Public Policy Models and Their Usefulness in Public Health: The Stages Model

October 2013

Briefing Note

For up-to-date knowledge relating to healthy public policy

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 stages model provides a good illustration of the usefulness of analytical frameworks for examining public policies. This model makes it possible to present the complex process of public policy development in a relatively simple manner, which explains its popularity both among undergraduate students learning about public policy as well as among public health actors seeking an analytical tool that can be applied to public policy processes.

The stages model is referred to in a number of ways and has been variously called the "linear model," the "sequential model," the "heuristic stages model" or the "public policy cycle" (see, for example, Anderson, 2011; Smith & Larimer, 2009; Lemieux, 2002; DeLeon, 1999; Jones, 1997; Brewer & DeLeon, 1983). In this note, we present a five-stage model, which represents a synthesis of these approaches (Howlett & Ramesh, 2003).

Description of the model

According to this model, the process of producing public policies can be divided into several stages. Although initial versions of this model created the impression that these stages occurred successively and that policy development was a linear process, it is now understood that these stages sometimes occur simultaneously, sometimes appear in inverse order and are sometimes rapidly skirted. In fact, each of these stages corresponds to several "moments" in the life of a policy, which are related to specific activities associated with the policy, but the stages very rarely follow one another in a linear progression.

Various authors have developed stages models, with the number of stages varying between five and seven. Howlett and Ramesh's model identifies five stages: agenda setting, policy formulation, adoption (or decision making), implementation and evaluation. Let us briefly examine each of these stages.

AGENDA SETTING

This stage refers to the process through which a policy and the problem it is intended to address are acknowledged to be of public interest. Some authors differentiate among several types of agendas, including discussion agendas and decision agendas.

- The discussion agenda, or public agenda, includes issues that have become highly visible and have thus become the subject of discussion.
- The decision agenda, or formal agenda, includes the list of issues the government has decided to address (Cobb & Elder, 1972).

For a policy to be placed on the agenda, there seem to be certain prerequisites. Individuals or groups must acknowledge that a situation is problematic, identify the problematic aspects of the situation, propose solutions, and engage in activities that influence the government and pressure it to intervene, including identifying groups that can play an active role in addressing the problem (Ripley, 1985, in McCool, 1995, p. 159). A wide range of literature covers this stage and examines the strategies that groups of actors use to get a policy placed on the government's agenda.[1]

[1] We will be publishing another briefing note devoted entirely to this topic.

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POLICY FORMULATION

At this stage, the public administration concerned examines the various policy options it considers to be possible solutions. It should be noted that coalitions of actors strive, through the use of advocacy strategies, to gain priority for one specific interpretation of both the problem and its solution. It is at this stage that power relationships crystallize, determining the direction a policy will take.

ADOPTION (OR DECISION MAKING)

Adoption is the stage during which decisions are made at the governmental level, resulting in a decision that favours one or more approaches to addressing a given problem.

IMPLEMENTATION

At this stage, the policy's implementation parameters are established, which can directly affect the eventual outcome of the policy. Several factors combine to determine the actual effects of a policy and how well it achieves its objectives. Factors noted by Sabatier and Mazmanian include:

- The **type and complexity** of the problem addressed,
- The **magnitude** of the expected change and the **groups targeted** by the policy,
- The **human and financial resources** devoted to implementation, and
- The **administrative structures and regulations** that will be put in place to support implementation of the policy (Sabatier & Mazmanian, 1995).

Note that high demands are placed on the technical-administrative apparatus at this stage, and on groups associated with this policy sector. The term *policy network* is often used to refer to the actors within the government, as well as the stakeholders associated with a policy sector, who are in a sense experts in the area. This policy network will have a major influence on how the policy is implemented.

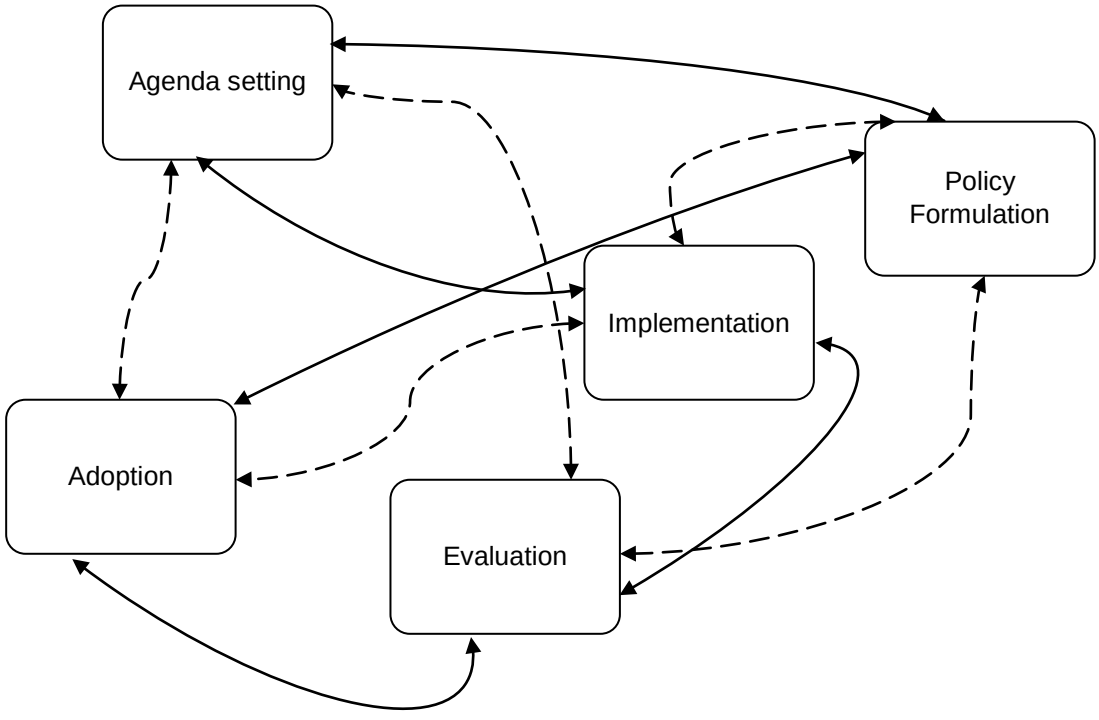

Figure 1 Stages in policymaking: a turbulent flow

Evaluation

This is the stage during which a policy is evaluated, to verify whether its implementation and its effects are aligned with the objectives that were explicitly or implicitly set out. This evaluation can be carried out by the government apparatus, by consultants or by civil society (Howlett & Ramesh, 2003).

How can this model guide public health actors?

This model can help to situate the context and the channels of influence

The stages model separates out the different activities associated with a public policy. For public health actors who wish to take part in the production of public policies, this model provides a framework for reflecting on the processes surrounding development of a public policy. With the help of the benchmarks identified in the stages model, public health actors can reflect on relevant questions and identify the players involved with a public problem at different stages, as well the opportunities for intervention, which constitute so many entry points into the policy development process.

Using the segmentation of the policy process proposed by the stages model, we propose questions to ask at each stage. The questions are prompted by the literature on political science and are relevant to this and to other models. This list, found in Appendix A, is not exhaustive and may be supplemented by other questions.

As mentioned above, public policy development is not a linear process. Indeed, many of the stages in this process frequently overlap. Although we have classified the questions according to the different stages in the model, it should be noted that the questions proposed for a specific stage can be just as relevant at other stages. It should also be noted that the role of societal actors is not limited, as is sometimes indicated, to simply influencing government agenda setting. Power relationships between different social groups and stakeholders, both outside and within the government apparatus, can interact at all stages of the process. The same applies to the influence of these groups.

It can help to determine what type of information is required by decision makers

Since each of these stages identifies specific "moments" in the policy development process, they represent so many opportunities for introducing information produced or provided by public health actors. It should be noted here that information requirements differ at each of these stages. By reflecting on the stage at which they are intervening, public health actors can better determine the purpose and the type of information required. They can also determine whether the problem is viewed as a "technical" one, in which case their expertise will be actively sought (Fafard, 2008, p. 17; Baumgartner & Jones, 1991, p. 1047). When the problem is more controversial and ethically, socially or politically divergent points of view are at play, the contribution of other actors tends to predominate, although the contribution of experts, in public health or in other areas, remains useful.

Let us take the example of agenda setting. For an issue to be included on the decision agenda, the situation must be perceived as problematic. Public health actors can assume, therefore, that the information required at this stage should focus on the significance of a problem and its impact on public health. It is also at this stage that causal agents are identified; that is, the relationship between a phenomenon and its determinants. This last step, which justifies government intervention, does not always immediately follow the discovery of epidemiological links. To use a well-known public health example, the association between smoking and health problems had, in fact, been established long before the appearance of tobacco control policies (Cunningham, 1996; National Collaborating Centre for Healthy Public Policy, 2008).

How then can an issue be moved from the discussion agenda to the decision agenda? According to Deborah Stone, it is the causal stories presented by stakeholders that guide debate and prompt government intervention (Stone, 1989). Causal stories guide our perception of a problem, its causes and who bears responsibility. They are directly related to how we choose to respond or not to respond to a situation. As Scheberle points out, with reference to policies on radon, scientific knowledge about health impacts is not sufficient to initiate the process of public policy development. It is also necessary for groups of actors to demonstrate the need for government intervention, and to identify

those responsible; in short, they must produce causal stories (Scheberle, 1994). However, in the case of radon, a gas produced naturally by uranium, the two most politically active groups in the area of radiation and its effects (the pro-nuclear and energy-conservation groups) had, for opposing reasons, little interest in focusing the attention of legislators on the negative effects of radon. There were no causal stories, as defined by Stone's theory. Nobody was assigned responsibility for the phenomenon, which was considered "natural" and therefore unlikely to lead to political action. It therefore took a long time for policies on radon exposure to be introduced. In the same article, Scheberle also considers the case of asbestos. In this case, there were several competing causal stories which gave rise to contradictory studies, funded by different groups of actors. This analysis demonstrates that, depending on how they are framed, studies can either contradict or support causal stories and thus guide public debate, even in situations where problems are already on the agenda. Causal stories also guide not only agenda setting, but also formulation of the preferred solution. In the case of policies on obesity, Barry and colleagues have shown how focusing on the individual determinants of the problem of childhood obesity leads to reduced public and political support for preventive policies in this area (Barry, Brescoll, & Gollust, 2013).

It should be noted that the relevance of knowledge provided by public health actors is not limited to the agenda-setting stage. The following table summarizes the types of information that public health actors can contribute at the various stages of the process. It draws on work in the field of international health that promotes the use of evidence in policy making (Sutcliffe & Court, 2005; Babu et al., 1996).

Table 1 Types of information that public health actors can contribute at the various stages of the process

Stage	Information to be transmitted by public health actors
Agenda setting	Problem structuring • Identifying a problem situation and collecting evidence indicating the magnitude of the problem. This information is intended for decision makers as well as other stakeholders. • Documenting the importance of a problem and its determinants. • Challenging frameworks. • Identifying the decisive, relevant data for characterizing the problem.
Policy formulation	Forecasting • Indicating which levers and policies will allow for intervention. • Determining the consequences of existing or proposed policies and documenting their impact on health and its determinants (using, for example, tools such as health impact assessments). • Detailing the impacts of each option. • Documenting and specifying the future costs and benefits of all strategic scenarios using information generated by forecasting.
Implementation	Monitoring • Documenting the consequences of previously adopted policies and participating in their implementation. • Producing analyses, but also applying technical skills, expert knowledge and practical experience, with an emphasis on the possibility of applying the evidence gathered across different contexts.
Policy evaluation	Evaluation • Developing monitoring mechanisms. • Revealing discrepancies between the policy's expected and actual results. • Performing complex evaluations.

Adapted from Sutcliffe & Court, 2005, and from Babu et al., 1996.

Potential and limitations of the stages model

ADVANTAGES

As mentioned above, the advantages of this model are numerous. On the one hand, it offers a schematic simplification of the rather complex world of public policy. This is its primary advantage and, paradoxically, its main limitation.

The stages model makes it possible to identify different "moments" in the life of a public policy and to adapt information sharing, persuasion and action strategies as appropriate. For example, there seems little point in identifying and analyzing various policy options if a problem has not been socially acknowledged or if the government does not view it as a problem that merits intervention. Using the analytical framework of the stages model, one can position oneself with respect to the various activities that contribute to the development and implementation of public policies.

Additionally, this model illustrates a facet of government actions tied to public policy development by mapping out the legislative and administrative processes. Although this may not be explicitly indicated in all models, public policies are contested matters: many actors, whether or not they have formed coalitions, propose changes to public policies or oppose them outright. Focusing on the stages of policy development, viewed from the perspective of the government's administrative and legislative apparatus, simplifies reality and hones in on one part of the process.

However, over the years, many critics have targeted this model, emphasizing its limitations (see for instance Sabatier, 1999).

LIMITATIONS

The stages model constitutes an idealized conception of the policy-development process. Policy analysts, in particular, find that this ordered sequence does not reflect the reality of their work (Jann & Wegrich, 2007; Colebatch, 2005). In practice, policy analysts are often consulted prematurely, sometimes before an agenda has been the subject of careful reflection; consideration of the various options is often overridden in favour of a single option; and sometimes nothing concrete comes of all the work performed, as, for example, when the government chooses not to adopt the policy.

In fact, these stages are not necessarily sequential or even distinct; the production process is rarely that systematic (Fafard, 2008). A policy may well move from one stage to another as events dictate. This model does not indicate what factors are determinant in driving a policy forward. This is one of the theoretical weaknesses of the model, if it is taken at face value. Some propose the term "turbulent flow" to describe the relationship between the stages (Monnier, 1992, cited by Lemieux, 2002). Generally, the authors discussing this model acknowledge that although a policy may pass through all these stages during its production, the stages are not necessarily separate and distinct: they can run parallel to each other, to such a degree that the boundary between stages may be blurred (Bernier & Lachapelle, 2010, p. 15). In addition, the cycle described seems to involve only one policy and does not account for interactions between different policies (Jann & Wegrich, 2007).

While it is true that the stages model does not allow for such distinctions, it highlights other dimensions. Public health actors can use this "lens" to identify what type of information they can provide to inform the debates taking place. It can also be used to identify the actors involved at a given stage, along with their frames of reference, resources and influence strategies. It is worth noting, however, that public policies are not exclusively based on evidence (Head, 2010). This is why some propose abandoning the term "evidence-based public policy" in favour of the term "evidence-informed public policy." In politics, other contextual factors, including cost, acceptability and feasibility, are as important as the information provided by public health actors.

Application of this model to public health issues

How have researchers used this model to analyze public health issues? Three articles illustrate how the stages model has been used to describe public policies, to help influence them and to intervene in their development.

Case study on nutrition labelling: Policy making in Canada (Vogel, Burt, & Church, 2010).

In this article, the authors examine the policy cycle of three Canadian public policies on nutrition. They review the development of the policies on mandatory nutrition labelling, on the nutrient content claims on foods sold in stores and on health claims. To analyze the development of these policies at the federal level in Canada, the authors use an analytical grid comprising the following policy development stages: agenda setting, formulation (proposing solutions), adoption (decision-making) and implementation. Their article concludes with an analysis of factors facilitating the process and barriers hindering the progress of these public policies at three levels: the individual level, the organizational level and the systemic level.

The analysis of policy: understanding the process of policy development (Ryder, 1996).

In this article, the author illustrates the stages model through examples of public policies on alcohol and tobacco. Tracing the development of public policies on alcohol consumption, the author identifies the types of decisions made at each stage. While pointing out that factors other than evidence play an important role in decision making, he nevertheless defines, for each stage, what he considers to be the specific contribution of public health research to the decision-making process.

Policy to tackle the social determinants of health: using conceptual models to understand the policy process (Exworthy, 2008).

The premise of this article is simple: in order to address the determinants of health, one must understand how policies are developed. To elucidate this process, the author examines three models of the policy-making process: Kingdon's three streams model, the policy networks model and the stages model. For each of these models, the author discusses the various ways of influencing policy development to influence the determinants of health. In discussing the stages model, the author points out that Dahlgren and Whitehead, on the one hand, and Ritsatakis and Jarvisalo, on the other, recommend a seven-stage approach that closely follows the different stages of policy development.

In conclusion

Like many models devoted to the public policy process, the stages model can illuminate only part of the complexity of public policy processes and, most importantly, like other models, it has no predictive ability. Therefore, it cannot be referred to as a reference framework and still less as a theory. However, precisely because it simplifies reality, this model makes it possible to break down the complex reality of the policy game. In short, we should neither limit ourselves to this model, nor discard its use.

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APPENDIX A SOME QUESTIONS FOR INTERPRETING CONTEXT[2]

Using the segmentation of the policy process proposed by the stages model, we propose questions to ask at each stage. The questions are prompted by the literature on political science and are relevant to this and to other models. This list is not exhaustive and may be supplemented by other questions.

Stage	Questions
Agenda setting	**Problem structuring** • How is the problem framed? • Have the importance of the problem and its impact on health been acknowledged? • What social norms are relevant to this problem? For example, what is the "normal" unemployment rate? • What groups benefit from the situation? What groups suffer because of it? • Are the impacts of the problem on population sub-groups known, particularly on vulnerable or marginalized groups? Are public policies seen as a means of action? • Who is responsible for the problem? Is it defined as a natural phenomenon or one resulting from human activity? Is the problem the result of intentional action or is it an unintentional consequence? Is the problem thought to fall within the realm of personal responsibility and therefore not to require social intervention, such as a public policy? • What actors or coalitions of actors defend these points of view?
Policy formulation	**Types of interventions** Are the following questions being discussed? What solutions are available? • What means of action are considered acceptable by the various actors? • What means of action are considered feasible (including with respect to costs)? • What effects will they have on the health of the population? • What means of action will be equitable for all social groups? • What means of action are considered desirable? • What different types of policies are being considered? • What level of visibility and consequent political costs are associated with the various options? Which groups are advocating for each of the formulations? • What is their frame of reference? • What are their influences? • Their values? • Their support base? • Their strategy? • Which groups will be affected by the adoption of the policy?
Policy adoption	**Have decision makers chosen a direction to go in?** • Which option has been adopted? • What are the political, scientific, administrative, financial, etc. factors influencing the government's choice? • In what way?

[2] This list of questions for interpreting context is also available in a standalone version, available at: http://www.ncchpp.ca/docs/PP_ModeleEtapes_StagesModel_App2_En.doc

Stage (Cont.)	Questions (Cont.)
Implementation	**Monitoring** Are the following questions being discussed? • Is the adopted policy achievable? Can it be implemented? • Should the policy be implemented as defined? If not, why not? If so, how? • Are there existing organizations that could implement this policy or do new ones have to be created? • Are there sufficient resources for implementing this policy?
Policy evaluation	**Evaluation** Are the following questions being discussed? • Are there discrepancies between the policy's expected and actual outcomes? • Has the problem the policy was intended to address been reduced? • Is the chosen method of intervention still relevant? • How can the policy be improved, modified or phased out?

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