Policy Analysis

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In the spring 2014 issue of Wound Care Canada, *information on what health policy is, its importance to wound care practice and its role in how societies, individuals and collective behaviour are formed was detailed. This article outlines why policy development, policy analysis and advocacy are important to all health-care professionals.*

The context in which decisions are made is often highly political and driven by the public interest—both macro political issues (provincial and federal mandates) and micro-politics (sectorial interests). That being said, when placed on a priority grid, many health-related policies have low political clout. These may shift at any time and become urgent—consider the rapid policy changes that followed the SARS outbreak. Therefore, it is incumbent on health-care professionals to stay abreast of any public policy that directly or indirectly impacts on people's health.[1]

The Steps

First, it is important to review the principles of policy development and the environmental context within which policy arises prior to under-taking any kind of analysis. Policy development may be summed up in the framework in Table 1.

Policy evaluation is a form of policy analysis that we'll discuss in a moment. Agenda setting and policy formation are not linear. Previously we discussed how health policies are derived from a variety of sources, with two being of specific interest to clinicians: governmental and institutional.[2]

Table 1. Policy development framework[7]

Agenda setting

Policy formation

Decision-making

Policy Implementation

Policy evaluation
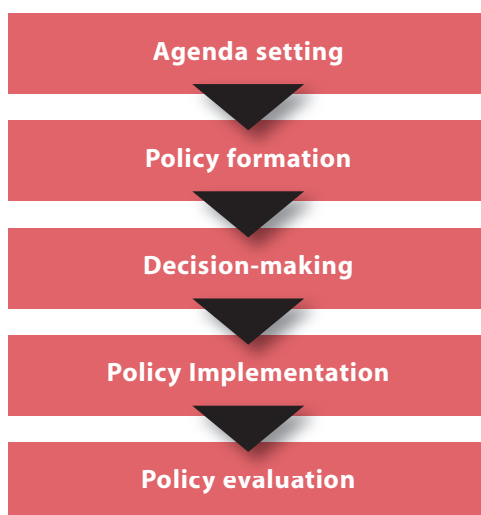
Governmental Sources

Governmental sources may be derived from any level: city, county, territory, province or country. Policies that come from governmental sources result from public interest—key topics in the media, within public debates or through political lobbying. The more overlap from these public voices the greater likelihood policy will result. For example, in 2013, childhood

obesity gained the interest of the public, clinical associations and special interest groups. This political agenda push resulted in local, regional and provincial policies regarding vending machines in schools.

Institutional Sources

The second source for health policy is referred to as institutional. This includes organizations such as hospitals, service provider agencies and clinical speciality associations. Generally, policies arising from this source are self-directed since the policy impact is specific to the establishment.[2] The decision to delegate nursing acts to unregulated health-care workers (UHCW) and which acts may be delegated is an example of a specific organization's policy.

The above examples provide insight into the key elements considered when forming policy: financial resources, human resources and services.

Financial Resources

Financial resources (also referred to health-care expenditures) include any and all costs incurred for direct health-care services, direct care provision and indirect care required to provide services and the resources necessary to complete the services.[7] Using the example of UHCW, the cost of regulated vs. unregulated workers might be the key driver for policy development.

Human Resources

Human resources encompass any and all health-care professionals, allied personnel and technicians—anyone who provides a health service. Continuing with the UHCW example: is there a compelling event driving this policy change? A

Policy terms used throughout this article

Policy: A course or principle of action adopted by an organization, workplace or community that includes goals, priorities and how it will allocate resources[1,2]

Policy Analysis: A range of tools and techniques to study established policies, how they were initiated and what their consequences are (outcomes or effects on people)[3]

Health Policy: Any decision, plan or action undertaken by government (economic, environmental, legal or social) that has a direct or indirect impact on people's health (intended or not)[4,5]

Advocacy: A role that works to protect rights, values access to support, interests and equality. A significant portion of the policy process involves advocating for enacting policy that will provide protection and support.[6]

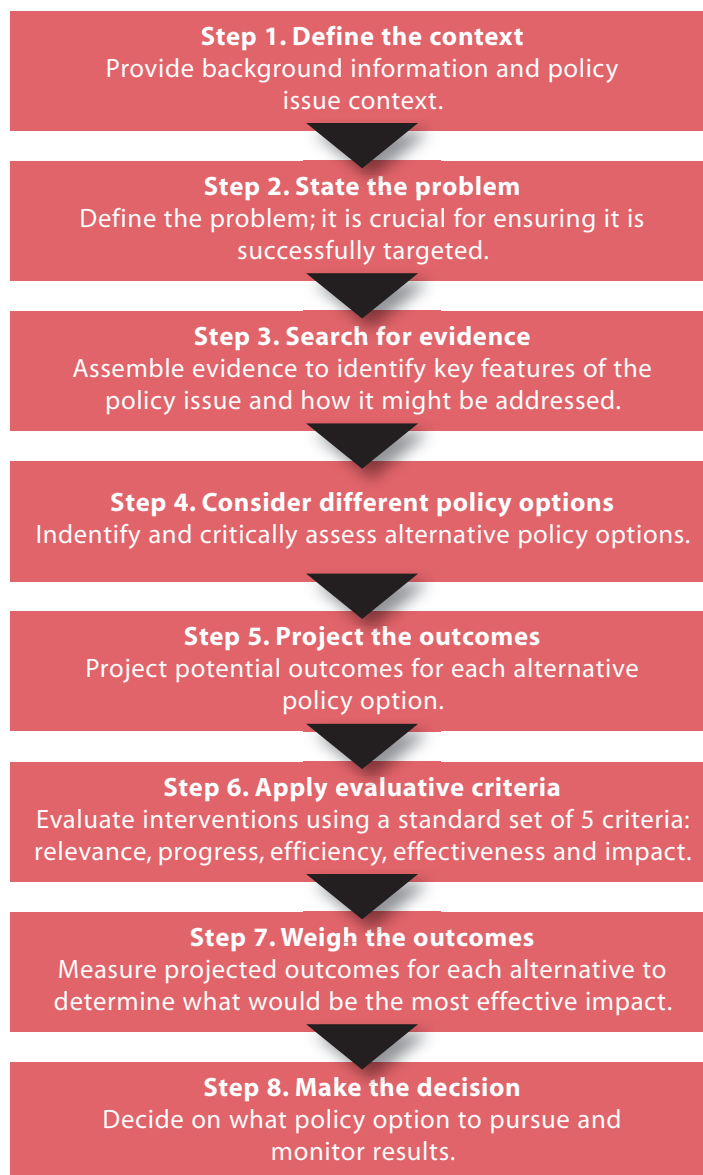regulated worker shortage might be the focal point.

Services

Health services factor in the full range of tests, monitoring, direct care, surgeries and technological procedures carried out within the health-care milieu. Decision making for policy development may include one or more of these elements and, in the example cited, would most likely include all in the final product.

Policy Evaluation

Once a policy has been formulated and implemented, the task of seeing if it made a difference is where policy evaluation/analysis fits in. The evaluation of policy at any point in the development process has historically been the weakest link. Many policies fail because there has not been an evaluative component.[6] The value of analysis is the information it provides policy-makers on how the policy is working in practice, their effects on economic, environmental and social factors as well as on the policy recipients. As mentioned earlier, policy development is driven by the public interest and as such is heavily weighted by value judgements. In 2012, in response to significant public dissent to growing surgery wait lists and extended emergency wait times, an increased

Table 2. Collins Framework for Policy Analysis

Step 1. Define the context
Provide background information and policy issue context.

Step 2. State the problem
Define the problem; it is crucial for ensuring it is successfully targeted.

Step 3. Search for evidence
Assemble evidence to identify key features of the policy issue and how it might be addressed.

Step 4. Consider different policy options
Indentify and critically assess alternative policy options.

Step 5. Project the outcomes
Project potential outcomes for each alternative policy option.

Step 6. Apply evaluative criteria
Evaluate interventions using a standard set of 5 criteria: relevance, progress, efficiency, effectiveness and impact.

Step 7. Weigh the outcomes
Measure projected outcomes for each alternative to determine what would be the most effective impact.

Step 8. Make the decision
Decide on what policy option to pursue and monitor results.

budget deficit and a looming election, the Ontario government implemented the "Action Plan"—a plan that would change health-care funding allocation.[8] These funding changes were designed to improve access to care and provide better quality and value—all with the plan to reduce the province's deficit.[9] This scenario is an example of where the public and political interest escalated a policy (health-care funding changes) from low priority to urgent.

Using a Framework

Since public policy has the potential to impact a person's health either directly or indirectly, policy analysis is a valuable tool. The challenge for clinicians is multi-faceted: analysis may be complex, it is definitely political and it can be very time-consuming depending on what framework is used.[3] Collins has summarized a number of policy analysis methodologies into a simplified framework.[3,10] This step-by-step path in many ways mirrors the critical thinking process used by wound clinicians. The steps are outlined in Table 2.

Depending on the scope and breadth of a policy, not all steps are needed. However, it is important to consider them all during the analysis. There is a direct link between policy, politics

and advocacy; therefore, most wound clinicians need to be more politically astute and active.[11] Put another way, involvement in policy is a natural extension of advocacy—a role clinicians assume every day for patients.[6]

How then does one put this all into practice and in a practical way? In the next issue, Collins's framework for policy analysis will be used to evaluate an organizational policy on wound debridement and provincially specific to Ontario's

The challenge to the reader is to use this framework as a means of increasing personal engagement with policy at all levels—locally, provincially and federally.

2012 Diabetes Strategy. The alignment of policy and advocacy will be discussed using the CAWC's mandate and campaign to shrink the gap for diabetic foot complications in Canada through improved screening, prevention and early treatment. ✋

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