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Focus On: Measuring the policy-making process

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Introduction

Healthy public policies are developed and adopted to improve physical, social, economic and environmental conditions within communities.[1] Policy development follows specific processes that are supported by different theories. The four most widely cited theories are: 1) Stages Heuristic Model, 2) Multiple Streams Framework, 3) Advocacy Coalition Framework and 4) Punctuated Equilibrium Theory.[2] Although the mechanisms for policy development differ by theory, the policy-making process generally involves three actions: 1) defining the problem, 2) using evidence to identify solutions and 3) engaging in the political process to influence policy outcomes.[3]

Public health units in Ontario are mandated by the *Ontario Public Health Standards* to engage in healthy public policy development and adoption.[4] However, engaging in this type of policy development is an iterative and complex process[5] that often takes between five to ten years to implement fully.[6] Given the

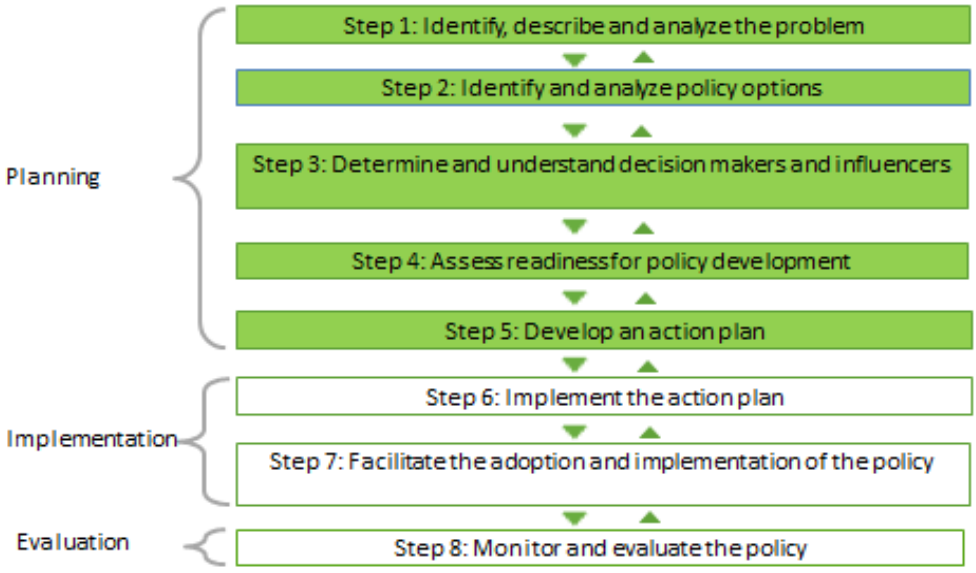
length of time it may take to fully implement a policy, public health professionals have identified a need to demonstrate progress of the policy-making process to funders and upper-level management within their organizations as well as government and the public for accountability. Therefore, the identification of short- and intermediate- term indicators of progress is one way of evaluating efforts towards the eventual long-term goal of policy adoption.[7]

The purpose of this Focus On is to identify indicators that can be used to measure the policy-making efforts of those working in public health. The aim is to demonstrate the progress of the policy-making process. The specific research question investigated was "How has the policy-making process been measured using the Stages Heuristic Model, Multiple Streams Framework, Advocacy Coalition Framework and Punctuated Equilibrium theory?" These theories were chosen as they are often used in the literature to guide the policy-making process in a wide variety of public health policy areas such as nutrition labelling,[8] tobacco policies[9,10] and physical activity in school settings.[11]

Background

The Ottawa Charter for Health Promotion[12] identifies developing healthy public policy as an integral strategy for improving public health with the main goal to "create a supportive environment to enable people to lead healthy lives".[(p.1)] In order to create healthy public policies one must engage in the policy-making process which involves a wide variety of stakeholders working together.[3] To assist public health professionals with this, Public Health Ontario (PHO) has developed an eight step model for developing healthy public policies.[13] The eight steps are organized into three phases: 1) planning, 2) implementation and 3) evaluation (Figure 1). As a first step for identifying indicators, this Focus On is only concerned with the planning phase of the policy development process, as such, the implementation and evaluation stages are not considered at this time.

Figure 1: Eight steps for developing healthy public policies with a focus on the planning phase[13]



Methods

PHO Library Services conducted searches in three electronic databases: Ovid MEDLINE, Health Policy Reference Centre and CINAHL. Electronic databases were initially searched on May 27, 2016 for articles published from 2001 to 2016. A revised literature search was conducted on June 2, 2016 in which the search terms were updated to better reflect the policy-making component of the policy process and to identify articles that had an evaluative component (e.g., process assessment and evaluation studies). In addition to searching for the specific theories or models, the terms 'policy making', 'policy-making', and 'policy process' were used. The full search strategies are available from PHO upon request.

Articles identified by the search strategies were assessed for eligibility using the following criteria: English language articles published in the last 15 years, written for a context similar to Canada (developed countries with similar socio-political contexts) and focused on the process of policy making. Articles were excluded if they were not about policy; did not specifically address the policy making process (e.g., articles evaluating policy outcomes) and were not in the context of a country similar to Canada. One reviewer screened titles and abstracts of the initial literature search while the other two reviewers screened titles and abstracts of the second literature search. Full text articles were retrieved and screened for inclusion by all three reviewers, with a 30 per cent sample of each reviewer's articles re-screened by a second reviewer. Consensus was achieved through discussion. Data extraction was conducted by all three reviewers.

Results

The two literature searches identified 2,022 articles, of which 65 articles met the inclusion criteria based on abstract screening. Following full text review, three articles were included in the synthesis (Brownson et al.[14], Funk et al.[6] and York et al.[15]). Most articles were excluded because they focused on evaluation of policy outcomes rather than the policy-making process. Other articles were excluded if there was no attempt made to measure or assess the policy-making process.

All three articles were published in health-specific journals: Policy, Politics & Nursing Practice,[14] International Journal of Health Planning and Management[6] and the American Journal of Public Health[15] between 2007–2011. All articles focused on the policy-making process and offered ways that this process could be measured. For example, Funk et al.[6] examined mental health policy, Brownson et al.[14] examined evidence-based public health policy and York et al.[15] sought to understand smoke-free policy development. Brownson et al.[14] was the only article based on one of the four theories outlined in the literature search (Multiple Streams Framework). The contributions of each article for measuring the policy-making process are described below.

Brownson et al.[14] describe three key domains of evidence-based public health policy and propose strategies to help advance policies. For our purposes, data were extracted from the process domain only as the other two domains (content and outcome) were not relevant to the planning phase of the policy-making process. The researchers[14] used Kingdon's Multiple Streams Framework[16] to conceptualize the policy-making process. Kingdon's framework identifies three streams that, when coupled with a window of opportunity, increase the likelihood of an issue appearing on the policy agenda.[16] The three streams include problems (the issue you are looking to solve), policies (the proposed solutions), and politics

(factors like the public mood, organized political forces and the political administrative system).[16] Brownson et al.[14] proposed two strategies to advance the policy-making process. The first is to "prepare data for quick and proactive dissemination" in order to quickly respond when a window of opportunity appears.[14(p.1580)] The second is to "seek new ways of communicating data by ensuring that data is in a form that (1) shows public health burden, (2) demonstrates priority of an issue over many others, (3) shows relevance at the local level, (4) shows benefits from an intervention, (5) personalizes an issue by telling a compelling story of how peoples' lives are affected, and (6) estimates the cost of intervention."[14(p.1580)]

In Funk et al.[6] an approach to mental health policy monitoring and evaluation developed by the World Health Organization was introduced.[17] A checklist was created which lists processes and content issues found to be important when evaluating a mental health policy.[6] For our purposes we only extracted the process issues section of the checklist as it best reflected steps one through five of PHO's eight steps to developing healthy public policy.[13] While the checklist is not a series of steps, but rather a list of issues that arise frequently when evaluating mental health policy, the items are transferable and can be applied to other policy-making processes. Table 1 provides an overview of the questions to consider when evaluating the policy-making process.

Table 1: Overview of the checklist for evaluating the process of a mental health policy[6]

Process issues
1. Was there a high-level mandate to develop the policy (e.g., from the Minister of Health)?
2. Is the policy based on relevant data: from a situational assessment? From a needs assessment?
3. Have policies relating to mental health that have been utilized within the country and in other countries with similar cultural and demographic patterns been examined and integrated where relevant?
4. Has a thorough consultation process taken place with the following groups: • Health Sector—including planning, pharmaceutical, human resource development, child health, HIV/AIDS, epidemiology and surveillance, epidemic and disaster preparedness divisions? • Ministry of Finance? • Social Welfare and Housing Ministries? • Private sector? • Non-government organizations? • Any other key stakeholder group?
5. Has an exchange taken place with other countries concerning their mental health policies and experiences?
6. Has relevant research been undertaken to inform policy development (e.g., pilot studies)?

Outside of the four policy-making process theories we identified, York et al.[15] applied a Community Readiness Model (CRM) to better understand the policy-making process. This model is typically a framework used to evaluate the capacity of a community to develop and implement an intervention;[18,19] however, it can also be used to develop a policy.[20] As York et al. explains, "policy advocates can use information about a community's readiness when attempting to understand the complex structures and

processes that contribute to local policy decision making".[15(p.195)] There are six components of community readiness that can be assessed: 1) knowledge about the problem or issue, 2) existing efforts to address the problem, 3) knowledge of these efforts, 4) leadership, 5) resources, and 6) community climate.[15] The CRM can be used to identify which stage of readiness the community is at and from there, what specific action can be taken to move the community towards policy change.[15] Although the article used a theoretical framework it did not include any of the four theories we had initially identified as useful for understanding the policy process as it was originally developed for health interventions and later applied to health policy.[15]

Discussion

This literature review aims to identify short- and intermediate- term indicators to measure progress during the policy-making process. While a comprehensive set of indicators was not found, a number of questions that can guide measurement of the policy-making process were identified. These questions align well with the first four steps of PHO's eight steps to developing healthy public policy.[13] For example, using questions one and two of Funk et al. checklist[6] provide insight into progress made when moving through PHO's Step 1: identify, describe and analyze the policy problem.[13] Questions three, five and six help demonstrate progress through Step 2: identify and analyze policy options,[13] and question four can help with Step 3: determine and understand decision makers and influencers.[13] As well, the two strategies proposed by Brownson et al.[14] (prepare data for quick and proactive dissemination and seek new ways of communicating data) could be used to measure Step 1.[13] For example, these two strategies would ensure information gathered is clearly communicated and disseminated to reflect the public health burden, priority of the issue, relevance at the local level, benefits for policy action, identifying who is most affected and including a cost/benefit analysis. Last, the six components to assess community readiness identified in the York et al.[15] article are directly related to measuring aspects of PHO's Step 4: assess readiness for policy development.[13] Table 2 summarizes the connections between the PHO policy-making steps[13] and the identified questions to consider.

Table 2: Summary of questions to consider for steps one to four of the PHO policy-making process

Policy-making steps[13]	Questions to consider
Step 1: identify, describe and analyze the problem	• Was there a high-level mandate to develop the policy?[6] • Is the policy based on relevant data: from a situational assessment? From a needs assessment?[6] • Has the public health burden been identified?[14] • Has the priority of the issue been stated?[14] • Has the relevance at the local level been identified?[14] • Are the benefits for the policy action stated?[14] • Have those who are most affected been identied?[14] • Has a cost/benefit analysis of keeping the status quo or implementing the policy been conducted?[14] • Have data been prepared for quick and proactive dissemination?[14] • In what ways have data been communicated? Have new ways been considered and utilized to communicate data?[6,14]

Policy-making steps[13]	Questions to consider
Step 2: identify and analyze policy options	• Have policies utilized within the country and in other countries with similar cultural and demographic patterns been examined and integrated where relevant?[6] • Has an exchange taken place with other countries concerning their policies and experiences? If so, describe how this was done.[6] • Has relevant research been undertaken to inform policy development? If so, describe what was undertaken and found.[6]
Step 3: determine and understand decision makers and influencers	• Has a thorough consultation process taken place with key stakeholders? If so, describe this process.[6]
Step 4: assess readiness for policy development	• Was a community readiness model used to assess readiness for policy development? Describe what was done to measure 1) knowledge about the problem or issue, 2) existing efforts to address the problem, 3) knowledge of these efforts, 4) leadership, 6) resources, and 6) community climate.[15]

The results of the literature search for this Focus On identified guiding questions as opposed to indicators. As such, additional research is required to identify actual indicators for each of the 'Questions to consider' with face validity, utility and accessibility of the indicators being established.[21] Moreover, determining whether the indicators are short and intermediate-term would be necessary to properly evaluate progress in the policy-making process.[7]

Limitations and strengths

A limitation of this Focus On is the methodology of the included articles. For example, Funk et al.[6] and Brownson et al.[14] did not provide a clear description of the methodology used in their work. Therefore, it was not possible to determine exactly how the checklist[6] was developed nor how the two factors identified were determined to be of importance.[14] However, both papers did have strengths. For instance, Funk et al.[6] acknowledged the influence of the World Health Organization document[17] and Brownson et al.[14] identified the use of the Kingdon's Multiple Streams Framework[16] to frame the policy-making process. Both of these sources are recognized as credible in the field of healthy public policy which gives validity to their findings.

Another limitation is the study design. The combination of search terms (e.g., using the names of theories) and the use of selected search engines, while comprehensive, was not exhaustive. As a result, relevant studies may have been missed. As well, the small number of relevant studies currently available make it difficult to develop a comprehensive indicator system to measure the policy-making process.

A major strength of this review is that it provides direction as to what could be included in such an indicator system; for example, evaluate a process for policy adoption (Funk et al.[6]), data dissemination methods (Brownson et al.[14]) and assessing community readiness (York et al.[15]).

Another strength is the authors' collective knowledge and experience with the policy-making process and evaluation. In addition, all three authors collaborated in every stage of the review and contributed to the decisions related to methods used, the screening process, and data extraction and synthesis.

Gaps and future directions

Additional published studies are needed on this topic as a small number of relevant articles were found when reviewing the academic literature. Future work should include a review of the grey literature. As well, further exploration of the CRM as a means to measure the policy-making process would be valuable.

Measurement of the policy-making process is an emerging topic that requires more discussion before a comprehensive list of questions and indicators can be presented with certainty. A future step could include a consensus-building workshop/conference to review findings on this topic to date and identify additional questions and indicators. The purpose of this type of knowledge exchange event would be to invite those working in the area of policy-making process measurement (e.g., public health policy advisors or analysts) to come together and share knowledge and expertise in order to develop an evidence-informed indicator system. This process has been used for other emerging public health topics. For example, public health researchers, policy makers and practitioners came together at a conference to build consensus on policy solutions to address environmental determinants of obesity.[22] Another example is when evaluators and funders came together to identify indicators and measurement tools.[23]

Conclusion

The aim of this Focus On was to identify indicators to measure the policy-making process to guide the efforts of public health professionals. As stated, health units are mandated by the Ontario Public Health Standards to engage in healthy public policy development and adoption[4], however doing so is an iterative and complex process.[5] The main research question looked to examine how four widely cited theories/frameworks/models could be used to develop a set of indicators to measure the policy-making process. The results identified guiding questions as opposed to indicators. However, the findings from this Focus On provide a first step for the development of an evidence-informed indicator system to measure the policy-making efforts of those working in public health. More research and discussion are needed to provide definitive guidance. Suggested future efforts include reviewing the grey literature, exploring the CRM further and hosting a consensus-building workshop/conference to develop indicators to measure the policy-making process.

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