



# **A Fresh Look at KT**

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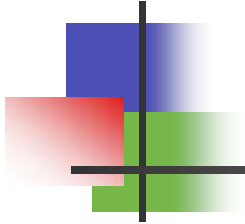
**Comparing How Health Scientists and Political Scientists Think About Policy Change and the Role of Research**

**Patrick Fafard**  
Université d'Ottawa  
Novembre 2009

# A bridge



... between the  
“health sciences”  
and political science.



“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 predominant understanding of policy making in the “health sciences”
2. The variable role of evidence:  
depends on the stage of policy making
3. Evidence as a tool: advocacy coalitions
4. The argumentative turn: communications, discourse, and especially dialogue



# My presentation today

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## Health Sciences

1. The predominant understanding of policy making in the “health sciences”

## Political Science

2. The variable role of evidence:  
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# Evidence and Healthy Public Policy: Insights from Health and Political Sciences

Patrick Fafard

National Collaborating Centre for Healthy Public Policy

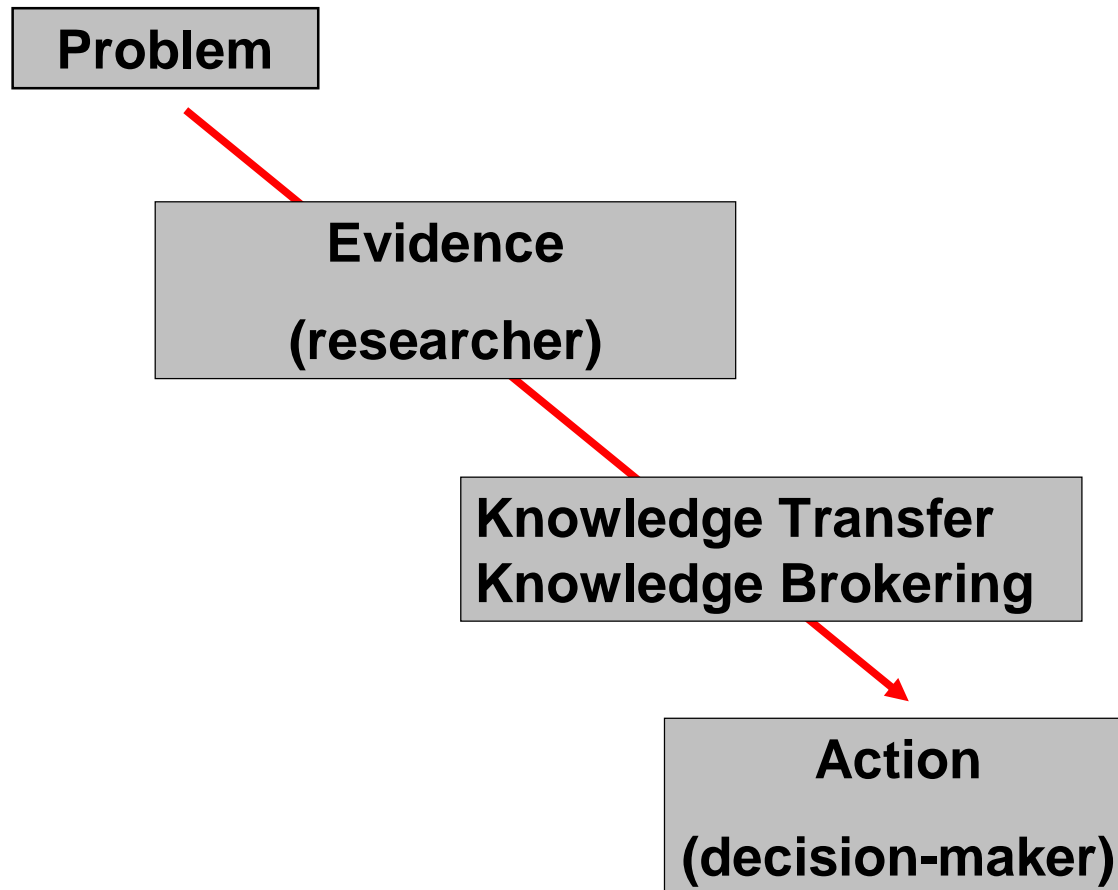
May 2008



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 predominant understanding of policy making in the “health sciences”





# Which gives rise to a paradox

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- Policy decisions often appear to be based on anything but evidence
- “policy-based evidence” (Marmot 2004)



# Which gives rise to a paradox

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- Policy decisions often appear to be based on anything but evidence
- “policy-based evidence” (Marmot 2004)
- While policy-oriented researchers may want to “speak truth to power” ...
- ... the powerful are by no means obliged to listen and often do so when it best suits them (Burton 2006)



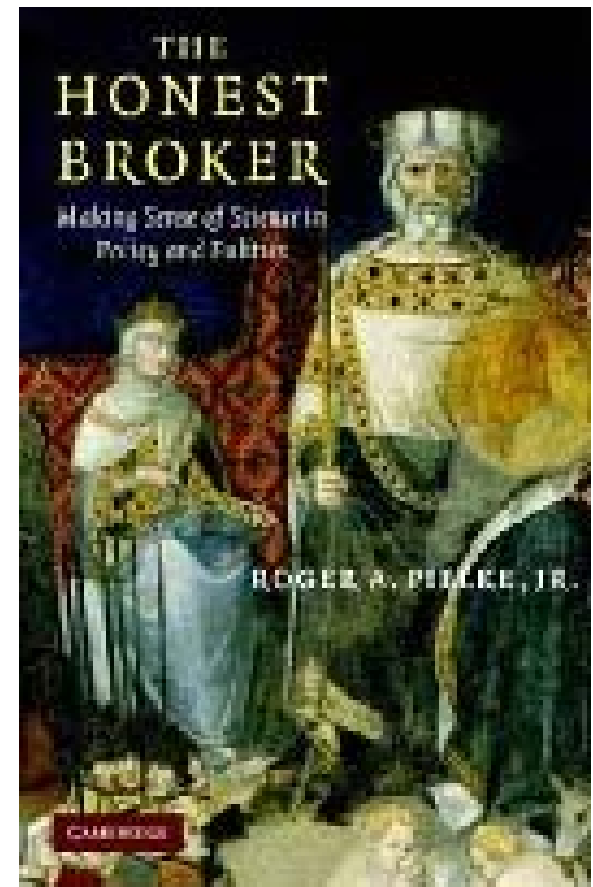
# A linear understanding can be useful ...

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- Policies and programs are seen as analogous to clinical interventions
  - A limited number of variable, actors, decision-makers.
- Not so much evidence for policy ...
- ... but evidence “for the discrete program choices”

# Scientist as researcher or as arbiter

“In circumstances where the scope of choice is fixed and the decision-maker has a clearly defined technical question, then the expert has a very important role to play ... .” (Pielke, 2006)



# Scientist as researcher or as arbiter

“It rarely occurs for government policy... and then only on relatively narrow programmatic questions.

then the expert has a very important role to play ... .” (Pielke, 2006)



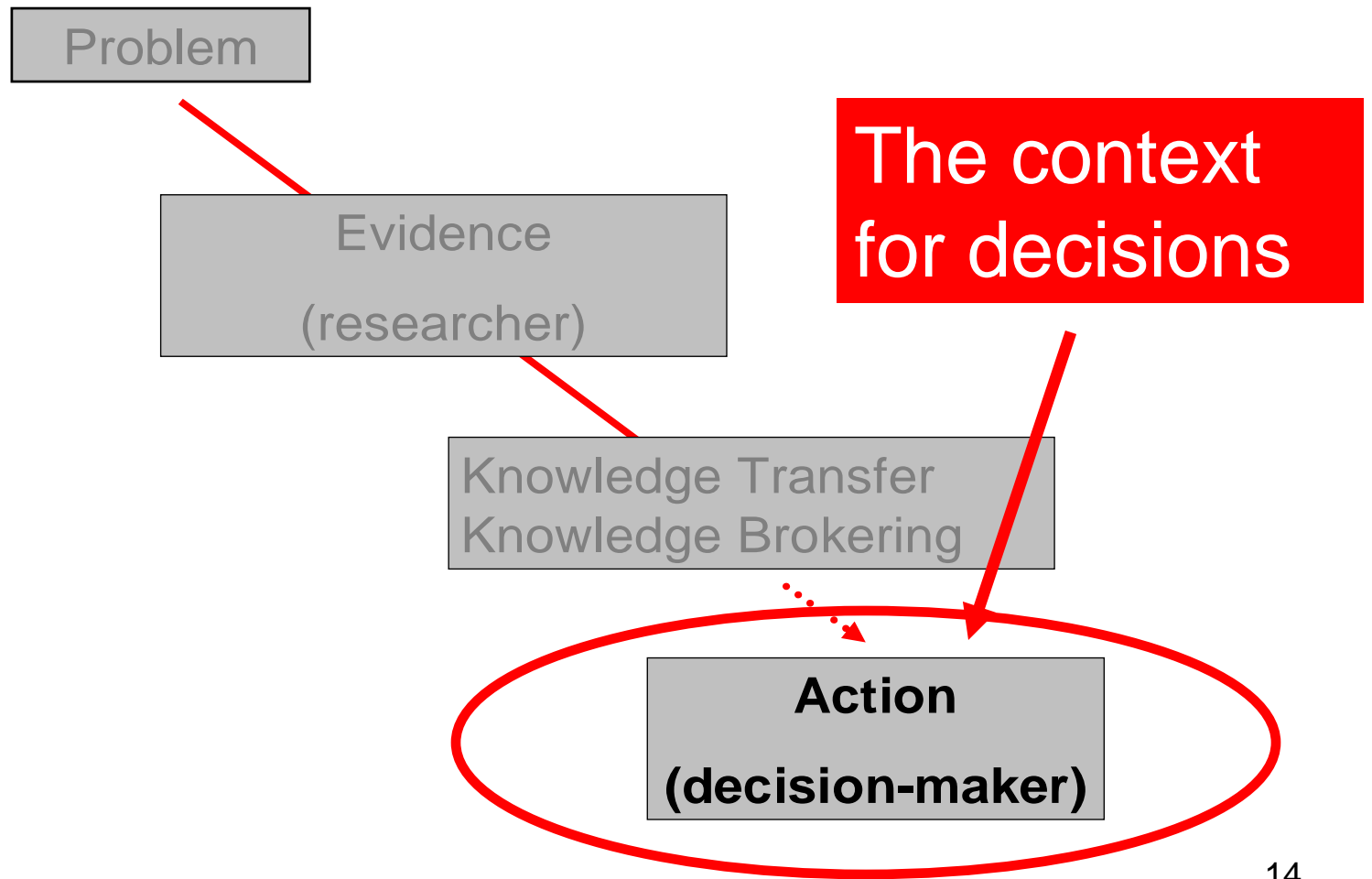


# A more modest role for evidence in the linear model

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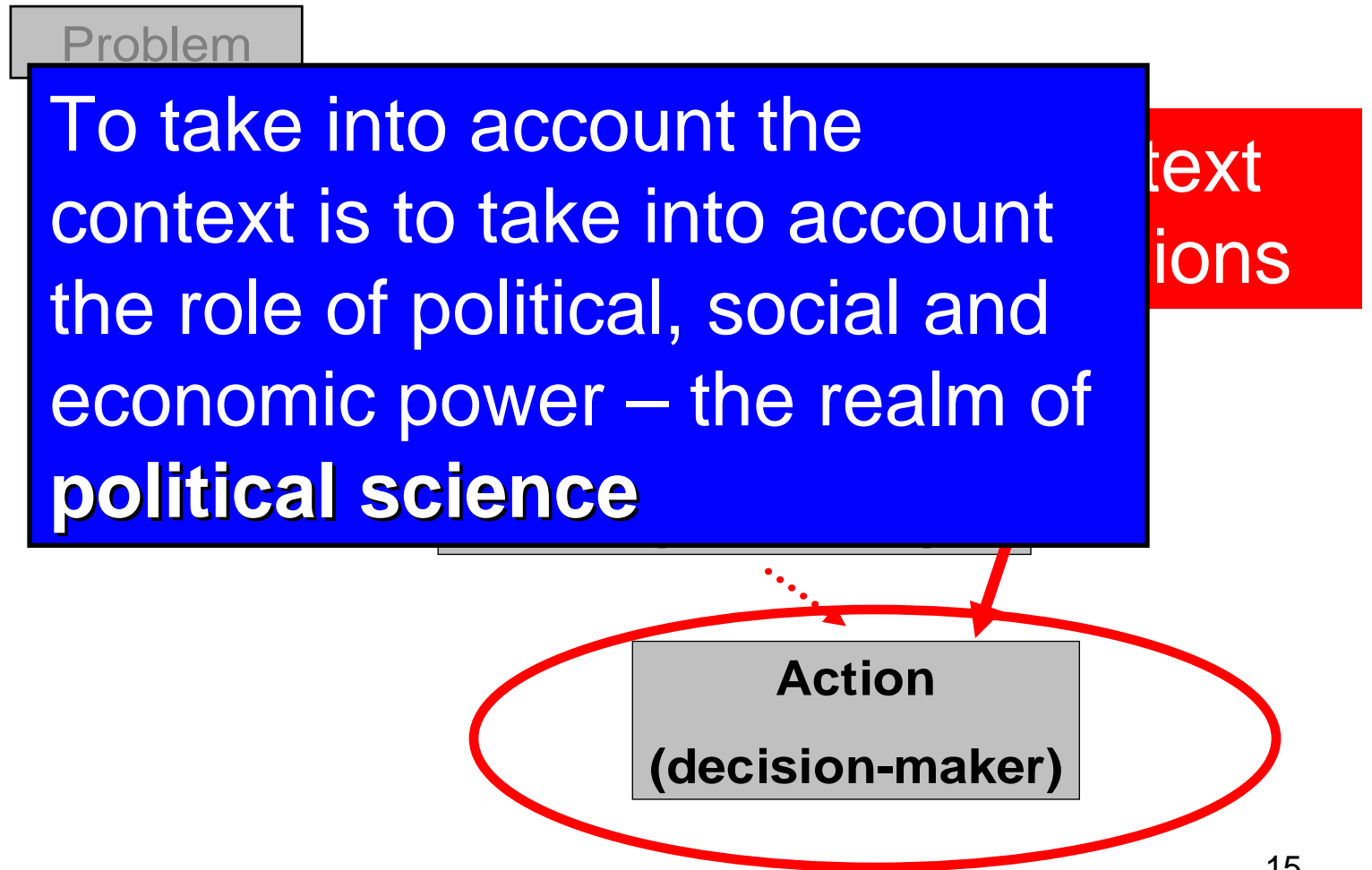
- Policy decisions that are not so much based on evidence...
- ... but decisions that are informed by evidence.
- The importance of the decision-making **context** (Lomas 1990; Dobrow, Goel and Upshur 2004).

# Context: from evidence based to evidence informed



Context:

from evidence based to evidence informed





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# Describing policy making: the “stages” model

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- An ideal type and a heuristic
- This is not an accurate description of how policy is made but does allow us to better understand the complexity of decisions about policy

# The stages model in brief

- The ways in which evidence will be used in policy making will vary from one stage to another
- The stages:
  - Agenda setting ✓
  - Development of policy options ✓
  - Decision making 
  - Policy implementation 
  - Policy evaluation ✓


	Presentation
	Appendix

# The stages model in brief

- The ways in which evidence will be used in policy making will vary from one stage to another

- The stages:

- Agenda setting ✓
- Development of policy options ✓
- Decision making 
- Policy implementation 
- Policy evaluation ✓

	Presentation
✓	Appendix



# Agenda setting

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- Government policy priorities are rarely the result of an analysis of evidence or the accumulation of evidence
- Agenda setting is more likely the result of:
  - Election promises
  - The platform or dominant ideas of the party in power
  - Advice from the public service
  - The priorities of the minister –
    - personal and assigned
  - Crisis (e.g., recession; SARS)



# Agenda setting

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- Govern result accum
  - Agenda
    - EI
    - The po
    - Ac
    - The priorities of the minister –
      - personal and assigned
    - Crisis (e.g., recession; SARS)
- In effect, the agenda of the government – what they will do – is rarely the result of the accumulation of evidence.
- in



# Development of Policy Options

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- Policy development and the choice of options is:
  - Complex
  - Varies from one policy domain to another (e.g., health vs. environment)
- To understand the process political scientists talk about:
  - Epistemic communities
  - Iron triangles (esp. in the U.S)
  - Policy Networks
  - Sub-governments
  - Advocacy coalitions (Sabatier & Jenkins-Smith 1999)



# Development of Policy Options

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- Policy development and the choice of options is:

- Complex

- **In other words, policy development requires more than evidence, however comprehensive or compelling**

- To  
abd

- Sub-governments
- Advocacy coalitions (Sabatier & Jenkins-Smith 1999)



# Decision Making

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- Of all the available options, which will we choose?
- Number of decision-makers?
- The role of evidence will vary depending on the number
  - Choice of “policy instruments”: for example a Liberal government may prefer spending while a Conservative government might prefer tax measures
- Multiple rounds of decision-making
  - The impact of evidence will vary in each round
- Decision on policy (e.g., do we wish to further regulate pesticides?)
- Decisions on programs (e.g., which is the best system for regulating pesticide producers?)



# Policy Implementation

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- In a clinical setting, “she who decides implements”
- In the case of most public policy, implementation is a separate step with sometimes very different actors.

## **Health Ministry wishes to increase physical activity by students:**

**Action:** Recommendation by the Minister of Health to Cabinet

**Do we like the idea?:** Agreement (in principle) by Cabinet

**Do we have the means?:** Development of a new program and approval by the Treasury Board ... and return to full Cabinet

**What will we do (in detail)?:** Ministry of Education develops the regulations which further define the policy and program

**Implementation:** Communication with School Boards; hiring of additional teachers; etc.

**.... And finally we get to students**



# Policy evaluation

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- Assuming ...
  - That policy implementation included an evaluation framework and data collection, and/or;
  - decision makers care about policy evaluation ...
    - e.g., Auditor General; the “Gomery effect”
  - There may be systematic evaluation of **programs** (and more rarely policies)



# Policy evaluation

- Assumptions

- That the framework

- decisions

- e.g.

- There are (and

Evidence is often an integral part of policy evaluation.

Of course, much depends on what is, and is not done with the evaluation.



# KT & Knowledge Brokering: More complicated than it might already appear (1)

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- The focus on exercising influence on “decision makers”, “policy makers” or on specific “decisions” is to oversimplify the policy process.
- A given decision is but one step along the way. It is rare that a government policy shift is the result of a single decision
- Any policy change will require:
  - Many decisions ...
  - ... made by a number of different people ...
  - ... over a period of many weeks, usually months, sometimes years



# Advocacy Coalitions

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# Explaining policy making: a theory of advocacy coalitions

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- How to explain policy change in the medium term (10 years)?
- The role of advocacy coalitions operating in well defined and very stable policy subsystems (Sabatier, *et. al.*):
  - Political parties, lobby groups, journalists, public servants, etc.
- Policy change is most often the result of shocks originating outside the policy subsystem:
  - In public health: SARS; Walkerton; obesity epidemic



# Evidence and advocacy coalitions

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- Researchers and research are explicit in the model
- Their impact on decision makers is ...
  - ... less the result of the efficacy of KT ...
  - ... and more the result of choices made by coalitions in respect of evidence
- Advocacy coalitions:
  - For and against vaccination
  - For and against stronger regulation of pesticides
  - For more government action on homelessness

# Evidence and advocacy coalitions

Researchers are part of advocacy coalitions:

- by choice;
- as a result of a shift from “pure scientist” to “issue advocate”;
- because their research is appropriated by an advocacy coalition to advance its interests.



# Advocacy coalitions and evidence: the case of obesity

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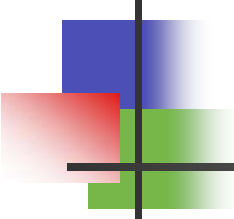
- Coalition #1:
  - Obesity is the result of **individual choices**
  - Government – policies that enable and encourage different choices by individuals (e.g., tax credit to encourage participation in sport)
- Coalition #2:
  - Obesity is the result of the **built environment**
  - Government – policies that change the built environment that allow citizens to exercise more (e.g., bike paths; wider sidewalks; etc.)



# The argumentative turn: a deliberative approach

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## Argumentative turn: rejection of a positivist science of policy making

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- Profound scepticism with respect to the possibility and indeed, the relevance of a science of policy making
- Rejection of a strict fact/values distinction
- Scientific knowledge, like all form of knowledge, is **socially constructed** (Latour 1979)



# The importance of discourse and discursive politics

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Discourse:

“By weaving a selection of facts, beliefs and values into a plausible **prescriptive narrative**, these policy frames, or **storylines**, allow actors and publics to reduce the complexity of policy problems, ascribe meaning to problems and events and crudely assess possible policy alternatives”.

(Juillet 2007)

Discursive politics:

“a struggle for discursive hegemony in which actors try to secure support for their definition of reality.”

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# Policy analysis by story telling - film

**FILM  
MAKER  
IN  
RESIDENCE**  
◀ ○ ▶ || ▶



Leading with Innovation  
Serving with Compassion

**ST. MICHAEL'S HOSPITAL**  
*A teaching hospital affiliated with the University of Toronto*



# Learning by telling stories and listening to them



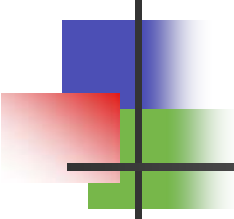
Governance is not any given set of characteristics. It is the **stories people use** to construct, convey, and explain traditions, dilemmas and practices.



# Public policy debate

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- Policy debates are between groups that proffer fundamentally different understandings of the:
  - problem;
  - significance of the problem; and,
  - range of possible solutions



# Argumentative Turn: the role and place of evidence

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- The policy analyst and decision makers:
  - Are not removed from the real world of policy and the resulting conflicts
  - Are inextricably linked to the policy making process
- “there are no social facts that exist independent of the investigator as sociopolitical beings.” (Lynn 1999).

# Argumentative Turn:

## The role of the policy analyst

- Is not really about assembling facts and deducing the best options
- Rather a role in promoting communication and **dialogue** between those who are involved in the policy making process
- A focus on how participants see the policy problem, the frameworks they use, with **careful attention to narrative**, discourse and perhaps even oral histories
- Examples:
  - Stem cells (Scala 2003)
  - Obesity (Chang et. al. 2002)
  - Nuclear waste management (Maxwell et. al. 2004)



# How to understand obesity (and homelessness?)

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## **An individualistic frame**

- Causes and the solutions rest on the choices made by individuals.
- The role of government - ensuring that individuals have the information (and resources) necessary to make informed choices.

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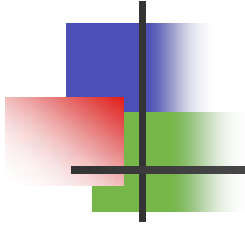
## An environmental or societal frame

- Obesity (or homelessness?) the result of conditions beyond the power of individuals:
  - limited access to nutritious food;
  - a physical environment that does not allow for exercise.
- These are the result of political decisions. The solutions therefore lie in the collective choices.

# By way of conclusion: crossing the bridge

- Echoes in contemporary **public health** theory and practice
- While some are most comfortable identifying themselves as researchers and analysts ...
- ... others feel a professional obligation to argue for and 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?

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“A questioning man  
is halfway to being  
wise.”

Irish proverb



# Bibliography

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- Burton, Paul. 2006. Modernising the policy process: Making policy research more significant? *Policy Studies* 27, (3): 173–195.
- Chang, Virginia W., and Nicholas A. Christakis. 2002. Medical modelling of obesity: A transition from action to experience in a 20th century American medical textbook. *Sociology of Health & Illness* 24, (2): 151–177.
- Chapman, S. 2004. Advocacy for public health: a primer. *Journal of Epidemiology and Community Health* 58, (5) (May 1): 361–365.
- Hajer, Maarten. 1997. *The Politics of Environmental Discourse*. Oxford: Oxford University Press
- Jullet, Luc (2007), 'Framing Environmental Policy: Aboriginal Rights and the Conservation of Migratory Birds', in Orsini, Michael and Smith, Miriam (eds) *Critical policy studies*, Vancouver: UBC Press.
- Latour, Bruno, and Steve Woolgar, eds. 1979. *Laboratory Life: The Construction of Scientific Facts*. Beverly Hills: Sage Publications.
- Lynn, Laurence E. 1999. A Place at the Table: Policy Analysis, Its Postpositive Critics, and Future of Practice. *Journal of Policy Analysis and Management* 18, (3) (Summer 1999): 411–425.
- Marmot, Michael G. 2004. Evidence-based policy or policy based evidence? *BMJ* 328, (7445)(April 17): 906–907.
- Maxell, Judith, Nandini Saxena, Suzanne Taschereau, and Judy Watling. 2004. *Action responsable - Dialogue entre citoyens sur la gestion à long terme du combustible nucléaire irradié*. Ottawa: Canadian Policy Research Networks.
- Rein, Martin. 1976. *Social Science and Public Policy*. Harmondsworth, UK; New York: Penguin.
- Sabatier, P., and H. Jenkins-Smith. 1999. The Advocacy Coalition Framework: An Assessment. In *Theories of the Policy Process*. ed. P. Sabatier, 233–260. Boulder, CO: Westview Press.
- Scala, Francesca, 2003. Experts, embryos et « économie d'innovation » : la recherche sur les cellules souches dans le discours politique au Canada. *Lien social et Politiques*, 50 :75-80.