



IMPROVING COMMUNICATION ON USEFULNESS OF MODELS TO POLICYMAKERS

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GEORGIA HEALTH POLICY CENTER

Integrating research, policy, and programs to advance health and well-being

- A research center within the Andrew Young School of Policy Studies at Georgia State University in Atlanta
- Provides evidence-based research, program development, and policy guidance locally, statewide, and nationally
- Celebrating our 20th anniversary in 2015, we have worked in more than 800 communities across the United States



Adaptive v. Routine Challenges



Routine/technical Problems

- Easily defined
- An obvious, proven solution
- Often an expert on whom we can call to solve the problem for us

There is, in other words, a routine for dealing with the problem.

Adaptive Challenges

- Often hard to define
- No clear solution, and different people hold different views about its source
- No expert who can solve the problem for us

They are fundamentally different.

FOUR LEVELS OF LEARNERS

Different learning needs:

- Level 1: Basic
- Level 2: “Hot” Issues
- Level 3: Legislative Health Policy Certificate Program
- Level 4: Leadership

LEGISLATIVE HEALTH POLICY CERTIFICATE PROGRAM

- Program for state lawmakers who want to improve their understanding of health and health care
- Use systems dynamics and systems thinking to encourage broader and more systemic approaches to policymaking
- More than 130 Georgia legislators and staff have attended the course and 96 have received certificates



LEGISLATIVE HEALTH POLICY CERTIFICATE PROGRAM

2008, 2009, 2011, & 2013

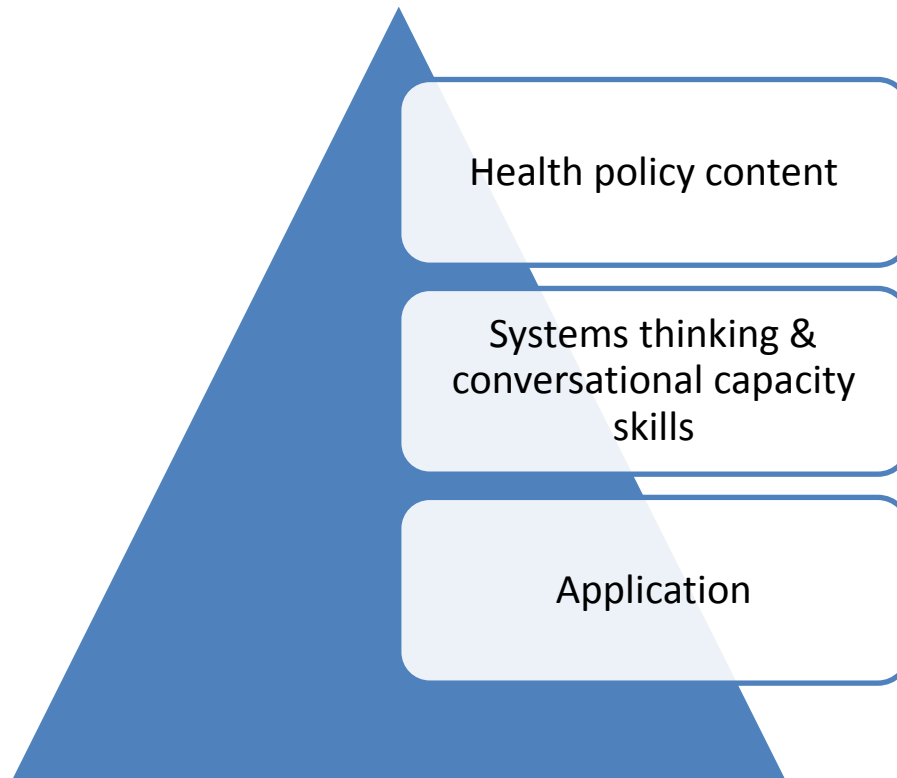
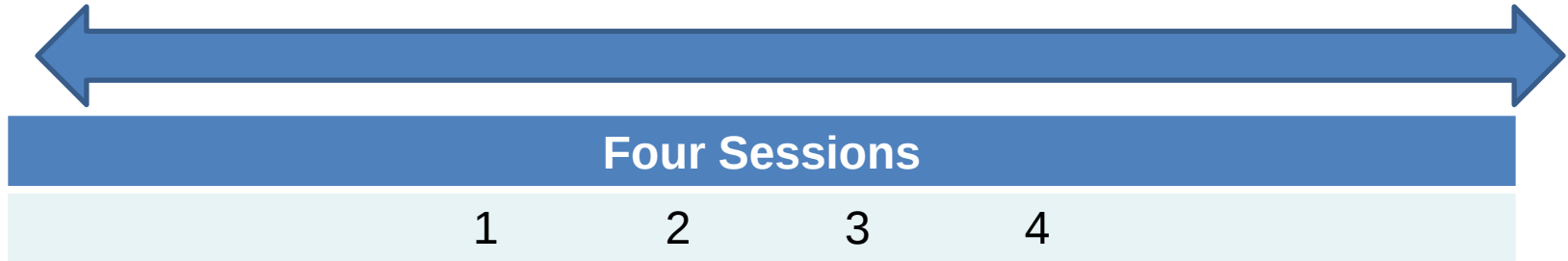
Core Sessions:

- Evaluating Health Policy:
The Framework
- The Impact of Health Status
on the State
- Financing Health Care: *Challenges
and Opportunities*
- Health Coverage and Access
to Care

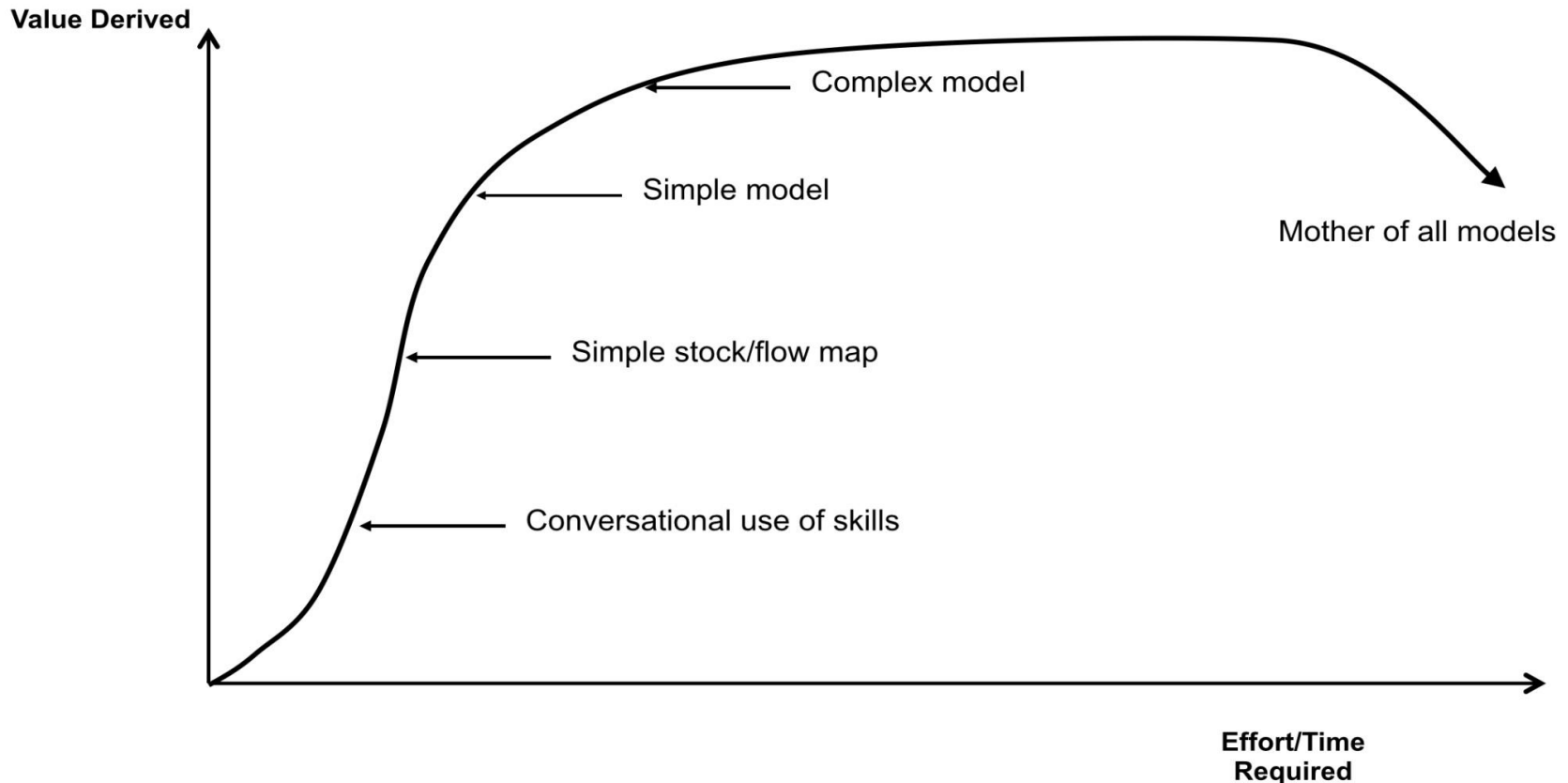
Issue Specific Sessions:

- Children's Behavioral Health
- The Mental Health System
- Addressing Georgia's Trauma
Care Network
- Public Health Challenges
- Interventions to Reduce
Childhood Obesity
- Health Care Reform

Course Curriculum



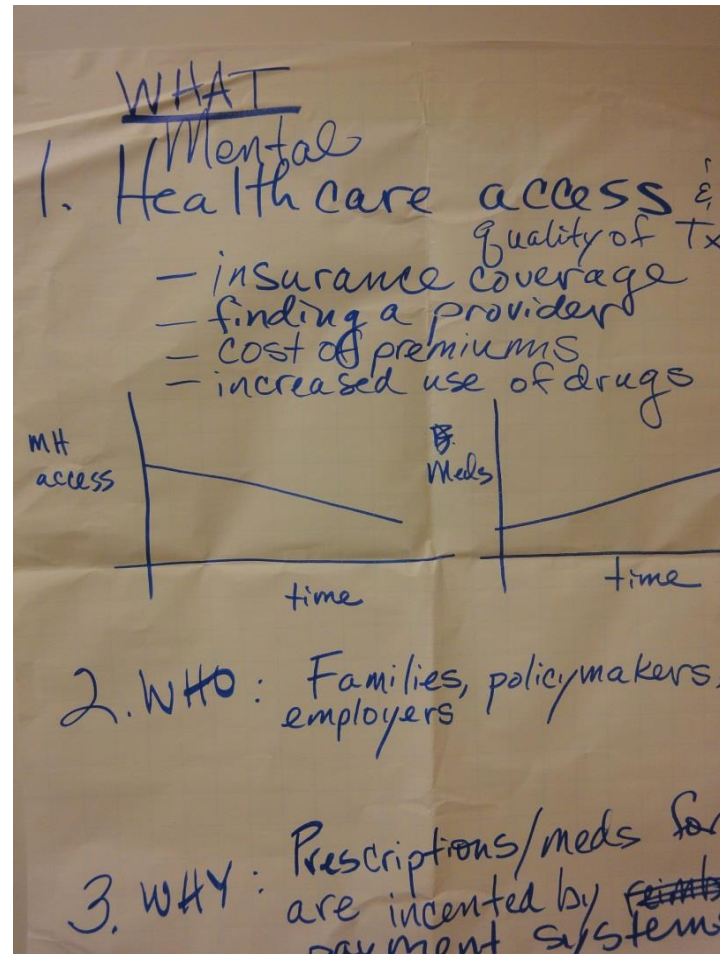
Barry Richmond's Value per Effort Graph



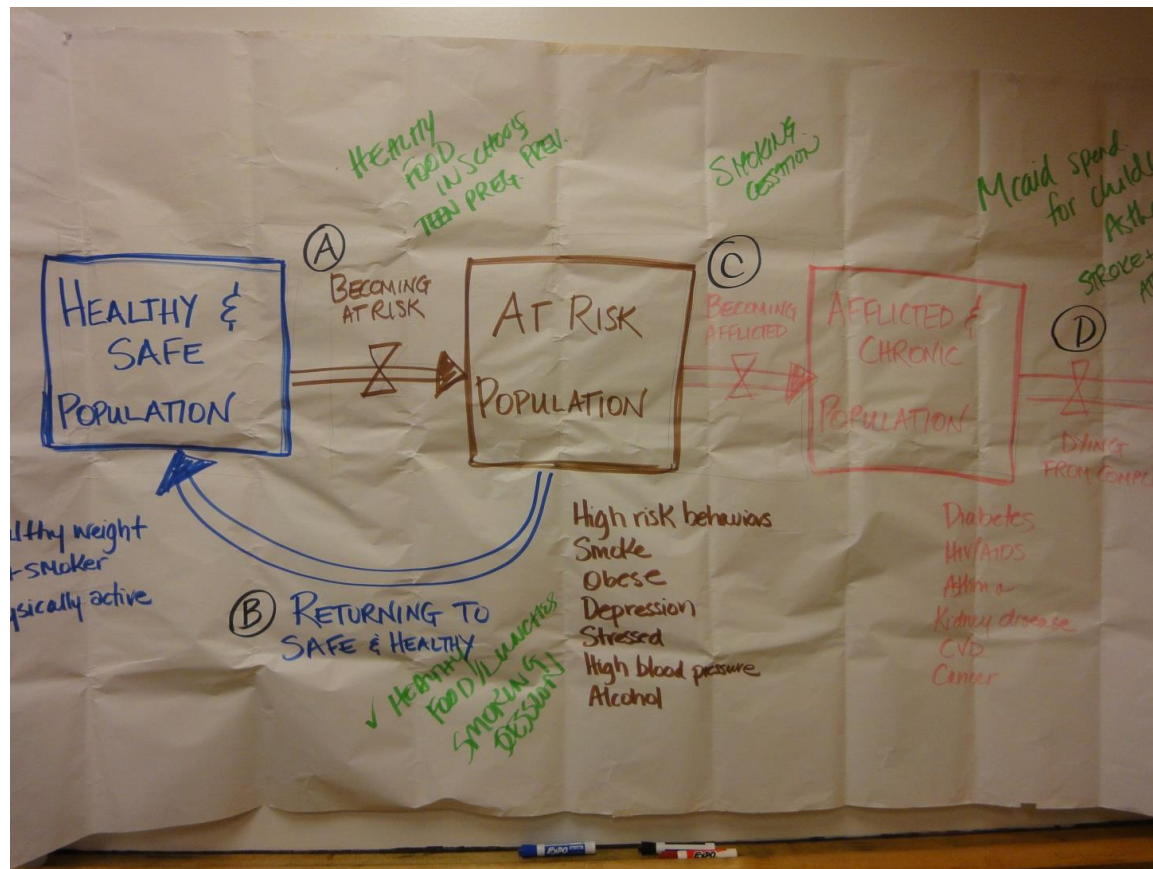
A SIX-QUESTION FRAMEWORK FOR EVALUATING POLICY

1. *What* is the important (perhaps troublesome) trend related to health in Georgia? *What* is the shape of this trend over the past several years?
2. *Who* are the stakeholders concerned about the trend?
3. *Why* this trend (what's the cause, what is responsible)?
4. *Where* is there *leverage* (some policy) to address the underlying cause of the trend?
5. *How* will it work? *How* will it play out *over time*? *How* might *unintended consequences* occur? *How* might the policy positively or negatively impact...
 - a) Health status?
 - b) State health spending?
 - c) Health care system?
 - d) Health equity?
6. *When* would the policy create an impact on health status? When would you see an improvement in some other indicators (i.e., spending, services)?

BEHAVIOR OVER TIME GRAPHS

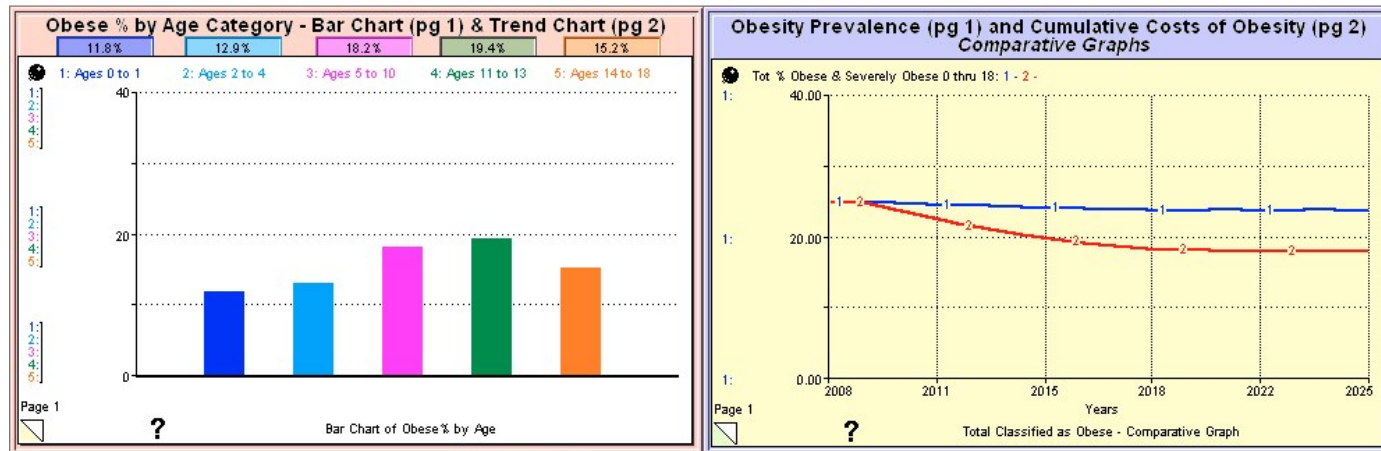


STOCK AND FLOW MAPS



SYSTEM DYNAMICS MODELS

Childhood Obesity Practice Field: Test Policies



Instructions

Obesity Cost/Child	\$35	Main Performance Metrics	
Annual Obesity Cost M\$	\$83		
Cume Obesity Cost M\$	\$1,671		
Change % in Ann Cost/Child		Obesity %	% Change in Obesity Prevalence
		17.9%	-24.9%
		-29.03%	(\$454)
		Cume Savings M\$ from Intervention(s)	

Controls

Run

Reset All

Reset Output

Intervention Details

Review Goals

Detailed Output



School Based Policies

Physical Education

	ES	MS	HS
Keep status quo?	☐	☐	☐
Add and/or Enforce reqs?	☐	☐	☐
Increase & Enforce PE reqs?	☐	☐	☐
Improve quality (more activity)?	☐	☐	☐

School Nutrition Policies

☐ ? 13

% of Schools w/o a la Carte Lunch Options

After School Programs

☐ ? 24

% of Students in Afterschool Progs

Preschool Programs

☐ ? 62

% of Students in Preschool Progs

Community Based Policies

Develop Safe Routes to School

Healthcare Based Policies

☐ ? 6

Medicaid reimbursement for nutrition counseling



APPLYING SYSTEMS THINKING TO ADDRESS CHILDHOOD OBESITY IN GEORGIA

GROUP MODEL BUILDING

**Experts provide
Input to model**

Legislators & Staff

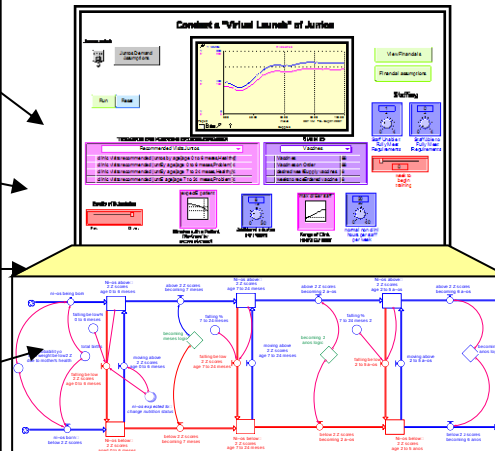
Nutritionists

Epidemiologists

Physical Activity
Experts

Economists

**Model is used to
rigorously tests
assumptions**



The Process

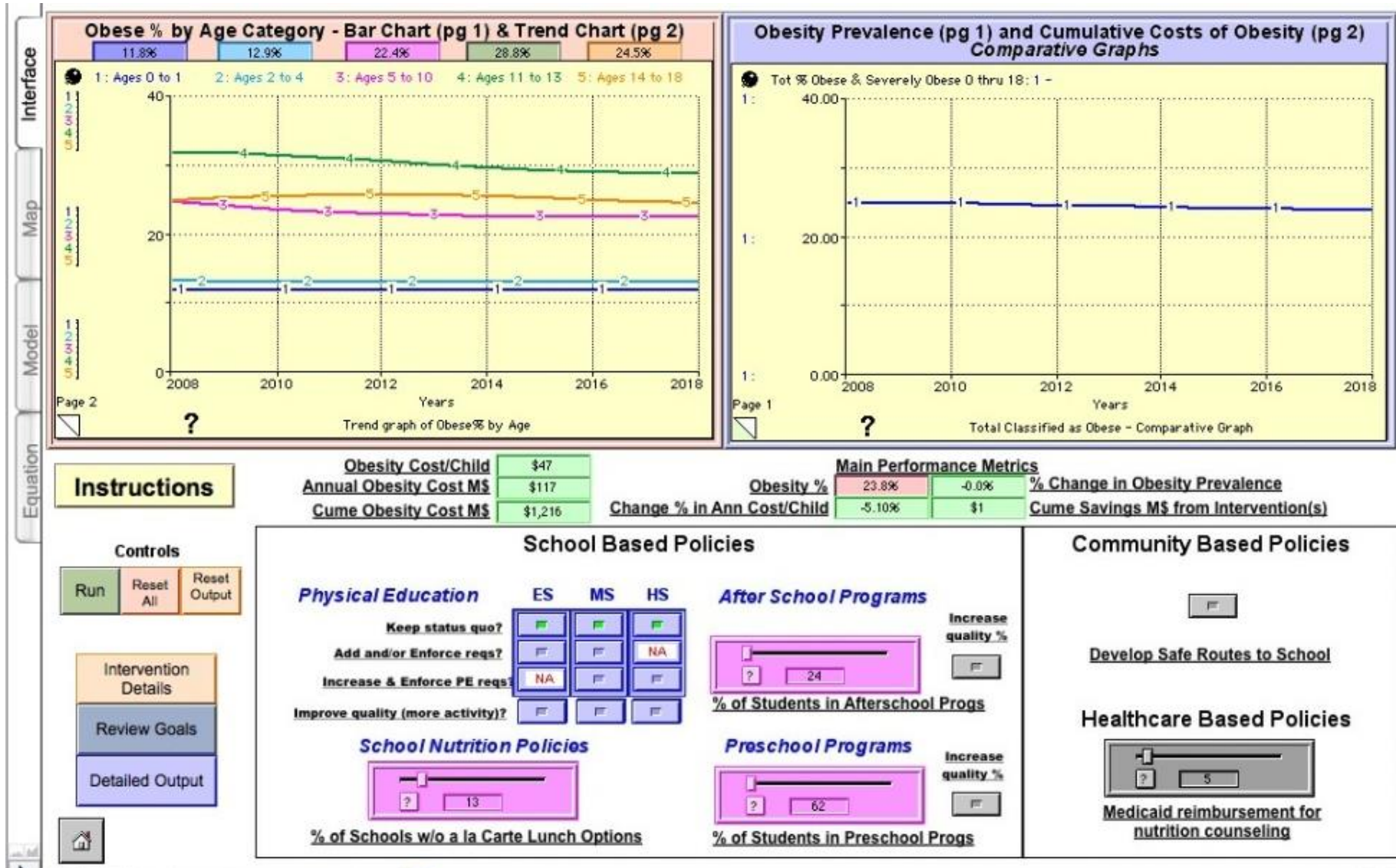
Develop Purpose
Build/Revise Model
Test Model
Add/Revise Policies
Test Policies
Engage Policymakers

POLICY AREAS MODELED

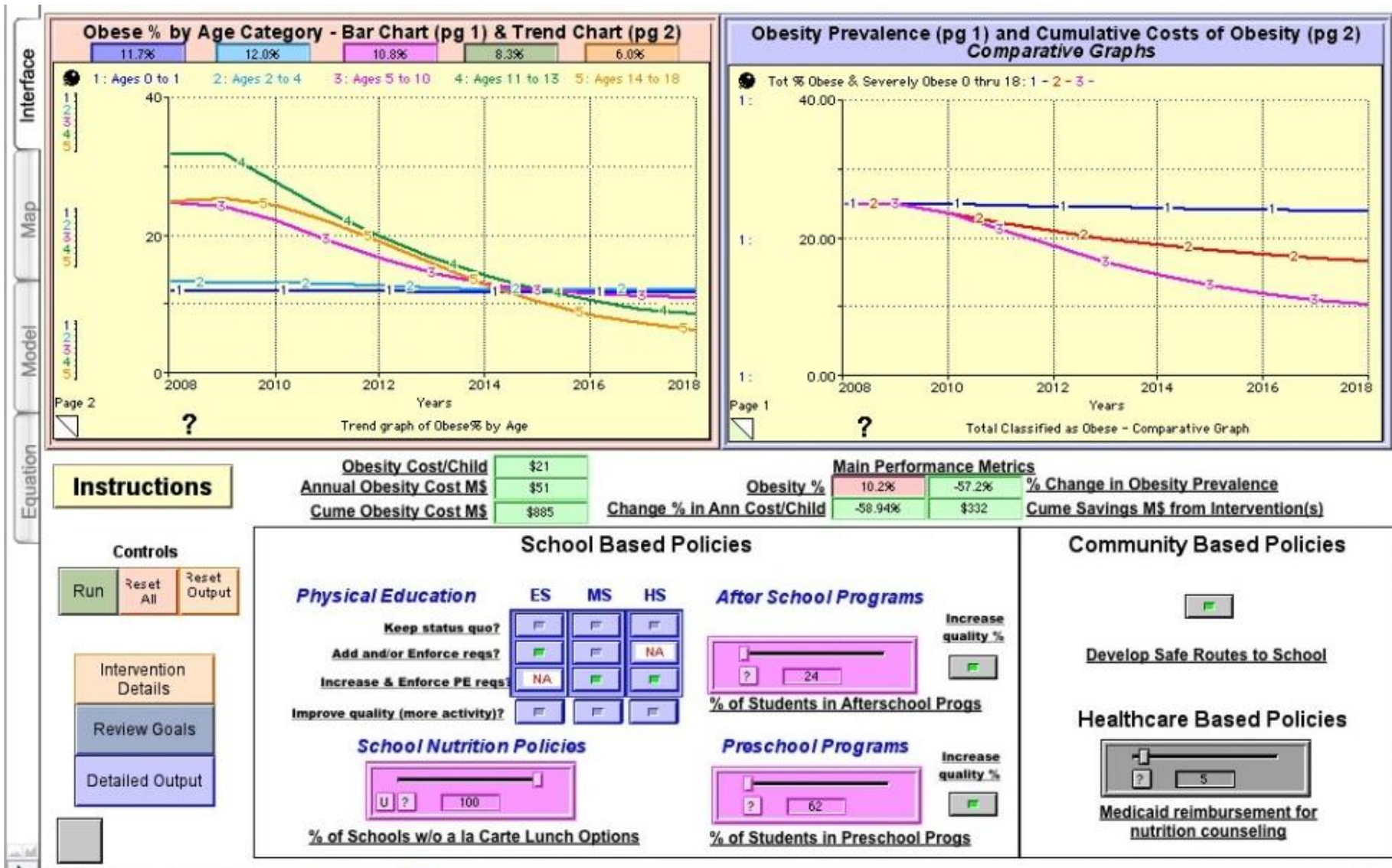
- 1) Ensuring safe routes to school
- 2) Improving school food options
- 3) Improving school physical education
- 4) Improving nutrition/physical activity education in preschool programs
- 5) Improving nutrition/physical activity education in after school programs
- 6) Reimbursing Medical Nutrition Therapy for obese children insured by Medicaid



PRACTICE FIELD: TEST POLICIES



PRACTICE FIELD: TEST POLICIES



SYSTEMS THINKING PROJECTS

- Legislative Health Policy Certificate Program
- Collaborative Systems Inquiry Model for Childhood Obesity
- Collaborative Modeling to Reduce Low Birth Weight
- Systems Thinking for Georgia Injury Prevention
- Mapping
 - Interdisciplinary Collaboration
 - Dynamics in the Dual Eligible Population
 - Sustainability and Technical Assistance
- PRISM Model
- Georgia's Child-Serving Agencies System of Care Map and Strategy
- ReThink Health Evaluation
- Teen Pregnancy Modeling
- Motor Vehicle Injury Prevention

GUIDING PRINCIPLES

- Using system dynamics tools for impact: context, engagement and skills matter
- Systems thinking tools (such as models and maps) are most effective and impactful in catalyzing change when:
 - the purpose for using a model is clearly identified and supported by the client;
 - it is developed in a collaborative process;
 - they are as simple as possible, but no simpler;
 - they can be tailored to the readiness and the level of engagement of participants, as well as the goals and the outcome of the process;
 - the modeler/facilitator has the adaptive and technical skills to use the tools; and
 - they are used as a part of a larger change process.

THANK YOU

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