

Framework for Analyzing Public Policies

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Centre de collaboration nationale
sur les politiques publiques et la santé

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for Healthy Public Policy

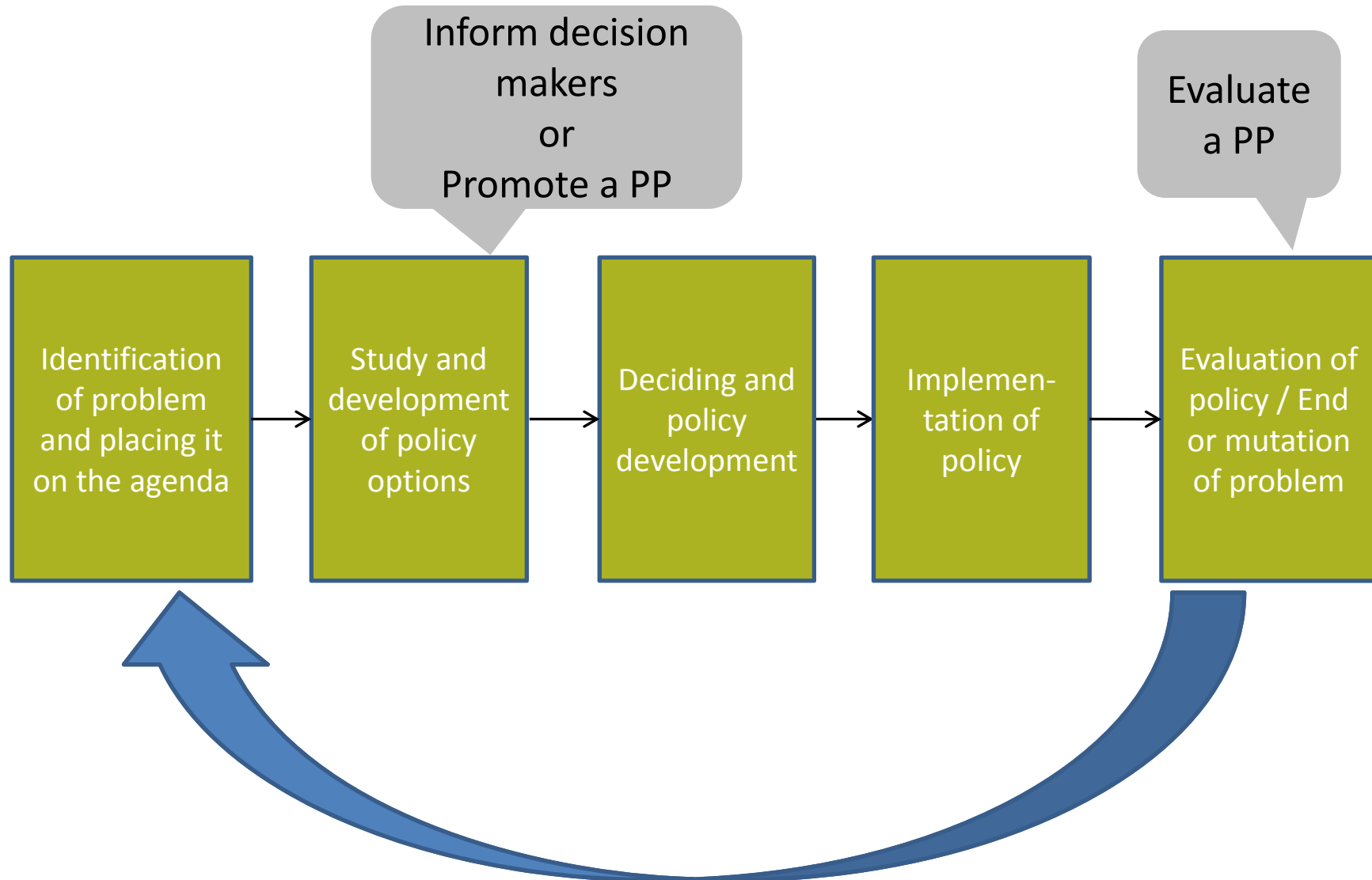
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The logo for the Institut national de santé publique Québec, featuring the text and the flag of the province of Québec.

Why an analytical framework?

- You are expected to inform policy makers
 - => Provide them with all the elements required to make an informed decision and to plan an implementation strategy (e.g.: anticipate stakeholders' reactions)
- You wish to promote a public policy
 - => Understand all its implications; prepare arguments and advocacy strategy
- You are expected to evaluate a public policy (PP)
 - => Choose the aspects to evaluate
- ...

At what point in the public policy cycle?



What exactly do we want to know?

- Effectiveness
 - Classic public health focus
- Beyond this, take into account the specific characteristics of public policies:
 - Scope of implementation
 - Amount of resources necessary
 - Decision maker: a public authority
 - Is accountable
 - Is subject to various forms of pressure

Framework developed by the NCCHPP

Effects	Effectiveness
	Unintended effects
	Equity
Implementation	Cost
	Feasibility
	Acceptability

Morestin et al., 2010

Major sources of inspiration: Salamon, 2002; Swinburn et al., 2005

List of elements to consider for each dimension

Morestin, F., Gauvin, F.-P., Hogue, M.-C. & Benoit, F. (2010). *Method for Synthesizing Knowledge About Public Policies*. Montreal: National Collaborating Centre for Healthy Public Policy. http://www.ncchpp.ca/docs/MethodPP_EN.pdf

Salamon, M. L. (2002). The New Governance and the Tools of Public Action: An Introduction. In L.M. Salamon (Ed.), *The Tools of Government: A Guide to the New Governance* (pp. 1-47). New York: Oxford University Press.

Swinburn, B., Gill, T., & Kumanyika, S. (2005). Obesity prevention: A proposed framework for translating evidence into action. *Obesity Reviews*, 6, 23-33.

To illustrate the analytical framework

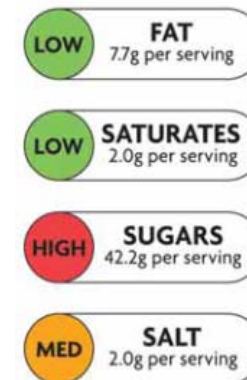
- Examples drawn from a knowledge synthesis on nutrition labelling policies in industrialized countries (Morestin et al., 2011)
- Nutrition labelling (NL): what are we talking about?

Nutrition Facts	
Per 125 mL (87 g)	
Amount	% Daily Value
Calories 80	
Fat 0.5 g	1 %
Saturated 0 g + Trans 0 g	
Cholesterol 0 mg	
Sodium 0 mg	0 %
Carbohydrate 18 g	6 %
Fibre 2 g	
Sugars 2 g	
Protein 3 g	
Vitamin A 2 %	Vitamin C 10 %
Calcium 0 %	Iron 2 %

Source: Health Canada



Source: Heart and Stroke Foundation of Canada



Source: Food Standards Agency
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Morestin, F., Hogue, M.-C., Jacques, M., & Benoit, F. (2011). *Public Policies on Nutrition Labelling: Effects and Implementation Issues — A knowledge Synthesis*. Montreal: National Collaborating Centre for Healthy Public Policy. http://www.ncchpp.ca/172/Publications.ccnpps?id_article=562

Effectiveness

The most important dimension

- Policy's effectiveness as a means of affecting the targeted problem
 - Do not forget neutral or negative effects
- Intermediate effects

E.g.: % of consumers who read NL
% who understand
% who modify their eating habits
Factors at play

- Plausibility of the intervention logic
- Contextual influences on effectiveness
E.g.: NL in restaurants
(going out "to treat oneself")

	Effectiveness
Effects	Unintended effects
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Unintended effects

- Unrelated to the objective pursued
- Effects in all sorts of areas
 - Health (aspects other than the targeted problem), economic, political, environmental, tied to social relations, etc.
- Positive or negative

+ e.g.: Reformulation (healthier foods)

- e.g.: Generate feelings of guilt in those lacking the means to buy healthy foods

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Equity

Watch out for policies that improve the overall average but increase inequalities

- Differential effects of the policy under study on various groups
- Effects on social inequalities in health

E.g.: NL less effective among less-educated and low-income groups
=> Danger of increasing inequalities in terms of weight problems

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Cost

- For the government E.g.: Inspections
- For other actors E.g.: Industry (nutritional analyses, labelling)
Consumers? (if ↗ price)
- Compared to other potential policies
- Cost-effectiveness E.g.: Net social profitability with NL?
(↘ health spending, ↗ productivity)
- Distribution over time
E.g.: Immediate, one-time costs (nutritional analyses)
Recurrent costs (inspections)
- Visibility (Salamon, 2002 ; Peters, 2002)
E.g.: Consumers will not necessarily
associate NL with ↗ price

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Peters, B. G. (2002). The Politics of Tool Choice. In L.M. Salamon (Ed.), *The Tools of Government: A Guide to the New Governance* (pp. 552-564). New York: Oxford University Press.

Feasibility

- Conformity with all relevant legislation
E.g.: NL on packaged food = federal
- Existence of pilot programs
E.g.: Industry logos
- Automaticity (Salamon, 2002: implemented by existing administrative mechanisms)
E.g.: NL => Public authorities responsible for food
- Directness (Salamon, 2002: is the body promoting the PP involved in its implementation?)
E.g.: Implementation depends on the food industry
- Number of actors involved in implementation
E.g.: Industry = multitude
- Hierarchical integration
(Sabatier & Mazmanian, 1995: system of incentives and sanctions to guide implementation)
E.g.: Inspections

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Sabatier, P. A. & Mazmanian, D. (1995). A Conceptual Framework of the Implementation Process. In S.Z. Theodoulou & M. A. Cahn (Eds.), *Public policy - The Essential Readings* (pp. 153-173). Upper Saddle River: Prentice Hall.

Feasibility (continued)

- Quality of cooperation among actors
E.g.: Industry frequently opposed
Consultations
- Ability of opponents to interfere
E.g.: Lobbying against NL in restaurants (failure to pass
Bill C-283 in the Canadian parliament)
- Availability of resources (human, material, "technological"...)

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Acceptability

- How stakeholders view the policy under study
- Influenced by their knowledge, beliefs, values, interests...
- Identify relevant stakeholders / actors:
 - Groups directly targeted by the policy, the wider public, ministries, municipalities, other decision makers, professionals from the relevant public sectors (for example, health, education, housing), funding agencies, industry, the media, political organizations, etc.

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Acceptability (continued)

For each actor concerned:

- Acceptability of acting on the problem
 - E.g.: Industry: Labelling policy unnecessary since there are already private initiatives in place
- Acceptability of the policy under study:
 - Assessment of its effectiveness, unintended effects, equity, cost, feasibility
 - E.g.: Industry: Critical of effectiveness. Concern about cost and feasibility.
 - Consumers: Preferred formats. Partially effective, + among women. Concern about the stigmatization of food.
 - Assessment of degree of coercion involved (info vs. incentives vs. regulation)
 - E.g.: Industry generally opposed to regulation but recognizes that regulations can at least level the playing field.

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Acceptability (continued)

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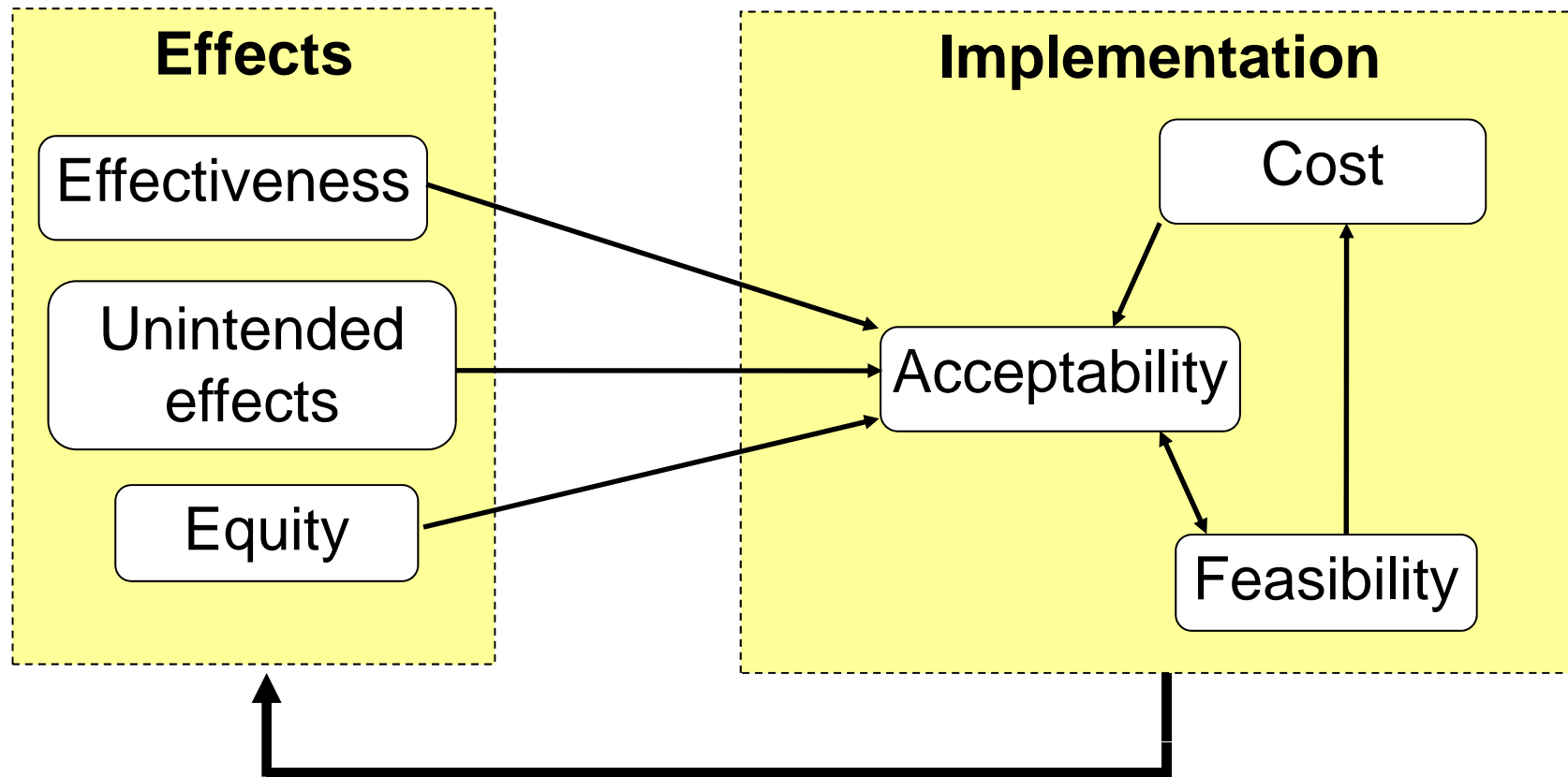
- Acceptability of the decision-making process
- Acceptability of the actors involved in implementation

E.g.: For consumers, credible if there is third-party supervision

- Acceptability of accountability measures

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Relationships between dimensions



→ = influence

How to use the analytical framework

- To guide information gathering
 - List of key questions
 - List is indicative, answers to everything rarely found
 - Analyze *all* or *some* of the dimensions
- Types of data:
 - Scientific / Experiential
 - Type depends on dimension analyzed
 - E.g.: For "effectiveness" dimension, scientific data is preferred
- Process:
 - Systematic or informal
 - Individual / group

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