



***PolÉthicas* Case Study Bank Call for Proposals**

Context

The *PolÉthicas* case study bank is a joint initiative of the Strategic Groupings on *Public Policy and Population Health* and *Ethics and Integrity* of the Quebec Population Health Research Network (QPHRN). It aims to capitalize on the expertise of each grouping, to combine and to enhance the knowledge and practices developed so far in public policy and ethics analysis. The case study examines multiple problems in different contexts and the ethical issues that may affect public health policies. Thus, this call for proposals aims to support the case study bank *PolÉthicas*, currently in development.

Public policies structure and guide action in various sectors of society. They are a key element in improving the health of populations. The adoption of “Healthy Public Policies” by governments or Public Policies Favorable to Health (PPFH) have for decades been a central focus of health promotion strategies. These policies target the determinants of health other than the health care system and health services.

Political science offers tools to better understand policy-making: what problems do the elected officials draw attention to? What roles do experts play when formulating solutions? How are health and well-being perceived by actors in sectors other than health? What does the analysis of implementation tell us? Why isn’t there more emphasis on evaluation to improve public policy? A better understanding of how public policy is realized is an important asset for public health actors.

Public health ethics (PHE), an interdisciplinary field developed over the past two decades in response to increasingly complex ethical issues (individual and collective rights, resource allocation), focuses on moral issues using concepts of ethical and political philosophy to solve population health problems. It is imperative for the validity of public policies to understand how ethical concepts relate to practice.

Objectives of the case study bank *PolÉthicas*

1. Foster a better understanding of public policy-making and the decision-making process;
2. Promote understanding of ethical issues and challenges in public health policies;
3. Provide a pedagogical and research tool for students, researchers and decision-makers, as well as managers and public health professionals.

Target Audience

This case bank aims to reach all those interested in public policies and their ethical issues. Cases will be available online. Students, researchers from academia and practice, public health managers and professionals are invited to submit cases.

Submitting a case

Guidelines for Authors

Contest deadline: May 15, 2017, 5 pm EST

Results of the contest: June 12, 2017

Available Funds: \$ 16,000

Funding: The amount of each individual award is up to \$ 4000 max

Eligibility criteria

- This contest is open to all researchers who are regular members and student members of the Quebec Population Health Research Network (QPHRN). **The lead author must be regular member researcher or student member of the QPHRN.**
- Authors may submit a maximum of two case study proposals for evaluation.
- The terms « public policy » are used in their broadest sense, encompassing laws, regulations, strategies, and plans such as formal political statements. Programs can also be considered to the extent that their analysis is part of a public policy directly related to population health.
- Authors must ensure that they do not have a conflict of publication rights since cases will be published online in the case study bank *PolÉthicas* and made accessible to the public.

Evaluation criteria

Applications will be reviewed by a peer review panel of members of the QPHRN.

Applications will be evaluated based on the following criteria:

- Relevance of the theme addressing ethics and public policies that are favorable to health;

- Originality and quality of the data available for the case;
- Links to the objectives of the case study bank;
- Interest for the users of the case study bank.

Submission of Applications

Applications may be submitted in English or in French. They must be submitted as an attached file (Microsoft Word) by e-mail with the subject heading "Contest – Case Study Bank" at the latest the day of the deadline at the following address: genevieve.malboeuf@teluq.ca

Content of applications

Only complete files will be retained for evaluation, consisting of 3 pages of content and a fact sheet to be completed online. In addition, the lead author of the application must attach an abbreviated CV (3 pages). **Long CVs will not be accepted.**

Page 1

- The name, affiliation and complete coordinates (address, telephone number, email) of the proposal's principal applicant
- The name and affiliation of the coauthors
- The title of the case
- The amount requested, up to a maximum of \$ 4,000. The amount awarded will depend on the state of progress of the work, including the collection of data.
- A justification of the budget. Please note that a ¼ of the amount granted will be paid upon final submission of the case.

Page 2

- The relevance of the theme addressed in the case study in regards to public policies favorable to population health and ethics (max 150 words)
- The link with the objectives of the case bank and the target audience (max 100 words)
- Origin of the data, its originality and its quality (max 100 words)
- The progress status of the case study (max 150 words)

Page 3

- Summary of the case (max 350 words)
Your summary must not contain any figures, tables or references.

Case Study Fact Sheet

To submit your application, you must complete a fact sheet for your case study [ONLINE](#).

Full version of the case for dissemination

The content of the case should be in accordance with the attached drafting outline. Cases can be written in French or in English.

Cases should be submitted as a Word document in Letter format (8.5 x 11), Times New Roman font, size 12, line spacing 1½.

Cases must be between 2500 and 5000 words long (5-10 pages), excluding references.

References must use the author-date system, in which the resources are cited in the text in parentheses, indicating the name of the author and the year of publication. References are listed at the end of the text in alphabetical order and APA style 6th edition. This section is titled "References".

Authors of accepted abstracts will be invited to submit a complete manuscript of their case study by **December 22, 2017**. Prior to publication, the case will be submitted to a reading committee for final acceptance. Corrections could be requested from the author.

Important. For the purpose of disseminating the case, selected proposals will have to identify the Strategic Groupings of *Public Policy and Population Health* and *Ethics and Integrity* as a source of funding.

For references, see the following case studies:

[La gestion des pesticides en milieu urbain : Bien commun ou autonomie individuelle?](#)

[La lutte contre la pauvreté et l'exclusion sociale : Intégration au marché ou prévention de la détresse économique?](#)

For further information, please contact Geneviève Malboeuf:
genevieve.malboeuf@teluq.ca or 418-657-2747 ext 5405

Drafting Outline for the Case Study¹

The outline proposed below serves as a guide for the drafting of the case studies. The information presented in the case should follow the following structure: presentation of the case; description of the actors, their vision (s) of the problem and their solution (s); outcome of the problem; discussion. Note that not all of the elements are necessarily uniformly applicable to all cases. Depending on the case, the emphasis may be placed on some elements more than on others.

		Case Title	
		PRESENTATION OF THE CASE	
DESCRIPTIVE DATA	➤ Context	Briefly describe the problem addressed by the policy under consideration. <ul style="list-style-type: none"> • What policy will the case study be focusing on? • What problem or demand is at the core of this policy or future policy? 	
	➤ Period covered by the study	Specify the start and end dates of the case study, identifying the key event or decision related to it.	
	➤ Characteristics of the field under study or relating to the problem	<ul style="list-style-type: none"> • Briefly state the current status (factual or statistical data on the field of study); • Core socio-cultural values (e.g. with respect to population groups or policy practices); • Constitutional structures and division of jurisdiction between, for example, federal, provincial and municipal jurisdictions. 	
	➤ Stage(s) of the policy concerned and the problem situation	<ul style="list-style-type: none"> • Emergence; • Agenda-setting; • Formulation; • Adoption; • Implementation; • Evaluation. 	The case study may focus on one or the other or some of these six steps; It is not necessary to cover all of them.
		ACTORS, VISION(S) OF THE PROBLEM, PROPOSED SOLUTIONS AND ARGUMENTATION	
ELEMENTS OF AN EXPLICIT NATURE²	➤ Position(s) of the main actors facing the problem	Who are the main actors (groups or individuals) who raised the problem: government actors, political parties, interest groups, citizens, journalists, scientists and others? <ul style="list-style-type: none"> • How do the actors define the problem (perceptions and positions)? • What are the main arguments put forward by the actors to justify their position? • Is the argumentation of the actors based on scientific knowledge, experience or other? 	

¹ This outline is an adaptation of the design used in the context of retrospective case studies conducted by the Task Force on Public Policy and Health (Groupe d'études sur les politiques publiques et la santé, GÉPPS), see Gagnon, F. Turgeon, J. Michaud, M. And C. Dallaire (2011), Annex 3.1 (p.46). G. Malboeuf and J. Leclerc collaborated to adapt and test it for this project.

² These elements should lay the foundations of the discussion, including the ethics argument.

	➤ Solution(s) put forward by the main players	Who are the main players who propose solutions? <ul style="list-style-type: none"> • What options are being considered by the main actors to solve the problem? • What are the main arguments put forward by the actors to justify their solution? (Promotion of particular interests?) • Is the argumentation of the actors based on scientific knowledge, experience (here or elsewhere) or other?
	➤ Determinants of health	What are the determinants of health explicitly mentioned by the various actors, in relation to the problem, the solutions or the policy?
	➤ Expertise and use of knowledge	What is the main expertise involved in the case under study: public health, environment, economy, urban planning, and transport? <ul style="list-style-type: none"> • Is knowledge leveraged?
	➤ Values and stakes explicitly put forward by the actors	Identify the values and issues explicitly put forward by the actors. <ul style="list-style-type: none"> • Economic, financial, environmental, ministerial, population health, and others.
	DENOUEMENT	Adoption, non-adoption, status quo, deviation from what was originally planned, etc.
	DISCUSSION	Questions to consider
ELEMENTS OF AN IMPLICIT NATURE		<p>What is the "nature" of the problem?</p> <ul style="list-style-type: none"> • Simple (consensus and availability of easily applicable technical solutions); Complicated (divergences, multiple solutions, but applicable and complementary); Complex (controversy, scientific and social uncertainty). <p>What are the explanatory factors (external events)?</p> <ul style="list-style-type: none"> • Are there external factors or events that may have affected policy-making? Changes in socio-economic conditions, in government; decisions or impacts of other areas of intervention; public opinion; media coverage? <p>What are the gains or losses, based on the initial demands and ideals, and on population health?</p> <p>Are there conflicts of interest between actors or groups of actors; Organizations; Government departments; Regions; Institutions, other?</p> <p>What are the ethical issues?³</p> <ul style="list-style-type: none"> • Respect for the autonomy of individuals, groups; Respect for privacy; Free and informed consent; Respect for fundamental rights; Charity (acting in the public interest), health equity (equitable allocation of resources, equal treatment), transparency (of information), and so on. <p>What are the expected effects of the policy on:</p> <ul style="list-style-type: none"> • Allocation of resources; the populations concerned; Inequalities, etc. <p>What are the lessons to be learned for public health actors and for the health of populations?</p>

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³ Document for consultation : Institut national de santé publique du Québec (INSPQ). (2015). *Référentiel de valeurs pour soutenir l'analyse éthique des actions en santé publique*. Québec, Montréal.