

# Understanding Policy Developments and Choices Through the “3-i” Framework: Interests, Ideas and Institutions

March 2014

This briefing note belongs to a series on the various models used in political science to represent public policy development processes. Each of these briefing notes begins by describing the analytical framework proposed by a given model. Then we set out to examine questions that public health actors may ask regarding public policy, while keeping in mind the perspective that this model affords. It should be noted that our aim in these notes is not to further refine existing models; nor is it to advocate for the adoption of one of them in particular. Our purpose is rather to suggest how each of these models constitutes a useful interpretive lens that can guide reflection and action leading to the production of healthy public policies.

The framework summarized here brings together three of the most common factors to which the political science literature appeals for explaining public policy development processes. Commonly referred to as the “3-i” framework, this framework holds that policy developments and choices are influenced by actors’ **interests** and **ideas**, as well

as by **institutions** (Hall, 1997; Lavis et al., 2002; Pomey et al., 2010). This framework constitutes a theoretical checklist. In the context of health policy analysis, it is “useful both retrospectively and prospectively, to understand past policy choices, and to plan for future policy implementation” (Walt et al., 2008, p. 308); this statement is equally true of the “3-i” framework when it is applied to the analysis of healthy public policies. In what follows, we will describe the “3-i” framework and provide key references for further reading.

## Interests

The first set of factors we will consider is **interests**, defined as the “agendas of societal groups, elected officials, civil servants, researchers, and policy entrepreneurs” (Pomey et al., 2010, p. 709). This reflects a common assumption about policy developments and choices, that they are being driven by the real or perceived interests of various stakeholders (including those operating inside government), their desire to influence the policy process to achieve their own ends, and the power relationships between stakeholders and governments (Peters, 2002, p. 553).

Interests refer to “agendas of societal groups, elected officials, civil servants, researchers, and policy entrepreneurs” (Pomey et al., 2010, p. 709)

When examining the interests of different actors regarding a policy issue, two questions to ask are: (1) *Who wins and who loses?* – in other words, try to identify who benefits from a policy decision and who bears the costs; and (2) *By how much do they win or lose?* – in other words, try to assess whether the costs and benefits are likely to be concentrated within a small group of people or diffused across a larger population (Stone, 2001, pp. 222-227). It is generally expected that individuals and groups facing concentrated costs and benefits are more likely to mobilize and form

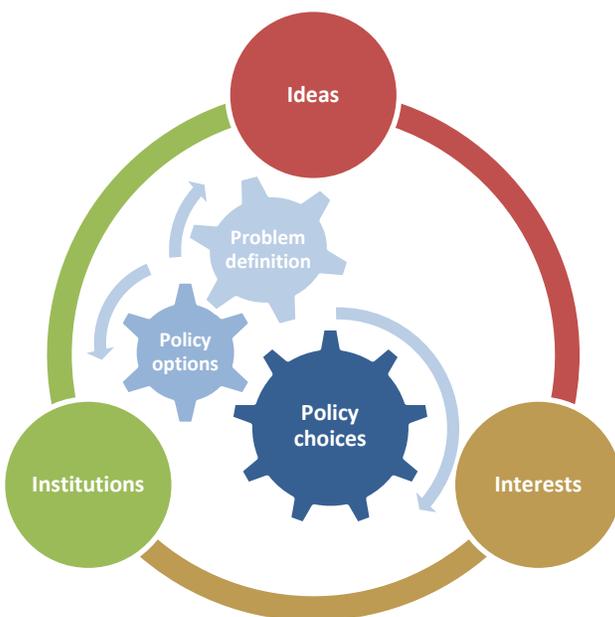


Figure 1 “3-i” framework

coalitions in the pursuit of their interests, in contrast with those who face more diffused costs and benefits (Wilson, 1995).

#### IN SUM

Think about the different actors (e.g., societal groups, elected officials, civil servants, researchers, policy entrepreneurs) that may have an interest (e.g., economic, professional, political) in your policy issue:

- Who wins and who loses through the adoption of that policy?
- By how much do they win or lose?
- Have societal actors mobilized and/or formed coalitions in the pursuit of their interests? If not, are they likely to do so?

## Ideas

Another fruitful line of inquiry is to explore how ideas can influence policy developments and choices. Ideas refer to “knowledge or beliefs about what is (e.g., research knowledge), views about what ought to be (e.g., values), or combinations of the two” (Pomey et al., 2010, p. 709). Ideas can influence how different societal actors define a problem, but also how they perceive different policy options to be effective, feasible, and acceptable.

Ideas can include knowledge (or evidence) based on empirical research (e.g., a primary study, a systematic review, a health impact assessment, as well as economic, political, organizational and ethical analyses), the informed opinion of experts, as well as the experiential knowledge of societal groups. The evidence-informed policy movement exemplifies the importance of using evidence in an explicit and systematic way to inform policy developments and choices. However, it is important to remember that “evidence is inherently uncertain, dynamic, complex, contestable, and rarely complete” (Lomas, Culyer, McCutcheon, McAuley, & Law, 2005, p. 9). Thus, it is not unusual to see these actors contest the strength, validity, and legitimacy of the evidence provided by their opponents.

Values constitute another source of ideas that can shape how actors frame problems and how they perceive different policy options to be effective, feasible, or acceptable (Hall, 1997, p. 183). We often

hear people say: ‘They did it because they’re Canadians [or Americans, or Swedes, or Japanese, or Irish]’. Indeed, there may be some dominant values, or cultural attributes, within a society that help to explain how a national government defines a public problem, how it deals with stakeholders, and why it favours certain policy options over others (Bemelmans-Videc, Rist, & Vedung, 2007, p. 6). Besides, political scientists often talk of the different ‘policy styles’ of governments to explain how policy making is culturally specific and deeply rooted in national history (Hall, 1997, p. 185).

Some political scientists also pay special attention to the values, or culture, shared by professional groups who can have direct influence on policy developments and choices (e.g., front-line practitioners, managers, researchers, policy makers). They argue that professional education, as well as participation in associations and networks, can inculcate certain values and ideological thinking about what are the best policy options to achieve certain goals (Peters, 2002, p. 556). Thus, policies chosen by governments can be strongly influenced by the dominant ideas promoted within a professional community (Hall, 1997, p. 184).

#### IN SUM

Think about the set of ideas that characterize the problem and the policy options to address it:

##### Knowledge/Evidence

- Are societal groups, elected officials, civil servants, researchers, or policy entrepreneurs drawing on different sources of evidence to advocate for (or to block) the policy?
- How would you describe the body of evidence (e.g., strong, weak, complex, consensual, uncertain, controversial) regarding the problem and the policy options for addressing it?

##### Values/Culture

- Is the policy option consistent with the dominant societal values or culture?
- Is the policy option consistent with the dominant policy style of the government?
- Is the policy option consistent with the values or ideological thinking of the most influential professional groups (e.g., front-line practitioners, managers, researchers, policy makers)?

## Institutions

The third set of factors influencing policy developments and choices is institutions (Przeworski, 2004). Institutions can be defined as “the formal and informal rules, norms, precedents, and organizational factors that structure political behaviour” (Pomey et al., 2010, p. 709, citing Hall and Taylor 1996; Hall 1997). [...] “In other words, government structures, policy networks, and policy legacies” (Pomey et al., 2010, p. 709, citing Bennett and Elman 2006; Mahoney 2000; Pierson 2000).

Government structures refer to the type of political arrangement that you may find in a country (e.g., federal vs. unitary state, and parliamentary vs. presidential system), as well as the mandate and accountability relations between the government and its agencies. Government structures can shape and constrain policy developments and choices in many ways. For example, a federal state is more likely to face political battles over jurisdictional boundaries than a unitary state (Peters, 2002, p. 558). In addition, some government structures may be characterized by multiple ‘veto points’, where political actors (e.g., senators or a president) can overturn decisions made by another legislative body (Immergut, 1990).

Institutions refer to “*the formal and informal rules, norms, precedents, and organizational factors that structure political behaviour*”. [...] “*In other words, government structures, policy networks, and policy legacies*” (Pomey et al., 2010, p. 709, citing Hall and Taylor 1996; Hall 1997, Pomey et al., 2010, p. 709, citing Bennett and Elman 2006; Mahoney 2000; Pierson 2000).

The existence of policy networks which unite the government with actors outside of the formal process of government can also shape policy developments and choices (Rocan, 2012; Raab & Kenis, 2007). Many scholars argue that the effective governance necessitates policy networks to orchestrate cooperative actions between the government and private and non-profit actors in order to address public problems (Salamon, 2002, p. 15). Yet, it is important to remember that there may be great diversity among policy networks. While some may be consensual and closely knit, others may harbour more conflict.

Finally, policy developments and choices can be shaped and constrained by a country’s constitution and past policies. Political scientists talk about a phenomenon of ‘path dependence’ to explain how a country’s constitution and past policies shape subsequent political dynamics by altering state capacities, creating incentives for collective action, and inducing societal commitments. Thus, once a government “has started down a track, the costs of reversal are very high” because doing so would challenge stakeholders’ vested interests (Levi, 1997, p. 28).

### IN SUM

Taking into consideration a policy or issue with which you are familiar, think about how the following institutions could shape, reinforce, or constrain policy developments and choices relating to that issue:

- Government structures
- Policy networks
- Policy legacies (e.g., constitution and past policies)

## Two examples

Here are two brief examples of how the “3-i” framework has been used to explore policy developments and choices:

### IDEAS, INTERESTS AND INSTITUTIONS: EXPLAINING IRISH SOCIAL SECURITY POLICY

In this report, Mary Murphy (2008) explores social security policy changes in Ireland from 1986 to 2006, in order to find out how and why Irish social security policy was influenced by international and domestic forces in a very different way than were other liberal welfare regimes.

Her analysis reveals that interests, institutions, as well as international and domestic discussions around ideas all had an impact on social security choices. The analysis also suggests the Irish policy environment and political culture lower the influence of globalization, but also constrain equity-related reforms. In her conclusion, Murphy offers some suggestions for the policy process with the aim of developing policies that produce more equitable outcomes.

## **UNDERSTANDING THE POLITICS OF NATIONAL HIV POLICIES: THE ROLES OF INSTITUTIONS, INTERESTS AND IDEAS**

In this report, Clare Dickinson and Kent Buse (2008) explore HIV policy, including how it was formulated and implemented. They review and summarize published peer-reviewed literature. Their central question is: What were the role of the institutions, interests, and ideas in HIV policy change?

Their analysis reveals that HIV policy change cannot be attributed to a single factor. Instead, according to the authors, it is the ideas, interests and institutions and their interaction that explains the change. The authors argue that in HIV policies, evidence and best practices are trumped by politics, ideology and ignorance. They conclude that national responses to HIV should all include an analysis of the expected political benefits as well as opportunities for evidence-informed policy.

## **Conclusion**

By bringing different schools of thought together, the “3-i” framework constitutes a relevant theoretical instrument for public health practitioners’ toolboxes. Such a framework can help to explore how interests, ideas, and institutions interact to influence, and ultimately, form policy developments and choices.

## References

- Bemelmans-Videc, M.-L., Rist, R. C., & Vedung, E. (2007). *Carrots, sticks, and sermons - Policy instruments and their evaluation* (4th Ed.). New Brunswick, New Jersey: Transaction Publishers.
- Dickinson, C. & Buse, K. (2008). *Understanding the politics of national HIV policies: The roles of institutions, interests, and ideas*. London: HLSP Institute. Retrieved from: <http://www.hlsp.org/Home/Resources/UnderstandingthepoliticsofHIVpolicies.aspx>
- Hall, P. A. (1997). The role of interests, institutions, and ideas in the comparative political economy of the industrialized nations. In M. I. Lichbach & A. S. Zuckerman (Eds.), *Comparative politics: Rationality, culture, and structure* (pp. 174-207). Cambridge: Cambridge University Press.
- Immergut, E. M. (1990). Institutions, veto points, and policy results: A comparative analysis of health care. *Journal of Public Policy*, 10(4), 391-416.
- Lavis, J. N., Ross, S. E., Hurley, J., Hohenadel, J. M., Stoddart, G. L., Woodward, C. A., & Abelson, J. (2002). Examining the role of health services research in public policymaking. *Milbank Quarterly*, 80(1), 125-154.
- Levi, M. (1997). A model, a method, and a map: Rational choice in comparative and historical analysis. In M.I. Lichbach & A. S. Zuckerman (Eds.), *Comparative politics: Rationality, culture, and structure* (pp. 19-41). Cambridge: Cambridge University Press.
- Lomas, J., Culyer, T., McCutcheon, C., McAuley, L., & Law, S. (2005). *Conceptualizing and combining evidence for health system guidance*. Ottawa: Canadian Health Services Research Foundation. Retrieved from: [http://www.chsrf.ca/migrated/pdf/insightAction/evidence\\_e.pdf](http://www.chsrf.ca/migrated/pdf/insightAction/evidence_e.pdf)
- Mahoney, J. (2000). Path Dependence in Historical Sociology. *Theory and Society*, 29(4), 504-548. Retrieved from: <http://www.jamesmahoney.org/articles/Path%20Dependence%20in%20Historical%20Sociology.pdf>
- Murphy, M. (2008). *Ideas, interests, and institutions: Explaining Irish social security policy*. Dublin: Combat Poverty Agency. Retrieved from: [http://www.combatpoverty.ie/publications/worshippapers/2008-08\\_WP\\_IdeasInterestsAndInstitutionsExplainingIrishSocialSecurityPolicy.pdf](http://www.combatpoverty.ie/publications/worshippapers/2008-08_WP_IdeasInterestsAndInstitutionsExplainingIrishSocialSecurityPolicy.pdf)
- 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). Oxford: Oxford University Press.
- Pierson, P. (2000). Increasing Returns, Path Dependence, and the Study of Politics. *American Political Science Review*, 94, 251-67.
- Pomey, M.-P., Morgan, S., Church, J., Forest, P. G., Lavis, J. N., McIntoch, T., ... Dobson, S. (2010). Do provincial drug benefit initiatives create an effective policy lab? The evidence from Canada. *Journal of Public Health Politics, Policy, and Law*, 35(5), 705-742.
- Przeworski, A. (2004). Institutions matter? *Government and Opposition*, 39, 527-540.
- Raab, J. & Kenis, P. (2007). Taking stock of policy networks: Do they matter? In F. Fischer, G. J. Miller, & M. S. Sidney (Eds.), *Handbook of public policy analysis: theory, politics, and methods* (pp. 187-200). Boca Raton, Florida: CRC Press, Taylor and Francis Group.
- Rocan, C. (2012). *Challenges in Public Health Governance: The Canadian Experience*. Ottawa, Canada: Invenire Books.
- Salamon, L. M. (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). Oxford: Oxford University Press.
- Stone, D. (2001). *Policy paradox: The art of political decision making*. New York: W.W. Norton & Company.

Walt, G., Shiffman, J., Schneider, H., Murray, S. F., Brugha, R., & Gilson, L. (2008). Doing health policy analysis: methodological and conceptual reflections and challenges. *Health Policy Planning*, 23 (5), 308-317. doi:10.1093/heapol/czn024

Wilson, J. Q. (1995). Organizations and public policy. In *Political organizations*. (pp. 327-346). Princeton: Princeton University Press.

#### March 2014

Author: François-Pierre Gauvin, National Collaborating Centre for Healthy Public Policy.

Editing: François Benoit, Marianne Jacques, Michael Keeling, National Collaborating Centre for Healthy Public Policy.

#### SUGGESTED CITATION

Gauvin, F.-P. (2014). *Understanding policy developments and choices through the “3-i” framework: Interests, Ideas and Institutions*. Montréal, Québec: National Collaborating Centre for Healthy Public Policy.

#### ACKNOWLEDGMENTS

The NCCHPP would like to thank Patrick Fafard and Robert Schwartz for their comments on a preliminary version of this document.

The National Collaborating Centre for Healthy Public Policy (NCCHPP) seeks to increase the expertise of public health actors across Canada in healthy public policy through the development, sharing and use of knowledge. The NCCHPP is one of six centres financed by the Public Health Agency of Canada. The six centres form a network across Canada, each hosted by a different institution and each focusing on a specific topic linked to public health. In addition to the Centres' individual contributions, the network of Collaborating Centres provides focal points for the exchange and common production of knowledge relating to these topics. The National Collaborating Centre for Healthy Public Policy is hosted by the Institut national de santé publique du Québec (INSPQ), a leading centre in public health in Canada.

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the National Collaborating Centre for Healthy Public Policy (NCCHPP). The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

Publication N°: XXXX

This document is available in its entirety in electronic format (PDF) on the National Collaborating Centre for Healthy Public Policy website at: [www.ncchpp.ca](http://www.ncchpp.ca).

La version française est disponible sur le site Web du Centre de collaboration nationale sur les politiques publiques et la santé au : [www.ccnpps.ca](http://www.ccnpps.ca).

Information contained in the document may be cited provided that the source is mentioned.

