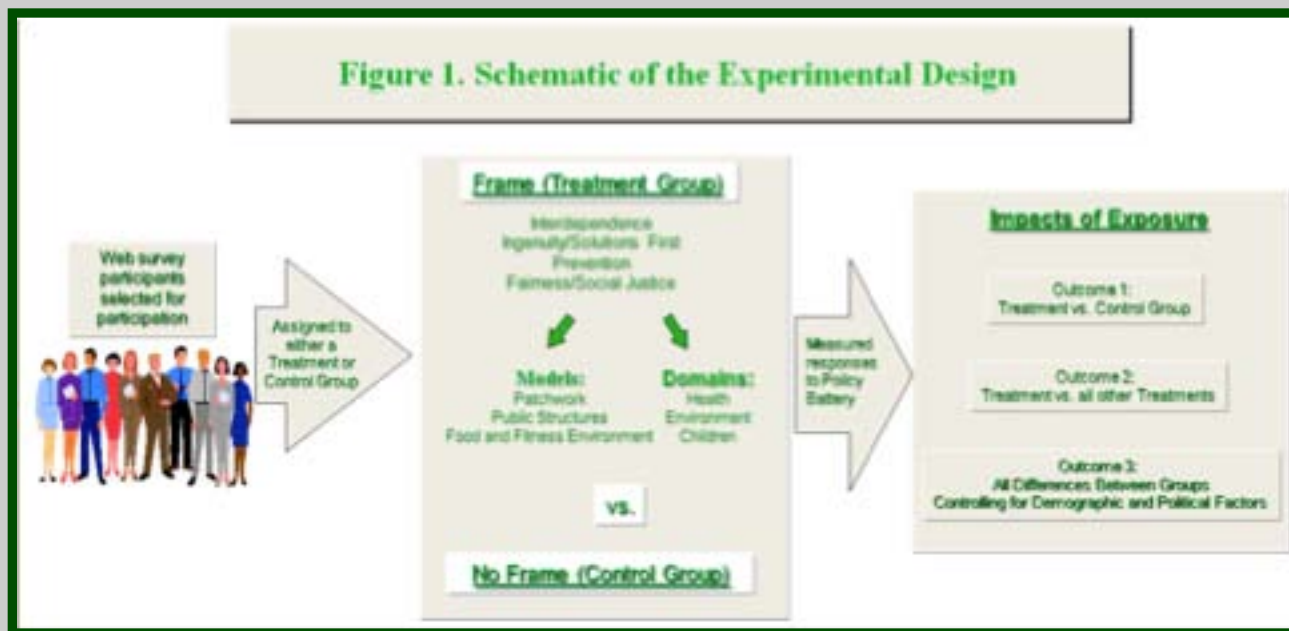


Table 1. Experimental Testing Elements

<i>Main Effects - Values</i>	
Interdependence Ingenuity / Solutions First Prevention Fairness/Social Justice	
<i>Secondary Effects</i>	
<i>Models</i>	<i>Domains</i>
Patchwork Public Structures Food and Fitness Environment	Health Environment Children

Framing Healthy Communities

Methods



Framing Healthy Communities

Results from the national study (US)



- “All Values tested have the effect of raising support for every policy battery, even after controlling for key demographic and political factors such as race, gender, partisanship, and education.
- When used in isolation of either a Simplifying Model or a Domain, the Values of Fairness and Prevention are most effective in consistently raising support for health policies.”

Framing Healthy Communities

Results from the national study (US)



- “Pairing a Value and Model offers the largest effects on policy. The most effective V/M combinations are:
 - Fairness combined with Patchwork or the Food and Fitness Environment.
 - Prevention combined with any of the models (it works equally well across the models).
 - Ingenuity combined with Public Structures (which interestingly enough provided the single largest mean difference in policy support across the control and treatment groups).”

Framing Healthy Communities

Results from the national study (US)



- “Pairing a Value with a specific Domain is not as effective as the V/M combinations; however, adding a Domain is also helpful in moving public support. Effective V/D combinations are:
 - Fairness combined with Environment and Children (although some modest gains in policy support were also found when it was combined with Health).
 - Prevention combined with any Domain works equally well, as was true for the models.”

An important caveat

- “The Fairness/Social Justice frame was intentionally reworked to address disparities between places, not people, based on FrameWorks’ past research; in this sense, it deviates markedly from the more commonly used Fairness/Social Justice frame which differentiates outcomes by individual or group”
- *Why?*

Fairness as a frame in *re*: health



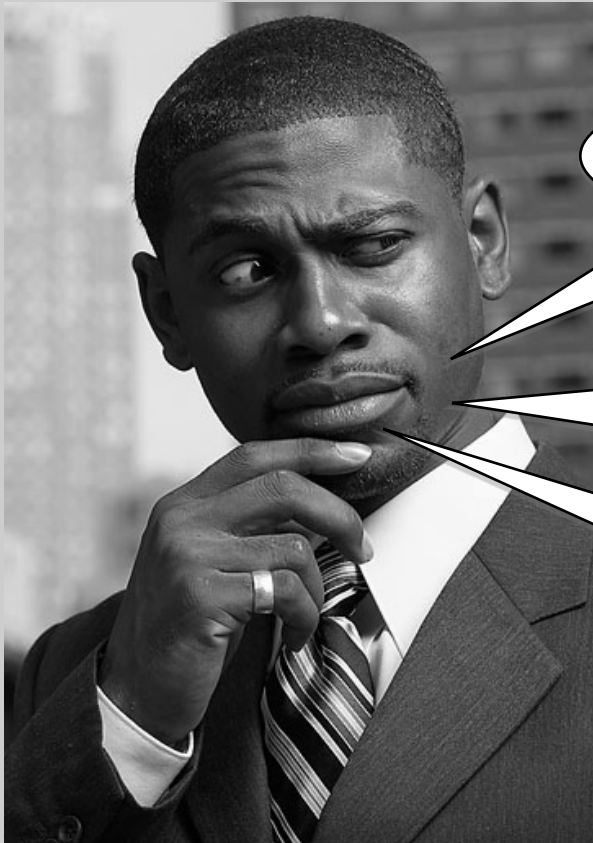
A FrameWorks Institute FrameByte
Fairness as a Frame



A FrameWorks Institute FrameByte
The Challenge of Using Fairness to Advance Health Care Reform

A problematic presumption in *re:* frames

That we know what's right | good | just



Who is “we”?

What is “right” | “good” | “just”?

How do we “know”?

Such skeptical challenges demand attention

- Empirically
- Normatively
- Politically



- In collaboration
- In partnership
- In perpetuity

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