WHY POLICY MATTERS

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The Editors and Editorial Board of Women’s Health Issues are pleased to publish in this issue the first article in a new category of peer-reviewed manuscripts for our journal, “Policy Matters.” “US Fertility Prevention as Poverty Prevention: An Empirical Question and Social Justice Issue” by Diana Romero and Madina Agénor examines what effects the U.S. welfare reform family-cap policy has had on childbearing decisions of poor and low-income women. The authors combine a rigorous synthesis of the literature on this topic with an overview of international human and reproductive rights documents that encompasses an empirical analysis of the intended and unintended effects of such policies. They then present their findings and conclusions, grounded in the strength of their methods and analytical approach. As a first submission of a “Policy Matters” manuscript, we can think of no better example of the type of scholarly policy analysis approach we seek than the work by Romero and Agénor.

In the spring of 2009, Women’s Health Issues embarked on an effort to identify the extent to which it can fill potential gaps in the world of publishing peer-reviewed research about women’s health. There are numerous highly regarded clinical journals that report on important medical research and health issues of direct concern to women. Likewise, there are numerous peer-reviewed health services research journals (including Women’s Health Issues) that focus on women and gender perspectives, including the nexus of research, clinical practice, health systems, financing, and organization as they affect women’s health at all ages and across their health concerns. Finally, a number of peer-reviewed journals specialize in policy analyses across a broad array of topics, although we identified none that provide a specific venue for publication of scholarly and timely analyses of women’s health policy issues. This review led us to conclude that “Policy Matters” would fill a need by providing authors the opportunity to publish scholarly policy research articles that are rigorous in their methodology and analytical approach and serve to complement the types of rigorous women’s health services research articles we continue to value.

At its most fundamental level, policy analysis is about problem-solving. We have identified through quantitative and qualitative health services research that there are, for example, inequities and disparities in access to care among women (both as compared to men and within demographic groups of women); policy analyses serve to shed light on how such disparities can be reduced with the goal of improving women’s health outcomes and quality of life. We have also learned how important it is to incorporate gender perspectives into health policy analyses and discussions. As Women’s Health Issues Editorial Board members Amal Khoury and Carol Weisman noted in 2002:

Gender sensitivity in research, practice, and health policy points the way to better health for both women and men. The gender sensitivity frame does not assume that women’s health and men’s health are in conflict. Instead, it highlights the need to examine sex and gender as variables in biomedical research; to develop health technology based on men’s and women’s needs and models; to investigate ways to improve the quality of health care for women and men, using gender-based strategies when necessary; and to include gender perspectives in the process of developing and monitoring policy initiatives. Advocates for both women’s health and men’s health can benefit from this framework and help the nation achieve the goal of eliminating health disparities (Khoury and Weisman, 2002, p. 65).

Examples of previously published health services research analyses that also evaluated the policy implications of women’s access to health care include a January/February 2008 article by Sherry Glied and her colleagues, “Women’s Health Insurance Coverage: 1980-2005.” The authors performed an in-depth analysis of 25 years of health insurance coverage data for women and found that while sources of coverage...
continue to be more fragmented for women than for men, “A larger fraction of insured women are now enrolled in Medicaid than were in 1980. Women’s routes to coverage have changed as their social and economic circumstances have changed and as policy, especially Medicaid policy, has evolved” (Glied, Jack, and Rachlin, 2008).1 To the extent that access to care is directly affected by access to coverage for health care services, analyses such as Dr. Glied’s illuminate our understanding of the complexity of relationships among social, economic, health, and financing issues. Our November/December 2008 Women’s Health Issues Supplement, “Policy and Financing Issues for Preconception and Interconception Health,” provides other examples of analyses detailing the policy, financing, and programmatic issues involved in promulgating clinical guidelines developed by the U.S. Centers for Disease Control and Prevention intended to improve standards of care and health outcomes for women regardless of their pregnancy intentions and for their newborns.2 In essence, health services research provides vitally needed answers to questions about where and the extent to which problems and issues exist, and policy analyses provide indispensable insights into why and how research, health systems, clinical practice, laws, regulations, reimbursement methods, quality measurement and other areas need to be examined and adapted to facilitate providing measurable solutions.

In January 2010, Women’s Health Issues marks its 20th anniversary of publishing. From its origins in 1990 at the American College of Obstetricians and Gynecologists under the leadership of Editor Warren H. Pearse, MD (who continues as an Associate Editor today), we have strived to keep pace with the ever-changing landscape of women’s health. This effort has been shepherded by expert oversight and guidance over the years by members of our Editorial Board, who devote substantial time and thought to ensure that Women’s Health Issues meets the needs of its multidisciplinary audience of clinicians, researchers, advocates, policymakers and many other stakeholders in women’s health. As of the time of this writing, the U.S. is involved in serious and spirited debates about health care reform, and the decisions that are devised as a result of these debates have enormous implications for women’s health. In creating “Policy Matters,” our goal is to provide women’s health policy analysts the opportunity to publish their work in a peer-reviewed journal that understands the unique discipline of policy analysis and the unique contributions it makes to informed decision-making.

Readers will find in this issue a Call for Papers for “Policy Matters” manuscript submissions that describes our expectations and guidelines for this new publishing opportunity. We provide examples of possible topics and approaches and editorial requirements. We are served by a dedicated team of peer reviewers who have in-depth expertise in women’s health policy topics and methods – this enables us to provide quicker decision times for authors and thus a quicker timeline to press. As Managing Editor, I am always happy to answer author inquiries about possible “Policy Matters” and other submissions. As always, we welcome your comments and suggestions about this and other journal matters; we can be reached at whieditor@gwu.edu, (202) 994-4184.

References

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1Dr. Glied’s article was awarded the Gibbs Leadership Prize by the Editorial Board of Women’s Health Issues for best manuscript published in 2008. A free PDF of the manuscript can be downloaded at http://www.jiwh.org/content.cfm?sectionid=110.

2Thanks to financial and programmatic support from the U.S. Centers for Disease Control and Prevention, the entire November/December 2008 Women’s Health Issues Supplement is available electronically for free at: http://whijournal.com/issues/contents?issue_key=S1049-3867(08)X0007-6.