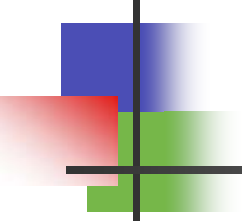




Evidence and Healthy Public Policy

*12^e journées annuelles de santé
publique: influencer l'histoire*

Patrick Fafard
University of Ottawa
November 2009



“There is nothing a government hates more than to be well-informed; for it makes the process of arriving at decisions much more complicated and difficult.”

John Maynard Keynes



My presentation today

1. The dominant view in the “health sciences”
2. Variable role, depending on the stage of the public policy development process
3. Coalitions of actors
4. The argumentative turn: communications, conceptual discourses and models, and above all dialogue

Evidence and Healthy Public Policy: Insights from Health and Political Sciences

Patrick Fafard

National Collaborating Centre for Healthy Public Policy

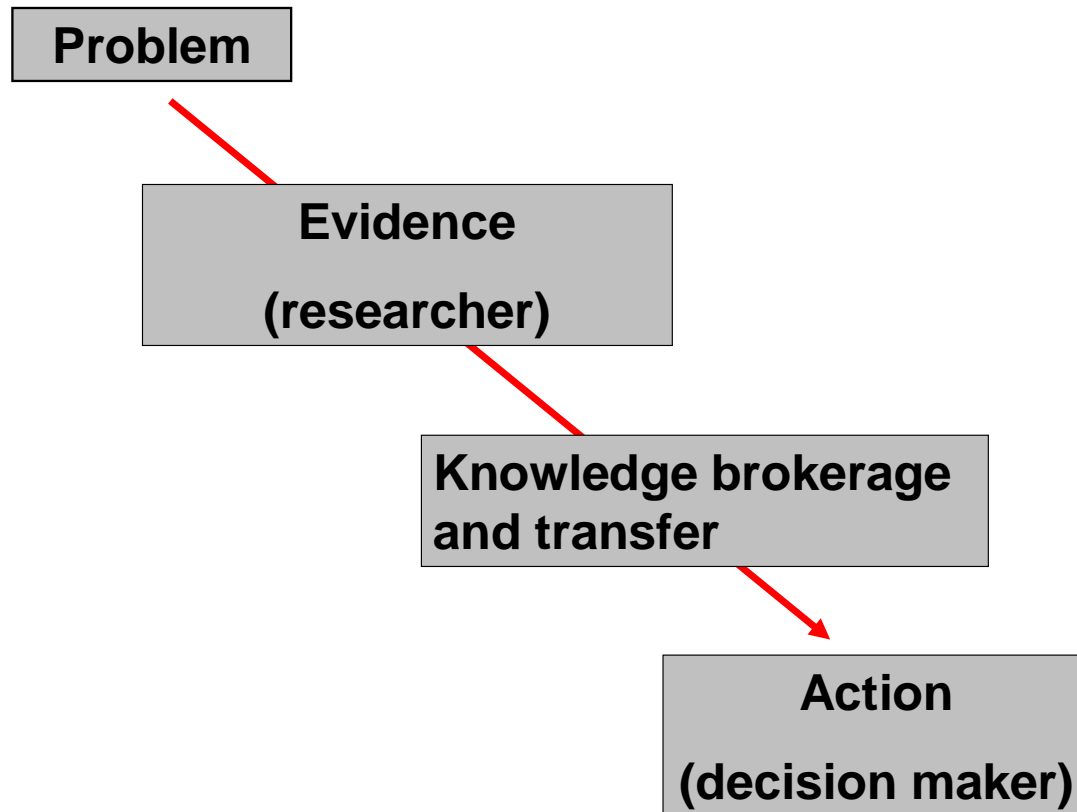
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Centre de collaboration nationale
sur les politiques publiques et la santé
National Collaborating Centre
for Healthy Public Policy

*Institut national
de santé publique*
Québec 

The dominant view (?) in the “health sciences”





Which leads to a paradox

- Policy decisions are based on everything **except** evidence
- “Policy-based evidence” (Marmot 2004)
- “Speak truth to power”

yes, but ...

**the powerful are not obliged to listen
and will usually only do so when it
suits them** (Burton 2006)



Where is this view useful? (1)

- Policies and programs are understood as **analogous to clinical interventions**
 - Limited number of variables, actors, decision makers, etc.
- It is preferable to speak of “evidence for program and policy instrument choice.”



Where is this view useful? (2)

- It is not about decisions **based** on evidence ...
- ...but decisions **informed** by evidence
- When we take into consideration the political, social, economic and decision-making **context**
 - we are considering **power**... and we are moving into the field of **political science**



Variable role, depending on the stage of the public policy development process

1. The dominant view in the “health sciences”
2. **Variable role, depending on the stage of the public policy development process**
3. Coalitions of actors
4. The argumentative turn

Political science and public policy: the “stages” model

- The way in which evidence will be used **varies** according to **the stage** of the public policy development process.
- The stages:
 - Agenda-setting
 - Policy formulation
 - Decision-making
 - Policy implementation
 - Policy evaluation



✓	Presentation
Ⓐ	Annex



Agenda-setting

- Government priorities are rarely determined by the analysis of evidence
- Agenda-setting results from many factors:
 - Electoral promises
 - The program of the political party in power
 - Public service advice
 - Ministerial priorities
 - Crises (e.g., SARS)
 - Etc.



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In short, a government's agenda – what it will do – is rarely the result of evidence gathering.



Public policy formulation

- Public policy formulation:
 - is complex
 - varies according to field (e.g., health vs. the environment)
- To grasp this process, it is important to understand the role of:
 - Epistemic communities
 - Networks
 - Iron triangles
 - Lower levels of government (“sub-government”)
 - Coalitions of actors (Sabatier and Jenkins-Smith 1999)



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Public policy formulation requires much more than evidence, however convincing it may be.



Public policy evaluation

- If ...
 - implementation involves data-gathering, and
 - decision makers stress the evaluation of programs...
 - e.g. auditor general; internal assessment
- then programs, and decisions that have been made, may be evaluated



Evaluation of public policies

- If ...
 - implementation involves data-gathering, and
 - decision makers stress the evaluation of programs...
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- then programs, and decisions that have been made, may be evaluated

Evidence is often an integral element of **evaluation**. However, everything depends on the use made of these evaluations.



Coalitions of actors

1. The dominant view in the “health sciences”
2. Variable role, depending on the stage of the public policy development process
3. **Coalitions of actors**
(“advocacy coalitions”)
4. The argumentative turn



Explain rather than describe: the role of coalitions of actors

- How can **medium term changes** (10 years) be explained?
- The role of coalitions of actors, working within stable and well-defined sub-systems (Sabatier, *et. al.*):
 - Political parties, associations, journalists, bureaucrats, etc.
- Changes are the result of **external shocks**:
 - In public health: SARS, Walkerton, obesity epidemic

Coalitions of actors and evidence



- Researchers and their research are explicitly recognized in the model
- The impact of evidence on decision makers depends less on the effectiveness with which the evidence is transferred than on the emphasis placed on the evidence by a coalition of actors
- Coalitions of actors:
 - For and against vaccination
 - For and against the regulation of pesticides
 - Etc.

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Researchers belong to coalitions:

- By choice; or
- Because their research is used by a coalition to defend its position



The argumentative turn: a deliberative approach

1. The dominant view in the “health sciences”
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3. Coalitions of actors
4. The argumentative turn: communications, conceptual discourses and models, and above all dialogue



The argumentative turn: rejection of positivist “science”

- Deep **scepticism** regarding the possibility or even the relevance of a **science** of policy development
- Rejection of the strict dichotomy between facts and values
- Scientific knowledge, as the only form of knowledge, is a **social construct** (Latour 1979)



The argumentative turn: the importance of discourses

"... a selection of facts, beliefs and values ... [that] allow actors and publics to **reduce the complexity of policy problems**, ascribe meaning to problems and events... ." (Juillet 2007)

"a struggle for discursive hegemony in which actors try to secure support for **their definition of reality.**"
(Hajer 1997)



The argumentative turn: the importance of discourses

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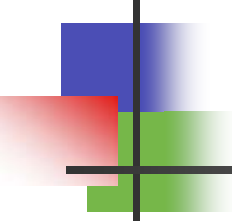
“a struggle for discursive hegemony in which actors try to secure support for **their definition** of reality.”
(Hajer 1997)



Debates about public policies

- Debates about policies take place between groups that hold to fundamentally different understandings:
 - of a problem;
 - of the significance of the problem; and,
 - of the variety of possible solutions.

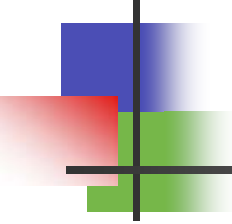
How can obesity be understood?



Individual framework

- Causes and solutions that depend on **individual choices**.
- The role of government is limited to ensuring that individuals have the information needed to make informed choices.

How can obesity be understood?



Individual framework

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- The role of government is limited to ensuring that individuals have the information needed to make informed choices.

Environmental framework

- Caused by conditions that are largely beyond the control of individuals – unhealthy food; environment offers little opportunity for exercise.
- This situation is the result of political choices
 - the solution to the problem must therefore involve **collective changes**



The argumentative turn: the role of evidence

- Policy analysts as well as decision makers:
 - are not situated above the real world of policies and the attendant conflicts
 - are inextricably tied to the policy development process
- "... there are no social facts that exist independent of investigators as sociopolitical beings." (Lynn 1999).



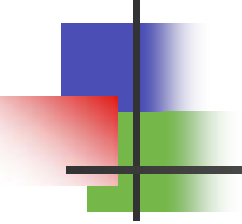
The argumentative turn: the role of the researcher

- Is not so much to collect facts and use them to deduce the best options
- But rather to:
 - promote **communication and dialogue** between various participants in the policy development process
 - focus on beliefs, the framing of problems, **carefully examine narrative, discourse, and storylines**
- Analysis of debates on:
 - Stem cells (Scala 2003)
 - Obesity (Chang et. al. 2002)
 - Nuclear fuel management (Maxwell et. al. 2004)



In conclusion

- The reverberations in public health:
 - While some are more comfortable identifying themselves as researchers and analysts...
 - ... others feel a professional obligation to argue for and to encourage citizen participation ... if not social change (Chapman 2004)



“Social science does contribute to policy and practice, ... but the link is neither consensual, graceful, nor self-evident.”

Martin Rein



Thank you!

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Questions?



I do not seek to know the answers; I seek to understand the questions.

Confucius



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Annex



My presentation today (2)

Health sciences

1. The dominant view in the “health sciences”

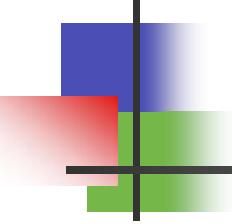
Political science

2. Variable role, depending on the stage of the public policy development process
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Decision making

- Of all the options, which will be chosen?
- Number of **decision makers**
 - The impact of evidence varies according to the number
- Choice of **instruments** (policy instruments)
 - For e.g., a liberal government prefers spending, a conservative government prefers adopting fiscal measures
- Several **rounds** of decision making
 - The impact of evidence varies depending on the round
- **Policies** (e.g., do we want to regulate pesticides?) ...
- and **programs** (e.g., which system of pesticide supplier certification is preferred and which is most effective?).



Knowledge transfer and brokerage – more complicated than one might think

- The preoccupation with influencing “decision makers” or specific “decisions” is misplaced.
- Decision making is one stage among others.
- It is rare for a government policy to be the result of a single decision.
- Every action involves:
 - numerous decisions
 - by numerous decision makers
 - sometimes over many weeks, months or even years



Policy implementation

- In a clinical environment, whoever makes decisions presides over their implementation
- In the case of public policies, implementation is a separate stage with separate actors

The Health Minister decides he wants to increase the level of physical activity among students:

Action: Recommendation of Health Minister

Decision in principle: Approval (in principle) of Council of Ministers

Search for means:

Development of a new program and approval by the Treasury Council... and return to the Council of Ministers

Decisions about details:

Department of Education works on the regulations that further detail the policy

Transfer to practitioners:

Communication with school boards; hiring of additional teachers

Finally, we get to the students...



Coalitions of actors and evidence: obesity

- Coalition #1:
 - Obesity is the result of **individual choices**
 - The State – policies that promote alternative individual choices (e.g., tax credits to encourage more physical activity)
- Coalition #2:
 - Obesity is the result of **the constructed environment**
 - The State – policies to change the environment to allow the population to engage in more physical activity