Understanding Policy Change and Injury Prevention

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Overview

 Models of public policy: Consensus versus Conflict Models

Models of public policy change

Injury Prevention

 What are some injury prevention issues that public policy could address?

What public policies could be implemented?

 How can we bring about policy change that promotes injury prevention?

Types of Public Policy Theories

- Consensus
- Rational, focus on technical aspects of public policy Government and civil society arrive at best possible solution to a social problem on the basis of a consensus within society.
- Conflict/Critical –Conflicting interests influence public policy.
- Concern with role of political ideology, economic interests, market as dominant influences on public policy outcomes.

Pluralist Model

 State policy is competition among organized groups.

 Pluralists stress cleavages other than class such as ethnicity, language, gender, region, ideology, etc.

However, it is a competition among elites

Pluralist Model II

- The state is primarily democratic.
- Individuals and organized groups are relevant units for policy analysis.
- Ideas are primary determinants of public policy.
- Problems with the model:
 - ➤ What about influence?
 - ▶ Role of market?
 - ➤ Policy communities?

Pluralism is based on principles of liberal democratic society:

- Political rights to vote and free speech protect political equality and individualism.
- Capacity to organize groups for political action counterbalances weakness of individual to influence the political process.
- State: a neutral set of institutions arbitrating between conflicting social and economic interests.

New Institutionalism

- Institutions structure political reality and define conditions and essence of political discourse (March & Olsen, 1984; Coleman & Skogstad, 1990)
- Examines impact of political structures on the policymaking process and policy outcomes.
- Focus on organizational structure, rules and procedures, and ideas integrated in them.
- Meso theory -- considers roles of government advisory bodies, departments, and Parliament.

Sociological Institutionalism

Institutions:

Formal rules, procedures and norms and as symbol systems that provide frames of meaning that guide human action. These are understood as culturally determined.

Key question:

What will ensure legitimacy or social appropriateness for some institutional arrangements and not others?

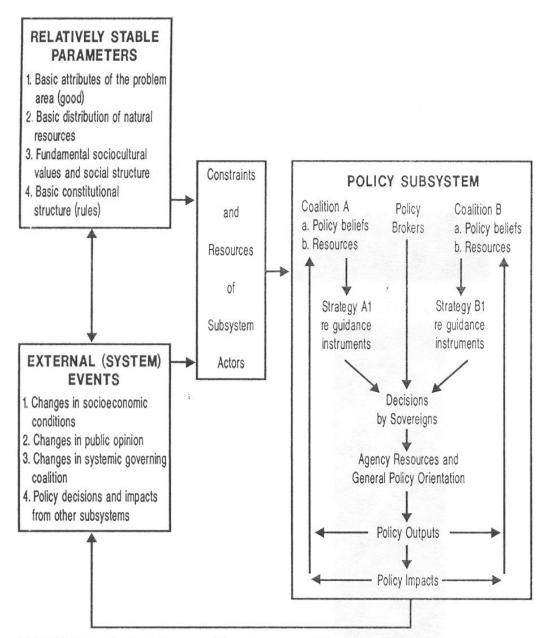


FIGURE 10.1 Revised diagram of the advocacy coalition framework

	Deep Core	Policy Core	Secondary Aspects
Defining characteristics	Fundamental normative and ontological axioms	Fundamental policy positions concerning the basic strategies for achieving core values within the subsystem.	Instrumental decisions and information searches necessary to implement policy core.
Scope	Across all policy subsystems.	Specific to a subsystem.	Specific to a subsystem.
Susceptibility to change	Very difficult; akin to a religious conversion.	Difficult, but can occur if experience reveals serious anomalies.	Moderately easy; this is the topic of most administrative and even legislative policymaking.
Illustrative components	1. The nature of man: i. Inherently evil vs. socially redeemable. ii. Part of nature vs. dominion over nature iii. Narrow egoists vs. contractarians. 2. Relative priority of various ultimate values: freedom, security, power, knowledge, health, love, beauty, etc. 3. Basic criteria of distributive justice: Whose welfare counts? Relative weights of self, primary groups, all people, future generations, nonhuman beings, etc.	Fundamental Normative Precepts: 1. Orientation on basic value priorities; 2. Identification of groups or other entities whose welfare is of greatest concern; Precepts with a Substantial Empirical Component 3. Overall seriousness of the problem; 4. Proper distribution of authority between government and market; 5. Proper distribution of authority among levels of government; 6. Priority accorded various policy instruments, le.g., regulation, insurance, education, direct payments, tax credits); 7. Ability of society to solve the problem (e.g. zero-sum competition vs. potential for mutual accommodation; technological optimism vs. pessimism).	 Seriousness of specific aspects of the problem in specific locales. Importance of various causal linkages in different locales and over time. Most decisions concerning administrative rules; budgetary allocations, disposition of cases, statutory interpretation, and even statutory revision. Information regarding performance of specific programs or institutions.

^{*}The Policy Core and Secondary Aspects also apply to governmental programs.

Figure 10.5 A General Model of the Process of Policy Regime Change

Stage	Characteristics	
1. Regime Stability	Reigning orthodoxy is institutionalized and	
	policy adjustments made largely by a closed group of experts and officials.	
2. Accumulation of	'Real-world' developments are neither	
Anomalies	anticipated nor fully explicable in terms of	
	the reigning orthodoxy.	
3. Experimentation	Efforts are made to stretch the existing	
	regime to account for the anomalies.	
4. Fragmentation of	Experts and officials are discredited and new	
Authority	participants challenge the existing regime.	
5. Contestation	Debate spills into the public arena and	
	involves the larger political process,	
	including electoral and partisan	
	considerations.	
6. Institutionalization	After a period of time, the advocates of a	
of a New Regime	new regime secure positions of authority and	
	alter existing organizational and decision-	
	making arrangements in order to	
	institutionalize the new regime.	

SOURCE: Adapted from Peter A. Hall, 'Policy Paradigms, Social Learning and the State: The Case of Economic Policy Making in Britain', *Comparative Politics* 25, 3 (1993): 275–96.

Peter Hall's Policy Paradigms

Policy paradigms: explain different types of policy outcomes.

- Paradigm: Realm of discourse in which policymakers work.
- Specifies policy goals and objectives, problems that will be address, and policy instruments to be used to achieve policy goals and objectives.

Peter Hall's Policy Paradigms

Social Learning: role of ideas in public policymaking process.

Distinguish between learning process associated with normal and radical policy change.

Peter Hall's Policy Paradigms

Typology of policy change:

- First-Order Change: routine decision-making involving small adjustments to public policy, e.g. increase/decrease in monthly social assistance.
- Second-Order Change: new policy instruments or changing settings of instruments.
- E.g. Establishing community health centres to complement existing primary care.
- Third Order Change: Radical shift in policy goals and objectives
 from received policy paradigm.



Key Questions to ask regarding the policy change process.

- Who is trying to effect policy change?
- What kind of knowledge can be drawn upon?
- How can this information be used to influence policy change?
- How receptive is the government to these messages and to the messengers?
- What is the likelihood of policy change?

Bryant, T. (2003). A critical examination of the hospital restructuring process in Ontario, Canada. Health Policy, 64(2):193-205.

Women's College Hospital Case Study

- 1995: Election of Conservative Government on "Common Sense Revolution" election platform.
- Bill 26, Omnibus Bill Health Services Restructuring Commission
- Health Sciences.

HSRC Recommendations

- Reduce number of emergency departments and consolidate adult care at three sites (University Health Network, St. Michael's Hosp. Sunnybrook sites. HSC -remain primary paediatric care site)
- Discontinue inpatient care at Women's College and Wellesley Hospitals and merge Women's College and Orthopaedic and Arthritic Hospitals with Sunnybrook.

Women's College Hospital Case Study

Themes:

- Perceptions of Knowledge
- Used traditional and participatory approaches to knowledge.
- Emphasis on empirical/traditional knowledge to support claims.
- Disciplined approach to knowledge legal analysis:
- "Legal analysis of a situation is precise, and the format you have to develop to do a legal case is a very demanding format ... requires a lot of information gathering and information synthesis..."

Tenants Protection Act Case Study

 Removed rent control and other tenant protections provided by the bills it replaced

 Amended Ontario Human Rights Code to allow landlords to use income criteria to screen potential tenants - Ontario Supreme Court judge ruled against provision.

Findings

- Representatives in both cases used legal analysis and argumentation
- Tenant representatives were unsuccessful in their efforts to change the proposed legislation to end rent regulation
- Women's College Hospital legally ensured its existence in legislation

Conclusions

Women's College Hospital:

- Hall's typology does not fit.
- Conservative government did not privatize health care.
- Government increased state control and direction of health care as in education.
- During Common Sense Revolution, health policy paradigm in Ontario, the focus was reducing health expenditures and size of government.

Housing Policy

- Replaced rent control with vacancy decontrol
- Fundamental shift in Ontario housing policy. Why?
- Housing policy is more vulnerable to political ideology -- easier to privatize/marketize housing than health care given public support for publicly funded health care.
- Government's neo-liberal policies prevailed in housing.
- Public expectation that people can pay for their own housing.

Overview of Key Issues and Concepts in Understanding the Policy Change Process

- Are there typical patterns of change?
- What are some variations that exist between jurisdictions and within jurisdictions in different policy areas?
- What are some of the forces that lead to such differences?

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