

# Public Policy Analysis Tool for Rapid Decision Making in Public Health

2022

The National Collaborating Centre for Healthy Public Policy (NCCHPP) has collaborated with the Institut national de santé publique du Québec (INSPQ) to develop a public policy analysis tool adapted to rapid decision-making contexts. This tool is particularly relevant in the context of a health emergency, where decisions must be made at an accelerated pace. The NCCHPP is making this tool available to public health actors who have to conduct such analyses as part of their mandate and who wish to use a tool that allows for flexibility, particularly in terms of available time and resources, while providing structure to the analysis process.

This tool is based on the Framework for analyzing public policy<sup>1</sup> developed by the NCCHPP, to which additions were made by a team from the INSPQ's Direction du développement des individus et des communautés based on a brief and non-exhaustive review of various tools with similar purposes. An appendix was also added to support the analysis of potentially differential effects on population subgroups. This appendix was extracted from the *Grille de dépistage PP-ISS* (a screening grid for public policy and social inequalities in health)<sup>2</sup> produced by the Politiques publiques et inégalités sociales de santé team in the INSPQ's Direction de la valorisation scientifique et qualité.

Although it has undergone an internal review process, this tool has not been tested in practice by public health actors who are tasked with examining different types of public policies and their impacts on population health.

This step may have resulted in some adjustments. We therefore invite users of the tool to share their comments and experiences by writing to this address: [ncchpp@inspq.qc.ca](mailto:ncchpp@inspq.qc.ca).

## How to use this tool?

- The tool proposed below covers a broad spectrum of issues to be considered when conducting a public policy analysis. Ideally, all of these issues should be considered, but depending on the time and resources available, and the nature of the measure or policy to be analyzed, certain dimensions can be identified as priorities, so that the analysis can be conducted as comprehensively as possible, while taking into account contextual constraints.
- The 17 questions in the tool are intended to guide the analysis conducted by the person or team responsible for the process.
- The tool can be completed using one or more of the following five data collection methods: 1) Individual reflection; 2) Brainstorming; 3) Consultation with one or more experts; 4) Deliberative process bringing together relevant stakeholders; 5) Literature review (e.g., scientific and grey literature, administrative documents, surveys or databases).
- It should be noted that the tool is designed to analyze one policy measure at a time. However, it is beneficial to strengthen such an analysis by comparing other possible options for achieving the same objective.

<sup>1</sup> Morestin, F. (2012). *A framework for analyzing public policies: Practical guide*. National Collaborating Centre for Healthy Public Policy. <https://ccnpps-ncchpp.ca/a-framework-for-analyzing-public-policies-practical-guide/>

<sup>2</sup> The grid was produced for the Groupe de travail MITIGATION ISS COVID-19 of the Table de coordination nationale de santé publique (TCNSP). It is an unpublished internal document.

**Preliminary questions:**

- What is the proposed measure or policy? \_\_\_\_\_
- What population does the measure target? \_\_\_\_\_

	Dimension targeted	Questions	Information gathering method(s) (1 to 5)
<b>Expected effects of the proposed policy (measure)</b>	Effectiveness (based on best available data)	<ol style="list-style-type: none"> <li>1. What are the objectives of the proposed measure?</li> <li>2. How plausible is the intervention logic underlying the proposed measure? (Present the logic model<sup>3</sup>)</li> <li>3. What is known about the effectiveness of this measure at achieving the ultimate objective or at producing the intermediate effects required to achieve the ultimate objective?</li> </ol>	
	Unintended effects (positive or negative effects not directly targeted by the proposed measure)	<ol style="list-style-type: none"> <li>4. What might be the positive or negative unintended effects of the proposed measure on health and its determinants: <ul style="list-style-type: none"> <li>• The health system;</li> <li>• The education system (including early childhood education services);</li> <li>• The judicial system;</li> <li>• Living environments (e.g., school, family, residential or work environments);</li> <li>• The economy and societal functioning (e.g., employment, income, transportation, housing, or essential goods supply);</li> <li>• The natural environment (air, water, soil or greenhouse gases);</li> <li>• Social networks and groups (including citizen participation and social cohesion);</li> <li>• Lifestyle habits.</li> </ul> </li> </ol> <p><b>Actions to consider</b></p> <ol style="list-style-type: none"> <li>5. What mitigation measures should be considered to counter or minimize unintended negative effects on health and its determinants?</li> <li>6. What are some ways that unintended positive effects could be amplified?</li> </ol>	

<sup>3</sup> The logic model aims to represent “the chain of expected effects that link a public policy to a health problem it aims to solve” (Morestin, 2013). To learn more about constructing a logic model, see Morestin, F. (2013). *Constructing a Logic Model for a Healthy Public Policy: Why and How?* National Collaborating Centre for Healthy Public Policy. <https://ccnpps-ncchpp.ca/constructing-a-logic-model-for-a-healthy-public-policy-why-and-how/>.

	Dimension targeted	Questions	Information gathering method(s) (1 to 5)
	Equity	7. Does the proposed measure produce differential effects (positive or negative) on specific subgroups of the target population? If so, list these (see Appendix for a list of subgroups to consider).	
		<b>Actions to consider</b> 8. What mitigation measures should be considered in relation to various subgroups to avoid creating or increasing social inequalities in health?	
<b>Implementation</b>	Cost	9. What are the economic costs and benefits of the proposed measure from the perspective of public spending and of other societal actors? 10. What are the costs of implementing mitigation measures?	
	Feasibility	11. Has the proposed measure been adopted in other jurisdictions? 12. Is the proposed measure consistent with the existing legislative framework? 13. Are the resources needed to implement the proposed measure available, including an appropriate system of incentives and penalties to guide the actors involved in its implementation? 14. Are resources available for mitigation measures?	
	Acceptability	15. What degree of acceptability to the general public does this measure have? To the target population? 16. What degree of coercion is associated with the proposed measure? 17. What would increase the acceptability of the proposed measure (e.g., mitigation measures or consultations held during the decision-making process)?	

This grid was adapted from: Morestin, F. (2012). *A Framework for Analyzing Public Policies: Practical guide*. <https://ccnpps-ncchpp.ca/a-framework-for-analyzing-public-policies-practical-guide/>.

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## Appendix

### Subgroups to be considered based on various characteristics

A public policy targeting the entire population may have different effects on certain subgroups. A public policy analysis makes it possible to assess whether the policy is likely to reduce pre-existing social inequalities in health or, on the contrary, whether it risks exacerbating them.

“A social inequality in health (SIH) is defined as a difference in health between individuals linked to differentiating social factors or criteria (social classes, socio-professional categories, income categories, education levels, etc.).<sup>4</sup> An SIH is preventable because it results from an unequal distribution of resources that can be acted upon or mitigated. In general, SIHs affect the whole of society and exist on a continuum based on socioeconomic status (e.g., income, education). In other words, people with a less favourable socioeconomic status are less healthy than those with a more favourable status” [translation].<sup>5</sup>

The list below <sup>6</sup> provides examples of population subgroups who, based on differentiating social factors or criteria, are more likely to experience adverse health effects when social inequality is increased. This list can be used to support the analysis of a public policy’s effects with respect to social inequalities in health.

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<sup>4</sup> Aïach, P. (2000). De la mesure des inégalités : enjeux sociopolitiques et théoriques. In A. Leclerc, D. Fassin, H. Grandjean, M. Kaminski & T. Lang, *Les ISS*. Éditions La Découverte/INSERM, p. 81-91.

<sup>5</sup> Institut national de santé publique du Québec. (2022). *Surveillance des inégalités sociales de santé*. <https://www.inspq.qc.ca/analyses-de-l-etat-de-sante-de-la-population/surveillance-des-inegalites-sociales-de-sante>

<sup>6</sup> Translated excerpt from the *Grille de dépistage PP-ISS* produced by the Politiques publiques et inégalités sociales de santé team in the INSPQ’s Direction de la valorisation scientifique et de la qualité for the Groupe de travail MITIGATION ISS COVID-19 of the Table de coordination nationale de santé publique (TCNSP) (unpublished internal document).

Characteristics	Examples
<b>Education</b>	<ul style="list-style-type: none"> <li>• Persons without a high school diploma</li> <li>• Persons with a low level of education/literacy</li> <li>• Etc.</li> </ul>
<b>Income and employment</b>	<ul style="list-style-type: none"> <li>• Beneficiaries of last-resort financial assistance</li> <li>• Low-income workers</li> <li>• Unemployed persons</li> <li>• Persons on leave of absence</li> <li>• Persons working in the sex industry</li> <li>• Persons in unconventional occupations</li> <li>• Persons receiving social assistance</li> <li>• Etc.</li> </ul>
<b>Geographic location</b>	<ul style="list-style-type: none"> <li>• Persons living in an economically disadvantaged or devitalized region or territory</li> <li>• Persons living in remote areas</li> <li>• Persons without access to services (including high speed internet)</li> <li>• Persons from Indigenous communities</li> <li>• Etc.</li> </ul>
<b>Socio-demographic characteristics</b>	<ul style="list-style-type: none"> <li>• Persons whose immigration status is precarious: sponsorship, family reunification, temporary foreign workers, students, asylum seekers, without status, etc.</li> <li>• Members of single-parent families</li> <li>• 2SLGBTQ+ persons</li> <li>• Persons belonging to ethnic minorities</li> <li>• Persons experiencing homelessness and residential instability</li> <li>• Allophones (immigrant or Indigenous persons)</li> <li>• Seniors</li> <li>• Indigenous persons</li> <li>• Children/youth</li> <li>• Women</li> <li>• Etc.</li> </ul>
<b>Health characteristics and other conditions</b>	<ul style="list-style-type: none"> <li>• Persons with a chronic or serious health condition (e.g., autoimmune disease)</li> <li>• Persons with a disability (e.g., impaired mobility, hearing or vision)</li> <li>• Persons with an intellectual disability</li> <li>• Persons who are dealing with a mental health problem (diagnosed or not) or a substance use problem (e.g., gambling, alcohol or drugs)</li> <li>• Etc.</li> </ul>

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