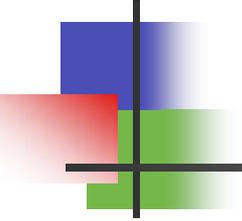


# Evidence and Healthy Public Policy

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*12<sup>e</sup> journées annuelles de santé  
publique: influencer l'histoire*

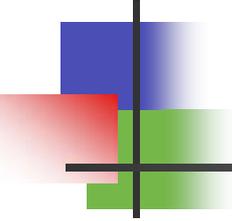
**Patrick Fafard**  
University of Ottawa  
November 2009



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“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

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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

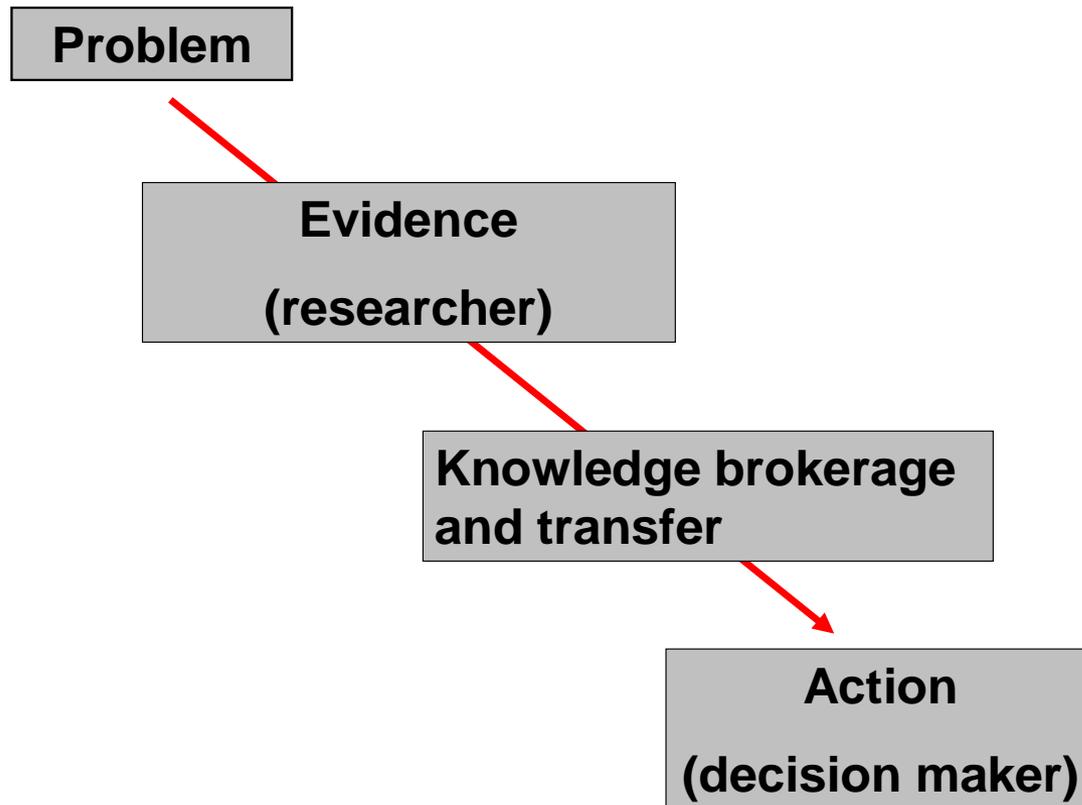
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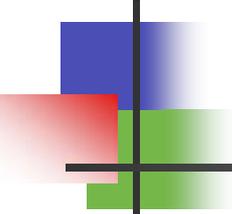


Centre de collaboration nationale  
sur les politiques publiques et la santé  
National Collaborating Centre  
for Healthy Public Policy

*Institut national  
de santé publique*  
Québec 

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





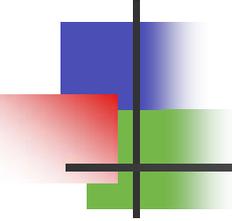
# Which leads to a paradox

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

yes, but ...

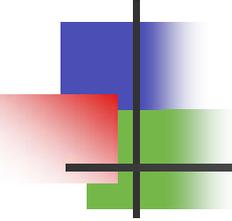
**the powerful are not obliged to listen  
and will usually only do so when it  
suits them** (Burton 2006)



# Where is this view useful? (1)

---

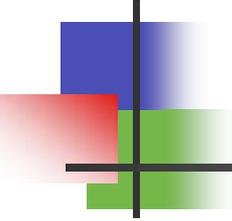
- Policies and programs are understood as **analogous to clinical interventions**
  - Limited number of variables, actors, decision makers, etc.
- It is preferable to speak of “evidence for program and policy instrument choice.”



## 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

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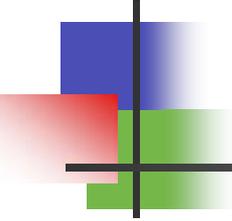
1. The dominant view in the “health sciences”
2. **Variable role, depending on the stage of the public policy development process**
3. Coalitions of actors
4. The argumentative turn

# 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



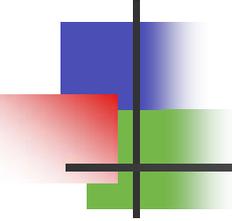
✓	Presentation
ⓐ	Annex



# 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.

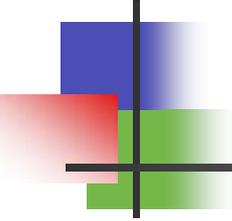


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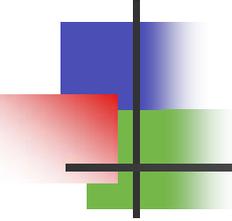
In short, a government's agenda – what it will do – is rarely the result of evidence gathering.



# 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)

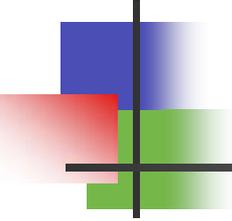


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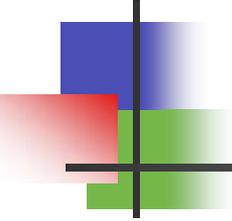
Public policy formulation requires much more than evidence, however convincing it may be.



# 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

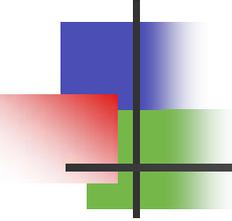


# Evaluation of public policies

---

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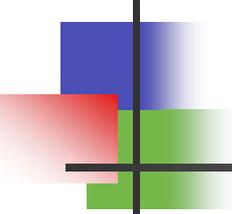
Evidence is often an integral element of **evaluation**. However, everything depends on the use made of these evaluations.



# 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

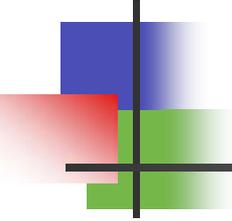


# Explain rather than describe: the role of coalitions of actors

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- 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

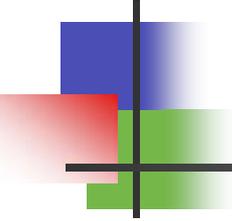
# Coalitions of actors and evidence



---

- 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.

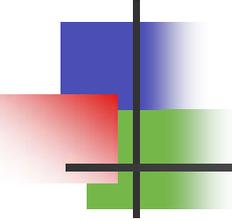
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Researchers belong to coalitions:

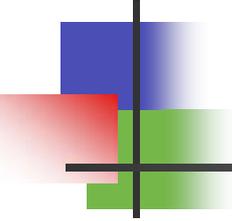
- By choice; or
- Because their research is used by a coalition to defend its position



# The argumentative turn: a deliberative approach

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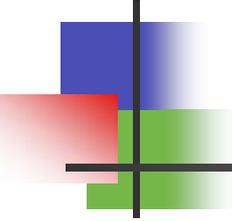
1. The dominant view in the “health sciences”
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# The argumentative turn: rejection of positivist “science”

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- 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)

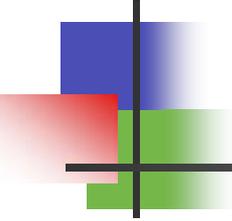


# The argumentative turn: the importance of discourses

---

"... 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)

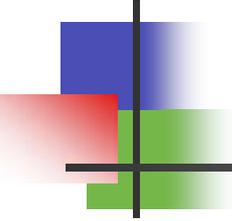


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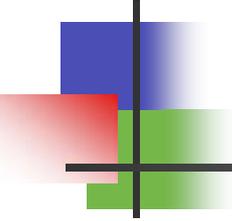


# Debates about public policies

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- 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?

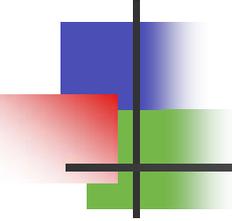


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## Individual framework

- 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?



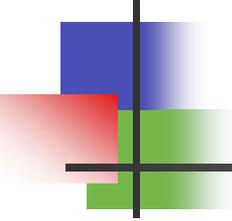
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## Individual framework

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## Environmental framework

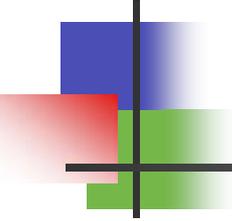
- Caused by conditions that are largely beyond the control of individuals – unhealthy food; environment offers little opportunity for exercise.
- This situation is the result of political choices
  - the solution to the problem must therefore involve **collective changes**



# The argumentative turn: the role of evidence

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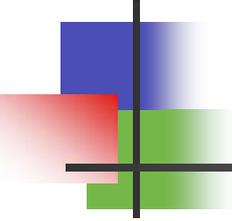
- Policy analysts as well as decision makers:
  - are not situated above the real world of policies and the attendant conflicts
  - are inextricably tied to the policy development process
- "... there are no social facts that exist independent of investigators as sociopolitical beings." (Lynn 1999).



# The argumentative turn: the role of the researcher

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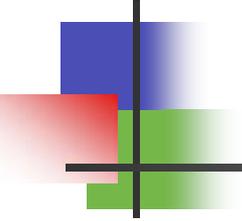
- Is not so much to collect facts and use them to deduce the best options
- But rather to:
  - promote **communication and dialogue** between various participants in the policy development process
  - focus on beliefs, the framing of problems, **carefully examine narrative, discourse, and storylines**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



# In conclusion

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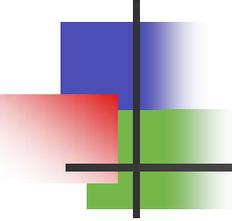
- The reverberations in public health:
  - While some are more comfortable identifying themselves as researchers and analysts...
  - ... others feel a professional obligation to argue for and to encourage citizen participation ... if not social change (Chapman 2004)



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“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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Patrick Fafard

Assistant Professor

Graduate School of Public and International Affairs

University of Ottawa

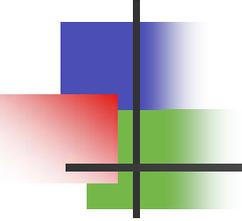
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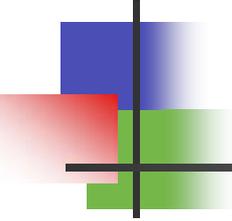
# Questions?

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

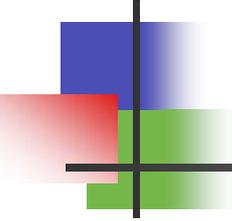
Confucius



# Bibliography

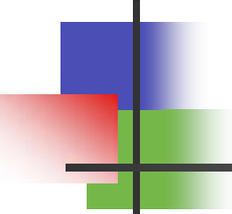
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# Annex

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# My presentation today (2)

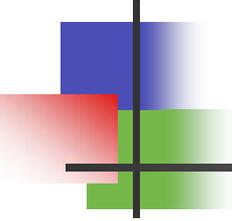
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## Health sciences

1. The dominant view in the “health sciences”

## Political science

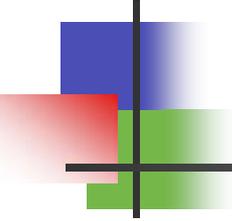
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# Decision making

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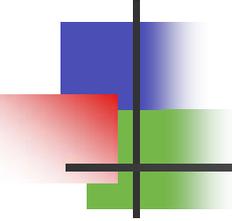
- Of all the options, which will be chosen?
- Number of **decision makers**
  - The impact of evidence varies according to the number
- Choice of **instruments** (policy instruments)
  - For e.g., a liberal government prefers spending, a conservative government prefers adopting fiscal measures
- Several **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

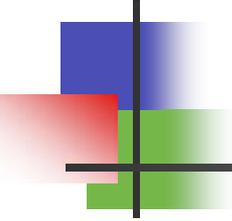
**Decisions about details:**

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