



Finding Common Ground – Bridging the Gap Between the Health Centres and the Community

'The Impact on Changing Policy'

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Definition of Policy

- Types of Policy by Level
 - Micro - at the clinical level
 - Meso – at the organizational level
 - Macro – at the system level



Definition of Policy (cont'd)

- Public Policy
 - “public” policy as the actions or inactions of government
- Health Policy
 - government decisions about “who gets what, when and how” in health care



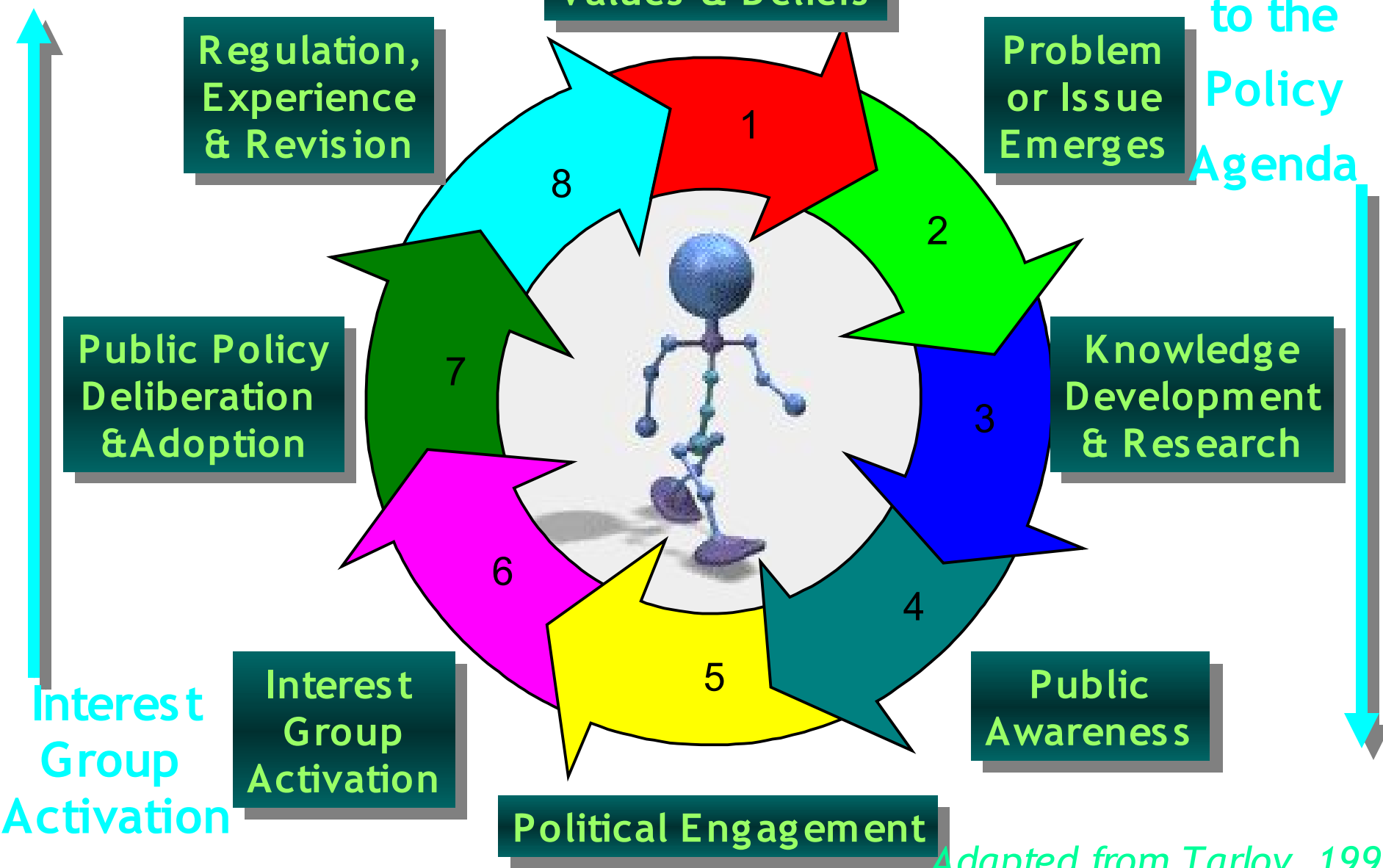
Public Policy as Priority Setting

"Policy is a process as well as a product. It is used to refer to a process of decision-making and also to the product of that process. Policy is spoken of as what is and as what ought to be; policy is setting our priorities, and policy should serve the public interest."

Aaron Wildavsky. *Speaking Truth To Power - The Art and Craft of Policy Analysis*. 1989: 387.

Policy Cycle

Getting to the Policy Agenda



Adapted from Tarlov, 1999



1. Values and Beliefs

- Required for action on any policy issue
- Identification, articulation and validation of basic values are important throughout the policy process:
 - Ensures the agenda was value based
 - Connects others to those values



2. Emergence of the Problem or Issue

- Important that the issue lands on fertile soil and is nurtured (Kingdon, 1995).
- Issue must have some urgency
 - Must be a problem that is visible and important for others
- Must be alert to opportunities as they present themselves
 - Policy windows open infrequently & do not stay open long (Kingdon, 1995).



3. Knowledge and Development of Research

Does solid evidence and research exist to support the policy issues?

- Key dimensions of evidence related to policy uptake
 - Relevance, credibility, usefulness
 - Theoretical knowledge has to be contextualized
 - Easier to convince if a new approach has been piloted and was successful



3. Knowledge & Development of Research (cont'd)

- Use this data to create tight, succinct, emotionally engaging messages that are easily articulated, easily repeated and easily reported
 - We must decide on our “key messages”
 - Governments work on “Briefing Notes”
 - CHSRF - 1:3:25 rule
 - ‘Mythbusters’
 - ‘Evidence Boost’



Together We Can Make Change Happen

**“Enhance discharge planning to
end the revolving door of hospital
care”**

**The Issue: Vulnerable populations with
ongoing but non-urgent medical needs
are nobody’s responsibilities but
everybody’s problem**

http://www.chsrf.ca/mythbusters/pdf/boost5_e.pdf

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