Opportunities and Challenges in Influencing Policy: The case of the Canadian Public Health Association (CPHA)

The authoritative non-governmental voice for public health in Canada since 1910

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Presenter Disclosures

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“No relationships to disclose”
Presentation

- Conceptions of policy and Implications
- Background on the Canadian Public Health Association
- Policy and Advocacy at CPHA:
  - Chrysotile Asbestos
  - Health Equity
- Summary
Some Conceptions of Policy

• “Those laws, regulations, formal and informal rules and understandings that are adopted on a collective basis to guide individual and collective behaviour” (Schmid, Pratt and Howze, 1996; Wallack et al. 1993)

• Healthy public policies must be built through "diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change", which should be integrated in all activities of government (WHO 1986)

• An ‘intervention’ (or more than one) implemented by an institution, the state, a local agency

• A dynamic, iterative and complex set of processes shaped by the actions of many social actors
Who does policy?: Structures

• Policy associated with those who govern – nation/state, bureaucracies, etc.
• Historical lens on role of nation-states as enabling or exploitative structures possessing power (policy used as instrument of power)
• Mediating role with an interest in ‘collective’ welfare of citizens
• *Protective* role in ‘decommodification’ (linked to extent of welfare state’s development)
• Establishes norms that structure individual action (policy as an expression of these norms)
Why does policy?: Structures

• **Critiques** related to:
  – Policy being equated with the nation-state
  – Conceptualization of state as *the* focal point of power
  – Doesn’t account for lived experiences and role of human agency
  – Functionalist tendency (emphasis on its political, technocratic or bureaucratic function rather than also on its *social* meanings to actors)
Policy Models

• Policy’s origins as a normative science
• Characterized by instrumental rationality
• Track divergence from standard pre-defined set of norms (policy as ‘intended’)
• Evidence generated from real, concrete acts of individuals

• Critiques:
  – may ascribe intentionality or impute instrumental rationality where it didn’t exist
  – may not allow for multiple interpretations
  – offers limited account for the role and capacity of actors
Actor-Oriented Perspective

• Process of collective **interaction** among a plurality of actors with different agendas, values, cultures, differential conceptions of power, knowledge and political influence

• Policy is among many disparate activities in which actors participate in a struggle for meaning and control of resources
Actor-Oriented Perspective

• Critiques:
  – Over-emphasizes predispositions of individual and collective actors at expense of macro-level structures (i.e. privileges the role of agency over structure)
  – Transactional approach gives insufficient attention to meaning and action ascribed to actors
  – Relative position and power of actors acknowledged but requires further specificity
Implications for those who need to develop, advocate for and/or inform policy

• Complex and messy
• Non-linear and iterative
• Operates in a contested multi-stakeholder terrain
• Power differentials between actors
• Dominant discourses eclipse other perspectives: individual, technocratic vs. collective solutions to health
CPHA: What is it?

- Founded in 1910
- Act of Parliament 1912
- Represents public health in Canada with links to the international public health community
- Only Canadian NGO solely focused on public health
- The only national voice for public health in Canada
CPHA: Who are We?

• National in scope, international in reach
• Voluntary individual membership
• Charitable status
• Primarily a policy, knowledge exchange and advocacy organization
• CPHA members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all Canadians
Some days, policy development and advocacy feel like this....
CPHA’s Policy and Advocacy Track Record

• 100+ years advocating for healthy public policy & practice
• 50 years advocating on tobacco use/control
• 30 years advocating for health equity/SDH
• 1990s: focus on health systems reform
CPHA Priority Policy Foci

- Health Equity/Poverty/Social Determinants of Health (including housing, transport, indigenous health, etc)
- Public Health Leadership
- Public Health Infrastructure (including health human resources)
- Chronic Disease Prevention
- Environmental Health

* does not exclude infectious disease prevention, health promotion, mental health, nutrition, etc.
What did CPHA do in 2010?

- CPHA Position on Chrysotile Asbestos
- Position papers on tobacco use/control and alcohol
- Application for intervener status before Supreme Court (Insite appeal)
- An Analysis of CPHA’s Policy Documents and Statements over 30 years and Recommendations for Future Action
- CPHA Response to the 2010 Federal Budget
- Presentation to
  - Standing Committee on Health on the Root Causes of the Elevated Rates of Tuberculosis Infection in First Nations and Inuit Communities (April 2010)
  - Standing Committee on Human Resources, Skills and Social Development and the Status of People with Disabilities on the Impact of Cancelling the Mandatory Long-Form Census (November 2010)
CPHA Policy/advocacy 2011+

- Position Papers on Tobacco and Smoking, Alcohol and Illegal Psychoactive Substances
- Endorsement of Low-Risk Cannabis Guidelines
- Appearance before Supreme Court (Insite appeal)
- The place of Public Health within a renewed Federal/Provincial Health Fund Transfer Agreement
- The SDH/Health Equity as they affect particularly population groups (youth, indigenous peoples)
Mining and Export of Chrysotile Asbestos

Photo: Sonumadhavan

photo by Alexey Plovarov
CPHA’s Position

1. Ban mining, use and export of asbestos
2. Cease funding of Chrysotile Institute
3. Establish national surveillance system and registry for asbestos-related diseases and workers exposed to asbestos
4. Just/adequate transition assistance income support and training for asbestos industry workers and financial assistance to their communities
5. Complete removal and replacement of asbestos-containing insulation in indigenous community housing
6. Fair compensation provided to people suffering from asbestos-related diseases
7. All public and commercial buildings have asbestos-containing materials identified and managed to observe strict OH&S standards
Wicked Intractable Problems: Promoting Health Equity

Sources: Walrus Magazine, WHO Commission on the Social Determinants of Health, Canadian Centre for Policy Alternatives
Frontline Health: Beyond Health Care

• Building the case for investments in public health and in particular the social determinants of health
• Develop position statement on a whole-of-government approach to health equity
• Creating awareness/understanding among media, politicians and press
• Telling compelling evidence-informed stories about creating health equity
In Summary…

• Stay the course but focus where a national public health NGO can provide value-added
• Get real - evidence base is necessary but not sufficient for social change
• Seize windows of policy opportunity (need to be flexible and nimble)
• Explore cross-national collaborations (APHA, WFPHA, CPHA Alliance)
• Measure policy influence incrementally:
  – Evidence cited in policy documents
  – Nature, quality and extent of collaboration with relevant actors
“A policy is a temporary creed liable to be changed, but while it holds good it has got to be pursued with apostolic zeal.”

MAHATMA GANDHI