THE SCIENCE NEWS CYCLE

JORGE CHAM © 2009

Start Here

Your Research

Conclusion: **A is correlated with B (ρ=0.56)**, given C, assuming D and under E conditions.

...is translated by...

UNIVERSITY PR OFFICE
(YES, YOU HAVE ONE)

FOR IMMEDIATE RELEASE: SCIENTISTS FIND POTENTIAL LINK BETWEEN A AND B (UNDER CERTAIN CONDITIONS).

...which is then picked up by...

NEWS WIRE ORGANIZATIONS

A CAUSES B, SAY SCIENTISTS.

...who are read by ...

THE INTERNETS

Scientists out to kill us again.
POSTED BY RANDOM DUDE
Comments (377)
OMG! i kneeew it!!!
WTH???????
...

...then noticed by...

We saw it on a Blog!
A causes B all the time
What will this mean for Obama?
BREAKING NEWS BREAKING NEWS BREA

...and caught on ...

CNC Cable NEWS

4 LOCAL EYEWITLESS NEWS

...eventually making it to...

WHAT YOU DON'T KNOW ABOUT "A"... CAN KILL YOU! MORE AT 11...

A: KILLER AMONG US??
LOCAL EYEWITLESS NEWS

YOUR GRANDMA

The process of developing public policy:

What role can public health professionals play?

Patrick Fafard
University of Ottawa

KNOWLEDGE FOR A CHANGE
National Collaborating Centres for Public Health
July 7-9, 2009 - Château Mont-Sainte-Anne, Quebec
www.si2009.ca

Our workshop today

1. Why do public health professionals seek to play a role in the process of developing public policies?
2. How might public health professionals get involved in the policy process?

BREAK

3. How does/ how should “science” influence policy?
4. Public health as a mix of science, advocacy , and government.

Why?

- **Why** do public health professionals seek to play a role in the process of developing public policies?

What do you think?

Public health & public policy: a hypothesis

- Public health professionals seek to influence the policy process for two reasons:
  - “Science”
  - “Advocacy”

Public health as “science”

- Public health is often about:
  - (Infectious) disease and injury prevention
  - Health surveillance
  - Protecting the public from health risks
  - Population health assessment

Public health as advocacy

Epidemiology

Public health

"**the goal of these disciplines is to change the world**."

(Muntaner 2008)

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How?

- **How** might public health professionals get involved in the policy process?

- Models of the policy making process.

Models of the policy process

1. From evidence to decision: the predominant understanding of policy making in the “health sciences”

2. The “stages” model of policy making

3. Evidence as a tool: advocacy coalitions

4. The argumentative turn: communications, discourse, and especially dialogue

Models of policy making

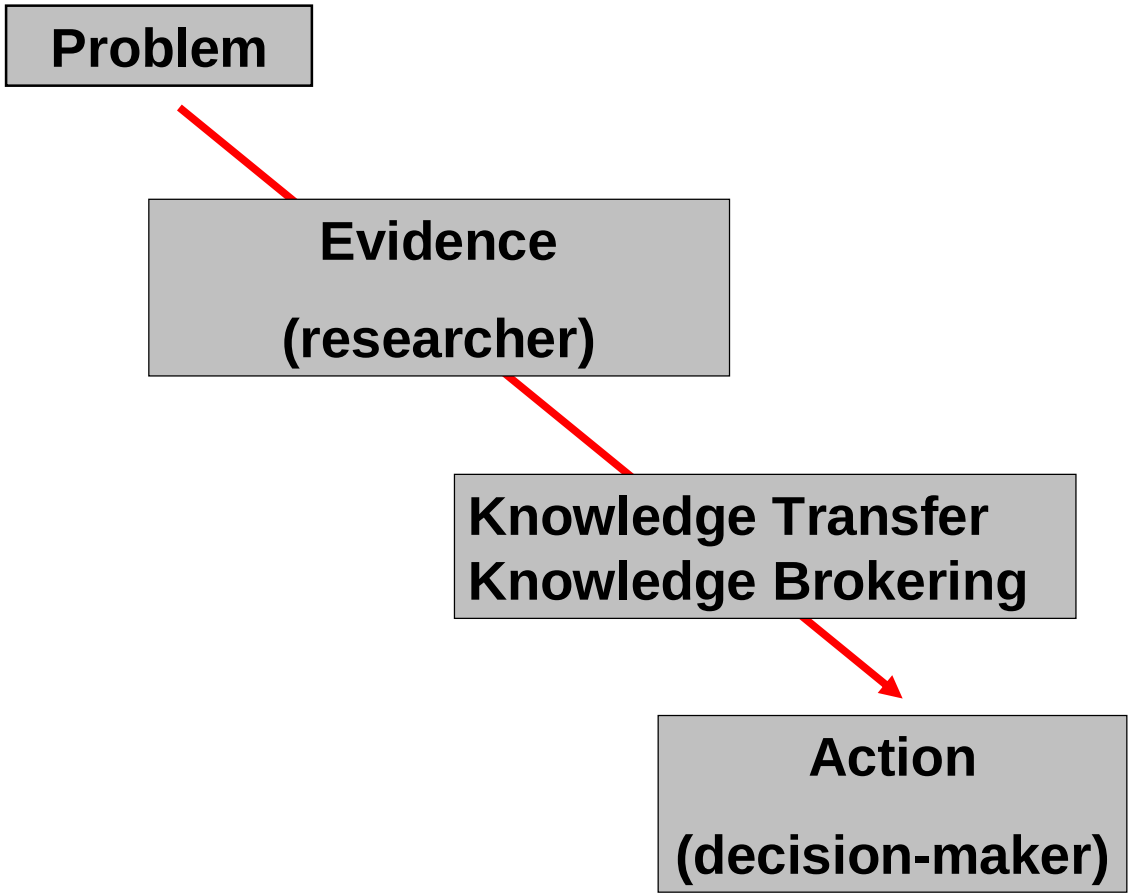
Today:

- Stages
- Advocacy coalitions
- Discursive models

Some other day:

- Intersection of the political, problem, and policy streams (Kingdon, 1995)
- Policy as the result of a punctuated equilibrium (Baumgartner & Jones)
- Policy as the result of the work of policy communities or networks

The predominant understanding of policy making in the “health sciences”



Which gives rise to a paradox

- Policy decisions often appear to be based on anything but evidence

- “policy-based evidence” (Marmot, 2004)

Which gives rise to a paradox

- While policy-oriented researchers may want to “speak truth to power”...

- ... the powerful are by no means obliged to listen and often do so when it best suits them (Burton, 2006)

A linear understanding can be useful ...

- Policies and programs are seen as analogous to clinical interventions
  - A limited number of variable, actors, decision-makers.
- Not so much evidence for policy ...

... but evidence “for the discrete program choices”

A more modest role for evidence in the linear model

- Policy decisions that are not so much based on evidence...
- ... but decisions that are **informed** by evidence.
- The importance of the decision-making **context**

(Lomas, 1990; Dobrow, Goel & Upshur 2004).

Models of the policy process

1. The predominant understanding of policy making in the “health sciences”

2. The variable role of evidence: depends on the **stage** of policy making

3. Evidence as a tool: advocacy coalitions

4. The argumentative turn: communications, discourse, and especially dialogue

Describing policy making: the “stages” model

- An ideal type and a heuristic

- This is not an accurate description of how policy is made but does allow us to better understand the complexity of decisions about policy

The stages model in brief

- Agenda setting
- Development of policy options
- Decision making
- Policy implementation
- Policy evaluation

The stages model in brief

✔ Presentation
A Appendix

- Agenda setting A
- Development of policy options ✔
- Decision making ✔
- Policy implementation A
- Policy evaluation A

Development of Policy Options

- “What to do” or “what choices do we have” is much, much more than a matter of amassing sufficient evidence.

- Policy is, and in a democracy must be, the result of political debate and deliberation.

Development of Policy Options

- Policy development & the choice of options is:
  - Complex
  - Varies from one policy domain to another (e.g., health vs. environment)

- To understand the process:
  - Epistemic communities
  - Iron triangles (esp. in the U.S)
  - Policy Networks
  - Advocacy coalitions (Sabatier & Jenkins-Smith, 1999)

The stages model in brief

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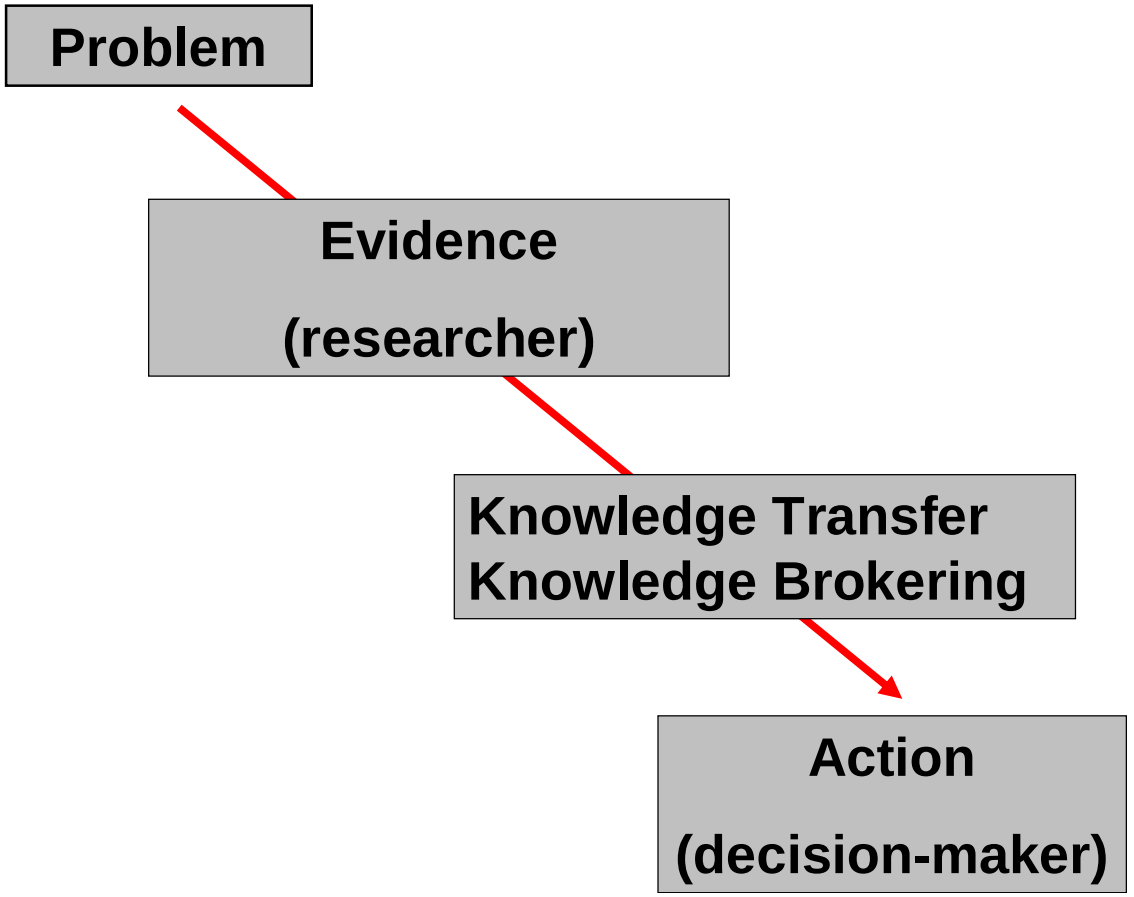

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Explaining policy making: a theory of advocacy coalitions

- How to explain policy change in the medium term (10 years)?
- The role of **advocacy coalitions** operating in well defined and very stable policy subsystems ... change is **incremental**

- Significant policy change is most often the result of shocks originating outside the policy subsystem:
  - In public health: SARS; Walkerton; obesity epidemic

Public Health Professionals ...

- ... are members of policy networks, epistemic communities and **advocacy coalitions**.

insite

Injection site saves lives, study finds

RICHARD WARNICA, Canwest News Service
Published: Saturday, April 12 2008

The Gazette

Life expectancy decline 'shocking,' doctor says

Report highlights population health gaps in Saskatoon area

BY LANA HAIGHT AND JANET FRENCH, THE STARPHOENIX MAY 28, 2009 COMMENTS (7)

The StarPhoenix
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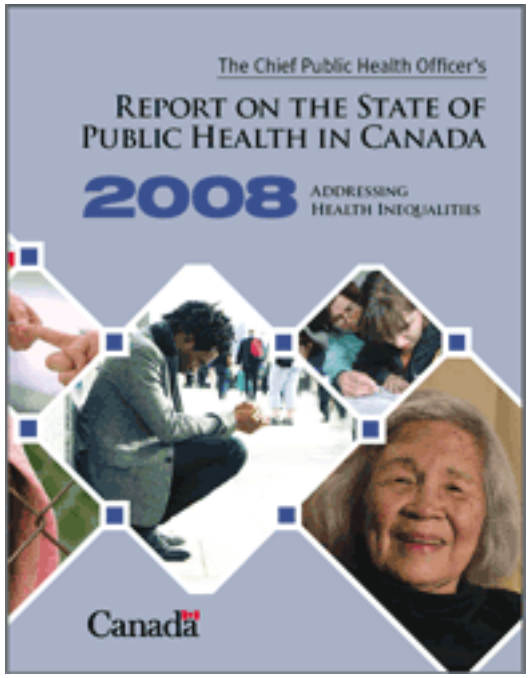

"We have the ability to achieve the same kind of progress with children. This requires further examination of:

- **income redistribution** policies, programs and initiatives so that all families have the resources needed for healthy child development … ."

Public Health Agency of Canada, p. 87, 2008

Models of the policy process

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The importance of discourse and discursive politics

Discourse:

"By weaving a selection of facts, beliefs and values into a plausible **prescriptive narrative**, these policy frames, or **storylines**, allow actors and publics to reduce the complexity of policy problems, ascribe meaning to problems and events and crudely assess possible policy alternatives".

(Juillet 2007)

Discursive politics:

"a struggle for discursive hegemony in which actors try to secure support for their definition of reality."

(Hajer, 1997)

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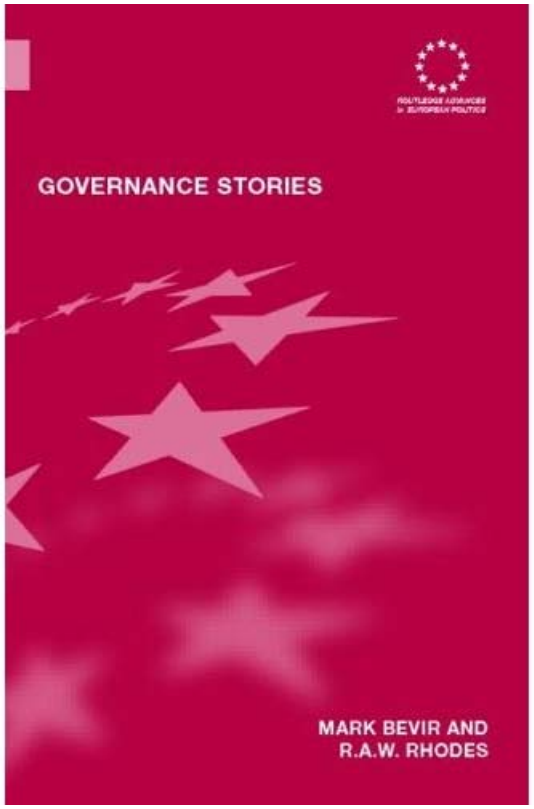
Learning by telling stories and listening to them



Governance is not any given set of characteristics. It is the **stories people use** to construct, convey, and explain traditions, dilemmas and practices.

Public policy debate

- Policy debates are between groups that proffer fundamentally different understandings of the:
  - problem;
  - significance of the problem; and,
  - range of possible solutions

How to understand obesity (and homelessness?)

An individualistic frame

- Causes and the solutions rest on the choices made by individuals.
- The role of government - ensuring that individuals have the information (and resources) necessary to make informed choices.

How to understand obesity (and homelessness?)

An individualistic frame

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- The role of government - ensuring that individuals have the information (and resources) necessary to make informed choices.

An environmental or societal frame

- Obesity (or homelessness?) the result of conditions beyond the power of individuals:
  - limited access to nutritious food;
  - a physical environment that does not allow for exercise.
- These are the result of political decisions. The solutions therefore lie in the collective choices.

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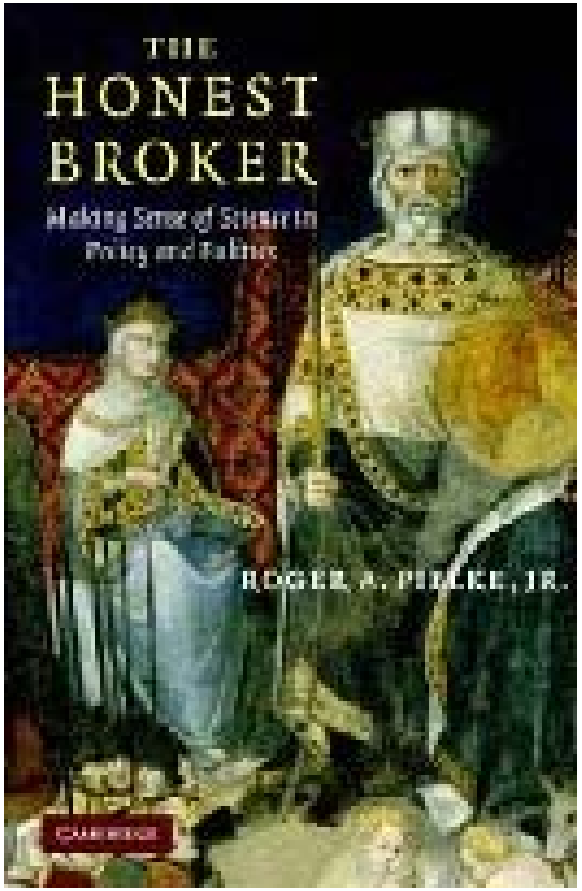
Public health science and public policy

1. How **does** “science” influence policy?
2. How **should** “science” influence policy?

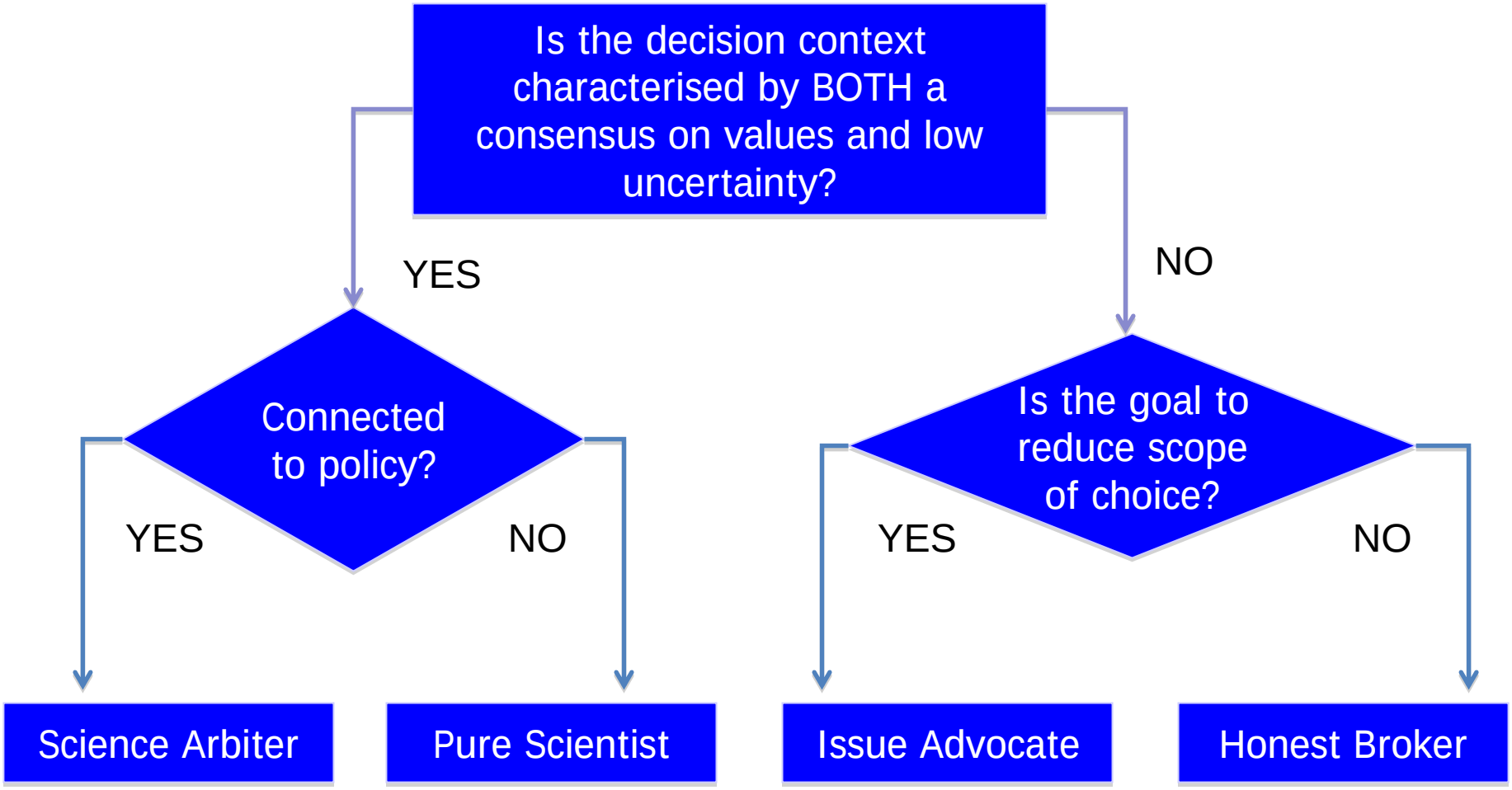
What do you think?

Scientist as researcher or as arbiter

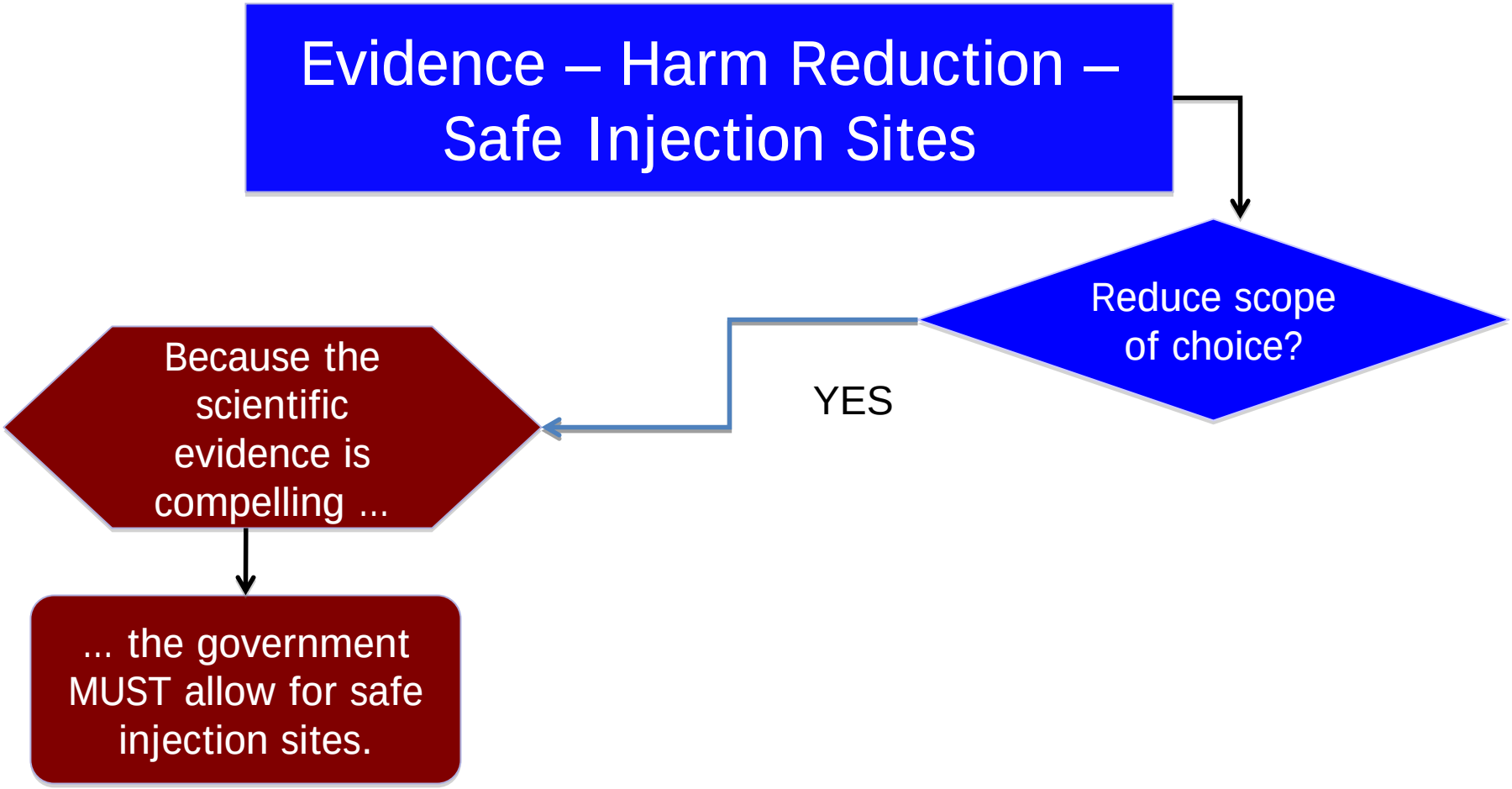
"In circumstances where the scope of choice is fixed and the decision-maker has a clearly defined technical question, then the expert has a very important role to play ... ." (Pielke, 2006)



Criteria for determining the roles of public health in policy and politics (Pielke, 2006)

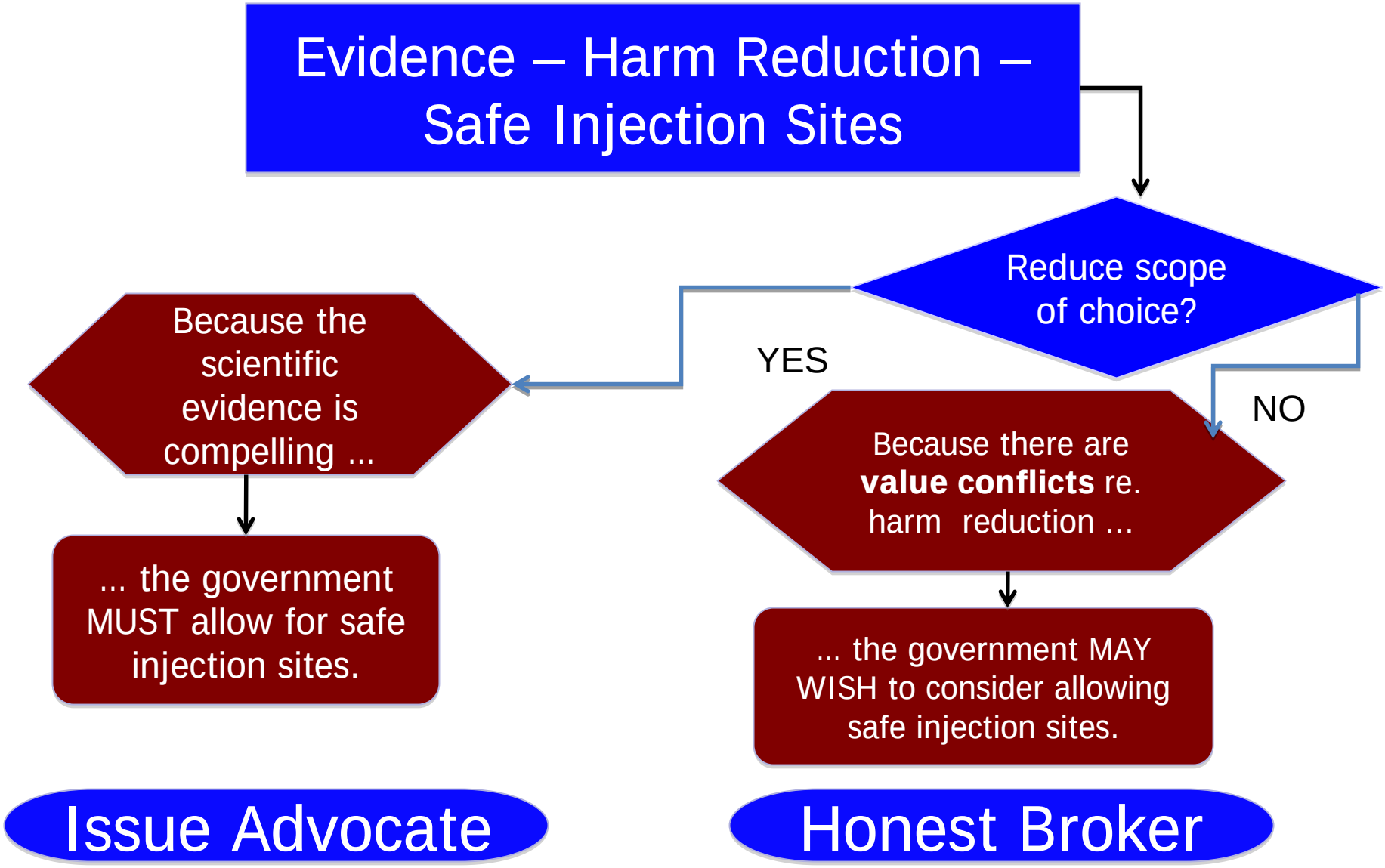


Public Health Advocacy and Brokerage



Issue Advocate

Public Health Advocacy and Brokerage



As citizens public health professionals can engage

- “Public health workers are both government employees as well as citizens imbued with certain political rights.”

  (Raphael, 2008: 18)
- Citizens are entitled, indeed encouraged, to engage in politics ... and advocate for the issues they care about.

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Three faces of public health and public policy

- Public health as science
- Public health as advocacy
- Public health as government

Public health as science: independent action

- Rooted in the need to control infectious disease
- Public health officials:
  - Can intervene **independently** of elected politicians
  - have considerable autonomous regulatory and rhetorical power (e.g., provision of the Public Health Act)

Public health as science: the power of persuasion

- Public health officials invoke scientific assessment of risk to compel gov't action
- Increasingly "science"-based power of persuasion invoked in non-crisis situations to push for control of:
  - Tobacco
  - Transfats?
  - High fructose drinks?

Public health as a hegemonic discourse based on **science**

- We are scientists (and you are not)
- We have evidence that suggests ... that income inequality leads to health inequality
- Therefore, we must reduce income inequality.

Public health as a hegemonic discourse based on **science**

- We are scientists (and you are not)
- We have evidence that suggests ... that income inequality leads to health inequality
- Therefore, we must reduce income inequality.

- **BUT**, reasonable people can disagree on whether and how to do so... .
- These disagreements are the stuff of politics.

Public health as a hegemonic discourse based on **advocacy**

- We are scientists (and you are not).
- Public health is concerned with the health of populations.

Health promotion but ...

- “Some groups are uneasy about such issues as paternalism, ‘social engineering’, the ‘**nanny state**’, privacy, and interference with rights and freedoms.” (Sindall, 2002: 202)

- “What is health promotions response when considerations of social justice **conflict with rights** or the maximization of health gain?” (Sindall, 2002: 202)

To ensure public health we need a strong government

- “To promote the equitable distribution of wealth and progressive tax policies.”

  (Raphael, 2008)

- To use the coercive power of the state to compel individuals to stop smoking, eat better, exercise more, etc. (Mariner, 2003)

To ensure public health we need a strong government

- "To promote the equitable distribution of wealth and progressive tax policies."

  (Raphael, 2008)

What about those who believe in small government and free markets?

- To use the coercive power of the state to compel individuals to stop smoking, eat better, exercise more, etc. (Mariner, 2003)

What about individual freedom and liberty?

Public health as advocacy: health promotion

- Focus on population health and the social determinants of health
- Observation that a multitude of social and economic inequalities influence health status
- From observing this link (arbiter) ...

  ... to advocating change (advocate)

Public health as advocacy: health promotion

- Fo… …ial de…
- Ob… …nd ec… sta…
- From observing this link (arbiter) ...

  ... to advocating change (advocate)

Which gives rise to yet another paradox …

Public health as government: the traditional model

The traditional model is that public servants are **anonymous** and ministers are the public face of the government

Public health as government: the exception

- Many (most?) public health professionals are employed by governments
- Yet it would seem that they are not anonymous and therefore not classic public servants ...

Life expectancy decline 'shocking,' doctor says

Report highlights population health gaps in Saskatoon area

BY LANA HAIGHT AND JANET FRENCH, THE STARPHOENIX MAY 28, 2009 COMMENTS (7)

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Public health as government: a unusual policy role

- As scientists and/or as advocates ...

public health professionals feel comfortable and in some cases compelled to take public positions for and against government actions

- Thereby contributing to the public policy process but in a non-standard way

Before we debate any of this ... conclusions

Conclusions (1)

- Public health professionals want to influence policy

- The linear model of decision making used in science is of limited use in policymaking. Rather think of stages, advocacy coalitions and competing discourse.

Conclusions (2)

- The very nature of public health leads to, a hegemonic approach or, at least , a very public contribution to policy debate

- The challenge is to remain arbiters and honest brokers and **avoid “issue advocacy by stealth”**.

Thank you!

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Questions? / Comments? Disagreement?

"A questioning man is halfway to being wise."

Irish proverb

Bibliography (1)

Bevir, M. and Rhodes, R. 2006. *Governance Stories*. London: Routledge.

Burton, Paul. 2006. Modernising the policy process: Making policy research more significant? *Policy Studies* 27, (3): 173–195.

Dobrow, M.J., Goel, V. and Upshur, R.E.G. 2004, "Evidence-based health policy: Context and utilisation", *Social Science & Medicine*, 58, 1: 207-217.

Hajer, Maarten. 1997. *The Politics of Environmental Discourse*. Oxford: Oxford University Press

Juillet, Luc 2007. "Framing Environmental Policy: Aboriginal Rights and the Conservation of Migratory Birds', in Orsini, Michael and Smith, Miriam (eds.) *Critical policy studies*, Vancouver: UBC Press.

Kingdon, John W. 1995. *Agendas, Alternatives, and Public Policies*. New York: Addison-Wesley.

Lomas, J. 1990. "Finding audiences, changing beliefs: The structure of research use in Canadian health policy", *Journal of Health Politics, Policy and Law*, 15, 3: 525-542.

Mariner, M.S. 2003. "Public Health and Law: Past and Future Visions." *Journal of Health Politics, Policy and Law*. 28 (203): 525-563.

Bibliography (2)

Marmot, Michael G. 2004. Evidence-based policy or policy based evidence? *BMJ* 328, (7445)(April 17): 906–907.

Muntaner, C., and Chung, H. 2008, “Macrosocial Determinants, Epidemiology, and Health Policy: should politics and economics be banned from social determinants of health research?” *Journal of Public Health Policy*, 29: 299-306.

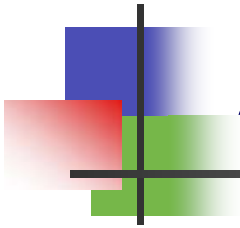
Pielke, R. 2007. *The Honest Broker: Making Sense of Science in Policy and Politics*. Cambridge: Cambridge University Press.

Raphael, Denis. 2008. “Getting serious about the social determinants of health: new directions for public health workers.” Promotion and Education, 15 (3): 15-20.

Rein, Martin. 1976. *Social Science and Public Policy*. Harmondsworth, UK; New York: Penguin.

Sabatier, P., and Jenkins-Smith, H. 1999, “The advocacy coalition framework: An assessment”. In Paul Sabatier (ed.), *Theories of the policy process, Boulder, Co.:* Westview Press.

Sindall, Colin 2002. “Does health promotion need a code of ethics?” *Health Promotion International*, 17, (3): 201-203.



Appendix

Additional stages in the stages model

The stages model in brief

- The role of a public health professional in the policy process may well vary:
  - Depending on their role:
    - bench scientist or staff epidemiologist
    - Chief public health officer
    - Minister of Health
  - Depending on the stage of the policy making process

Agenda setting

- Government policy priorities are rarely the result of the accumulation of evidence or statement by public health experts

- Agenda setting is more likely the result of:
  - Election promises
  - The platform or dominant ideas of the party in power
  - Advice from the public service
  - The priorities of the minister

Public health can influence the agenda

- As a result of a crisis:
  - SARS
  - Avian / swine
- Long term campaigns by public health advocates:
  - Vaccination
  - Safe injection sites?

Health Ministry acts to increase student physical activity

- **Action:** Recommendation by Minister to Cabinet
- **Do we like the idea?:** Agreement by Cabinet
- **Do we have the means?:** Development of a new program and approval by the Treasury Board
- **What will we do (in detail)?:** Ministry of Education develops the regulations
- **Implementation:** Communication with School Boards; hiring of additional teachers; etc.

- **…. And finally we get to students**

Policy evaluation

- Assuming ...
  - That policy implementation included an evaluation framework and data collection, and/or;
  - decision makers care about policy evaluation ...
    - e.g., Auditor General; the “Gomery effect”
  - There may be systematic evaluation of **programs** (and more rarely policies)