

You Say Tomato...

problem framing in public policy

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Summer Institute
May 16, 2012



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Outline

- Approaches to framing
- Analyzing policy frames
 - Policy controversies
 - Policy disagreement
- “Framing the Core” example
- Practical Exercise
- Framing and public health partnerships



Framing Defined

- « a way of selecting, organizing, interpreting, and making sense of a complex reality to provide guideposts for knowing, analyzing, persuading, and acting. » (Rein and Schön, 1993, p. 146)



Approaches to Framing

- Two main approaches
 - Framing as strategy
 - Framing as analysis
- Example: gambling/gaming



Framing Policy

- Policy disagreements occur within a common frame (can be settled)
- Policy controversies occur when frames offer competing world views
(same body of evidence can be used to support either frame)

(Rein and Schön, 1993, p. 146)



Framing and Public Health Partnerships

- NCCHPP project with not-for-profit (NFP) organizations
- Comparison of frames used by one NFP and one health region

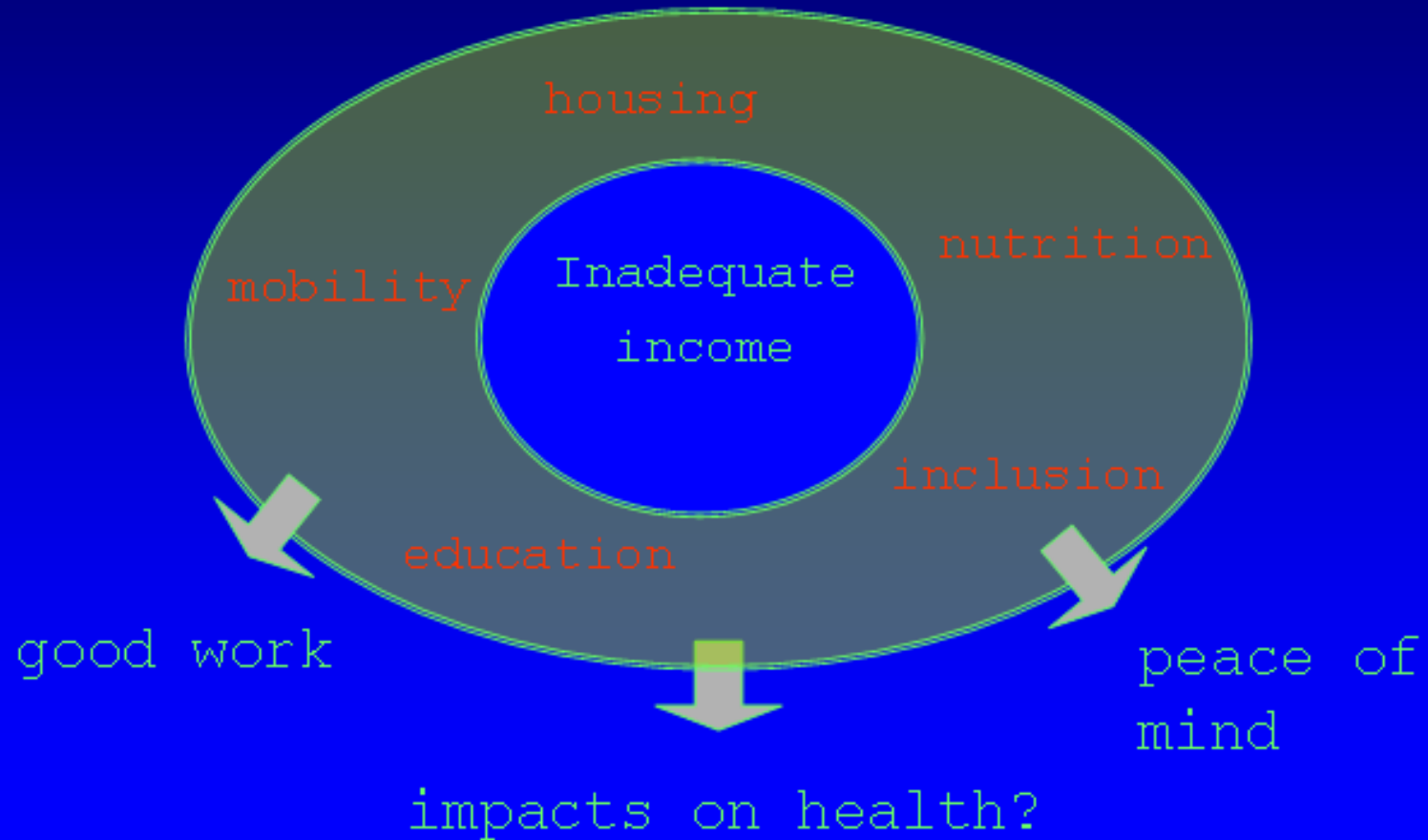


Quint Development Corporation

- Community economic development organization in Saskatoon
 - Housing
 - Employment development
 - Social inclusion
 - Business and community enterprise



The challenges of the poverty cycle



(Quint Development Corporation, 2007)



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Saskatoon Health Region

- Emphasis on health inequalities
 - Series of reports on health disparities
 - Building health equity project
 - Health and neighbourhood income



Table 1

Saskatoon Health Region's Framing of Health Disparities

Disease category and ICD9 code range	2001 Age-standardized rate (95% confidence intervals)			Ratios (95% CI)	Ratios (95% CI)
	Low Income Neighbourhoods	Rest of Saskatoon	Affluent Neighbourhoods	Low: Rest	Low: Affluent
	N = 18,228	N = 184,284	N = 16,683		
Number of Hospital Separations*:					
Suicide Attempt (E950-959, E980-989)	242.88 (171.12-314.65)	64.82 (53.17-76.47)	15.59 (-2.05-33.22)	3.75 (2.65-5.30)	15.58 (4.84-50.16)
Mental Disorders (290-318)	885.42 (746.49-1024.37)	479.90 (448.30-511.50)	207.20 (129.05-285.36)	1.85 (1.56-2.19)	4.27 (2.84-6.43)
Injuries and Poisonings (E800-999)	2019.94 (1813.56-2226.32)	1307.59 (1256.13-1359.05)	819.79 (674.32-965.26)	1.54 (1.39-1.72)	2.46 (2.01-3.02)
Diabetes (250)	212.43 (143.03-281.82)	53.41 (42.99-63.82)	16.52 (3.30-29.74)	3.98 (2.72-5.82)	12.86 (5.42-30.51)
Chronic Obstructive Pulmonary Disorder (490-496)	251.05 (173.25-328.85)	181.54 (162.54-200.53)	163.80 (88.13-239.47)	1.38 (1.01-1.92)	1.53 (0.88-2.67)
Coronary Heart Disease (410-414)	533.27 (418.55-648.00)	399.04 (371.20-426.89)	313.54 (208.15-418.93)	1.34 (1.07-1.68)	1.70 (1.14-2.53)
Stroke (430-438)	204.29 (131.18-277.39)	154.18 (136.82-171.54)	112.29 (42.69-181.89)	1.33 (0.91-1.93)	1.82 (0.89-3.72)
Cancer (140-.0-239.9)	428.42 (323.46-533.38)	479.90 (448.30-511.50)	421.17 (302.02-540.31)	0.89 (0.69-1.15)	1.02 (0.70-1.48)

Key Frames

- Population
- Determinants
- Outcomes
- Goals
- Solutions



Key frames	Saskatoon Health Region	Quint Development Corporation
<p>Population</p>	<ul style="list-style-type: none"> • Residents of six lowest-income neighbourhoods • Aboriginal cultural status <p>Comparison group: city average/affluent neighbourhoods</p>	<ul style="list-style-type: none"> • Residents of 5 core neighbourhoods
<p>Underlying Determinants</p>	<ul style="list-style-type: none"> • Low income 	<ul style="list-style-type: none"> • Roots of poverty : “rusty bucket of underdevelopment”
<p>Outcomes (key problems)</p>	<ul style="list-style-type: none"> • Health disparities <ul style="list-style-type: none"> ○ Higher rates of most illnesses 	<ul style="list-style-type: none"> • High mobility • Poor housing • Poor nutrition • Social exclusion • Lower education
<p>Key Goal</p>	<ul style="list-style-type: none"> • Reduced Health Disparities 	<ul style="list-style-type: none"> • Increased local control over social and economic development
<p>Actions to be taken</p>	<ul style="list-style-type: none"> • Policies to reduce <ul style="list-style-type: none"> ○ Poverty overall • Reduce disparities in <ul style="list-style-type: none"> ○ Income ○ Education ○ Housing ○ Employment ○ Health services ○ Cultural groups 	<ul style="list-style-type: none"> • Community Economic Development <ul style="list-style-type: none"> ○ Affordable housing ○ Business renewal ○ Employment development ○ Social inclusion

Nested Context

- Internal
- Proximate
- Macro
- Global

(Rein and Schön, 1993)



Practical Exercise

- Maximizing public health partnerships
- 4 people min / table
 - Each take one handout
 - Present your position to colleagues
 - Tease out frames together
- Decide which frames fit « best » with public health position



Evaluating Potential Partnerships

- Policy disagreement or policy controversy?
- Forseeing policy disagreements



References

- Morrison, V. (2011). Framing the core: health inequalities and poverty in Saskatoon's low-income neighbourhoods. Montréal: National Collaborating Centre for Healthy Public Policy.
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- Rein, M. & Schön, D. (1993). Reframing policy discourse. In F. Fischer & J. Forester (Eds.), The argumentative turn in policy analysis and planning (pp. 145-166). USA: Duke University Press.

