Case 1 : Policy Change and Public Health: Obstacles to Advocating for Public Health Interventions

Sulaiman Alhalbouni
Western University

Erin Courtney
Lambton College, erin.courtney@lambtoncollege.ca

Mark Speechley
Western University, mark.speechley@schulich.uwo.ca

CASE 1

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Sulaiman Alhalbouni, BMSc (Hons), MPH (Class of 2019)
Erin Courtney, EdD, RN (Professor, Lambton College)
Mark Speechley, PhD (Professor, Western University)

Robin Scherbatsky, a public health nurse at Lambton Public Health (LPH), frequently performs advocacy work at a local level in the County of Lambton, Ontario. She presents to other nurses and general practitioners on the proper way of testing, interpreting, and treating latent tuberculosis infection (LTBI). LTBI develops when the immune system of infected individuals contains the tuberculosis infection and forces it to dormancy. Robin maintains a working relationship with health professionals throughout the county as a result of her daily interactions with them. She is planning to advocate for public funding of a relatively new test for LTBI that is more accurate than the current test covered under the Ontario Health Insurance Program (OHIP). One afternoon after educating nurses about LTBI in Petrolia, Ontario, Robin is listening to the news on the radio as she is driving into a newly formed thunderstorm. Lightning strikes nearby just as the announcer reported that the Ontario government intends to amalgamate public health units and decrease their funding. She stops and parks the car for a moment as she feels a sudden uneasiness. She is not sure how to react to what just happened—should she laugh at the comical mix of unwelcome news and thunder or be worried about how the news would affect her future advocacy plans? And, if her plans were affected, the question then is: what is the best way to advocate for her issues?

BACKGROUND

Lambton Public Health serves 126,000 residents in the County of Lambton, Ontario. LPH falls under the jurisdiction of the municipal government in the County of Lambton, where major decisions related to the organization's structure and service delivery are made. The main site is located in Point Edward, Ontario and it offers services mandated by the *Health Protection and Promotion Act* (Government of Ontario, 2019). These services include public health inspections, health promotion programs, clinical services, harm reduction programs, infectious disease protection, and many more.

Tuberculosis programming is one of the critical clinical services offered by LPH alongside sexual health, immunization, and dental clinics. Such regional programs are implemented to reduce the risks of diseases such as tuberculosis and improve the overall health and wellbeing of Canadians. Tuberculosis continues to be a global problem that mainly affects developing countries; however, developed countries such as Canada are not without risk (World Health Organization, 2018). Canada's goal to eliminate tuberculosis in all provinces and territories depends on its ability to prevent the occurrence of new cases. Most cases in high-income countries, including Canada, are caused by people who were infected while touring or working in a tuberculosis-endemic country. The infection often stays dormant in these individuals and

they have no evidence of clinically active tuberculosis even though their immune system has mounted a response to the infection; this condition is called LTBI. However, people with LTBI are at a higher risk of developing tuberculosis disease (active cases) compared with the uninfected Canadian population, especially if their immune system weakens because of age, sexually transmitted diseases, environmental pressures leading to stress and anxiety, and other factors (Public Health Agency of Canada, 2014).

Detecting cases of LTBI through screening is an essential public health activity. Currently, LPH primarily uses the tuberculin skin test (TST), which was developed at the beginning of the 20th century. The TST requires two visits from the patient. At the first visit, a dose of tuberculin is injected under his or her skin. Then, typically within 48 to 72 hours, a health care professional observes the injection site and measures the size of the induration created by the body's reaction to the injected agent. If the size is past a certain threshold (i.e., >5 mm or >10 mm), then a positive test result is declared. Further testing by a respirologist is required to confirm the result, such as chest X-rays and culture tests.

LPH also uses another method to test for LTBIs called the interferon-gamma release assay (IGRA), which requires the patient's blood be drawn and sent to the Dynacare laboratory in London, Ontario. The IGRA is a relatively new, more technologically advanced test that was developed to address the TST's shortcomings, such as its decreased accuracy at detecting LTBI in people who were previously exposed to bacille Calmette-Guerin (BCG) vaccination. Because it requires only one visit for the blood draw, IGRA testing is an attractive option. However, it suffers from its high cost, complex laboratory method, and lack of accessibility because the site where blood is drawn is often far from the laboratory where blood samples are tested. For these reasons, IGRAs are used as supplementary tests to confirm that people with a TST-positive result do have LTBI (Public Health Agency of Canada, 2014).

SPECIFIC AREA OF INTEREST

At present, IGRA testing costs $90 and is not funded through OHIP, whereas the TST is covered by OHIP when certain criteria are met. LPH is advocating to change this policy so that people who are unable to pay $90 for an IGRA test are eligible for coverage. This policy change would have major benefits both for the patient and the government. Because the IGRA is more accurate than the TST, the results of an IGRA can prevent people from receiving unnecessary and costly medication if their TST result is a false positive. Supplementary testing using the IGRA showed that 50% of LPH patients were initially diagnosed with LTBI because of false positive TSTs (Jessica Wood, personal communication, July 25, 2019). These people were subsequently prescribed nine months of daily medication they did not need. Patients who decide not to follow up the TST with IGRA testing because of its cost are at risk of possible side effects from taking unnecessary medication. In addition, the government of Ontario incurs unnecessary medication costs. The added cost of the IGRA test is significantly offset by the cost of wasted medication and the potential cost of adverse drug side effects; thus, covering IGRA testing through OHIP would be preferable.

However, the current context of the Ontario government not only hinders LPH's advocacy work, but it hinders all advocacy activities aimed at promoting public health approaches to various problems such as harm reduction programs and infectious disease prevention. The purpose of these interventions, simply put, is to save the payer (i.e., government) money by preventing complex and large-scale health events, such as disease outbreaks, which are expensive to resolve. Every advocacy campaign or activity should consider three factors within Ontario's

current context—the political climate, the evidence for the presence of the problem and its solution, and the way the advocacy should be framed.

ONTARIO'S POLITICAL CLIMATE

The Progressive Conservative Party of Ontario won the 2018 election and will form the government until 2022. Initially, the new government's main goal has been to solve the deficit that is crippling Ontario economically, and this has meant systematically cutting funds from "non-essential" services. The problem is manifested in defining what is non-essential. Robin felt that the Conservatives viewed public health interventions that require money to be spent in the short term to be non-essential. They consider interventions such as the Ontario Harm Reduction Program to be a waste of funds as opposed to interventions that show immediate results, she mused.

Her feelings? were based on one of the first steps the Ontario government took, through Bill 74, the dissolution of 14 Local Health Integrated Networks (LHINs) into one entity called Ontario Health (Legislative Assembly of Ontario, 2019). The reason given for this dissolution was the inefficiencies LHINs introduced to the health system as a result of too many administrative bodies. Although this reasoning may be legitimate, many felt that the changes were done without adequate stakeholder consultations.

Public health interventions such as harm reduction programs for people who inject drugs underwent a change as well. One major purpose of harm reduction is to provide people who inject drugs with sterile and safe equipment in a supervised public health setting so they do not spread or become exposed to blood-borne diseases such as hepatitis C. Additionally, being supervised at a public health unit prevents thousands of overdose cases. An indirect goal is to establish a relationship with these people so that they feel more comfortable accessing public health unit services, which improves their health and wellbeing. It may also encourage them to seek abstinence on their own, thereby augmenting their quality of life. However, the Ontario government capped the number of sites at which the program can be delivered to 21, and only 15 sites have been approved so far ("'Unacceptable': Toronto Board of Health Chair Slams Province," 2019).

Furthermore, public health units throughout Ontario may undergo an amalgamation process that decreases the number of regional bodies from 35 to 10 (Jeffords, 2019). The amalgamation may be coupled with decreased funding to all public health units, which would negatively affect the services they provide and the populations who depend on these services. Some services may be discontinued but some services are so essential that the municipal governments may decide to dedicate additional funding to public health units (Payne & Willing, 2019). No one knows how this amalgamation will take shape; it may manifest as centralized agencies with branch offices at former public health unit locations, or it may manifest only as centralized agencies covering large and densely populated areas. In the County of Lambton, LPH will be merged with four other units, including those in Windsor and London ("Middlesex London Health Unit to Merge with Four Others," 2019). This merger may lead to the discontinuation of LPH's advocacy efforts if the new health unit agency chooses to prioritize programs and services that address different health and wellbeing issues. Although reforms to public health units were put on hold in December 2019, the originally planned date of resuming changes on April 1st, 2020 have been postponed due to the COVID-19 pandemic ("Ontario postpones part of its health care overhaul due to COVID-19," 2020).[1]

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[1] Refer to Ontario Health Agency and Health Canada for updates on the COVID-19 pandemic.

Advocates should be sure to understand their audience (i.e. the government) and how they perceive evidence. Robin felt that she needs? to keep in mind adequate stake holder agreement and the possibility of spending cuts as she attempts to advocate for a cost savings measure.

PERCEPTION OF EVIDENCE AND ITS SOLUTION
Evidence can take on various forms depending on the methodology and outcomes being measured. Evidence can be quantitative or qualitative. It can be published in peer-reviewed journals or it can exist as grey literature. In evaluations of treatments for disease, the outcome can be improved effectiveness, efficacy, or efficiency. All these factors should be considered when advocating for any program or service. Knowing the audience is important for a successful advocacy campaign because audiences will differ in their perception of evidence and their preference for one type of evidence over another. For example, although there is plenty of evidence about how well public health interventions work, the Ontario government's view of evidence could be a challenge when public health workers advocate for such interventions.

The funding cuts that public health units will experience in the next few years, coupled with the potential LHIN amalgamation, will negatively impact services such as immunization and infectious disease prevention and control programs (Payne & Willing, 2019). These services are in place to protect the population from potential disease outbreaks that would incur massive costs to the health care sector. Severe Acute Respiratory Syndrome (SARS) is an example of why public health services are necessary. Early in 2003, the SARS outbreak occurred in several parts of Greater Toronto Area including hospitals, which resulted in a total of 438 probable SARS cases and 44 SARS-related deaths (Canada.com, n.d.). Because of rigorous public health interventions, the chain of disease transmission was disrupted, and no new cases have been detected or reported since (Canada.com, n.d.). Robin felt that the Ontario government was discounting evidence from such incidents when it substantially cuts funding to public health units. If there is less funding and fewer public health units in Ontario, the province's ability to detect new disease cases and to generate evidence for the existence of problems may be limited, which increases the chance of a disease outbreak.

In Robin's estimation, Ontario's current government (i.e., the audience) seems to prefer evidence related to efficiency and cost savings. Therefore, framing advocacy activities so they match the government's preference will contribute to success in introducing policy change.

FRAMING OF ADVOCACY
The problem at hand is that public health professionals and the government believe in different sets of values, which is consequently limiting positive interaction between them. According to a study in the United States, there is a major schism between people who hold social justice values (i.e., public health professionals and health promoters) and people who hold market justice values (Dorfman et al., 2005). Public health professionals struggle to advocate for health policies against the increasingly dominant market justice values. Advocacy messaging that takes both sets of values into consideration will be more successful at communicating compelling arguments for the implementation of health policies while minimizing opposition from actors and stakeholders (Dorfman et al., 2005).

With different sets of values come different perceptions of evidence. Regardless of whether stakeholders are public health professionals or members of the provincial government, their values will ultimately determine how they deal with evidence and what evidence-based practice looks like. Public health professionals will fall back to their social justice values when

epidemiological evidence regarding certain issues is absent or lacking, whereas government officials who subscribe to market justice values will look at an issue through a purely economic lens (Dorfman et al., 2005). These values can be reconciled when the people advocating for public health interventions frame them as beneficial both for the economy and for the population's health. However, in order to further understand what actors and stakeholders are involved, how policymaking is influenced, and how policies are introduced to the provincial agenda, theoretical frameworks must be used to shed light on how to frame public health interventions within Ontario's current context.

MODELS AND THEORIES

In her search for models and theories that can help with her advocacy, Robin finds a Canadian study that used media analysis to explore the evolution of the maternity leave benefit policy in order to provide recommendations for the improvement of the compassionate care benefit policy (Dykeman & Williams, 2014). Dykeman and Williams used Kingdon's multiple streams model (Exhibit 1) as their theoretical framework to accomplish their objectives, and this caught Robin's attention. Briefly, Kingdon's model is a framework by which policy analysts form an understanding on how problems are officially or institutionally recognized on the government's agenda. The Model deconstructs the political phenomenon into three streams: the problems stream, which consists of issues that are perceived as problems that should be solved; the policies stream, which is filled with ideas and solutions that are generated by academics, analysts, and researchers, consultants, and other experts; and the politics stream, which encompasses national mood, political trends and influences, and advocacy campaigns, all of which are involved in swaying the decision-making process at the government level. These streams flow independently of one another and only cross when policy windows (usually caused by crises, protests, or periodic elections) open, making the issue a recognized problem. Robin decides to learn how the model was used to understand the political influences surrounding the issue of tuberculosis testing.

The study coded 50 years of articles (163 articles) since the year 1960 to the three streams of Kingdon's model (i.e., the policies stream, problems stream, and politics stream), which was then used to build a timeline of events and policy changes. The analysis showed that there are two layers of data: the understanding of how maternity leave benefits evolved in Canada, and the understanding of what influences led to the opening of policy windows and defined the evolutionary path of maternity leave benefits. Further, because most articles discussed news of policy proposals from academics and influential organizations, the policies stream contributed the most in shaping the maternity leave benefits policy, leading to the opening of policy windows over time. The problems stream was less common in influencing agenda setting during the evolution of the maternity leave benefits policy. The content in most articles that discussed subjects matching the problems stream took the form of a comparison between Canada's policy and the policies of other countries, triggering a response from participants of the policies stream. The politics stream had the smallest contribution in opening policy windows for the maternity leave benefits policy. Events that fit within this stream include swings in national mood and changes in government.

Not only did the study provide an understanding of which stream influenced policy change the most, but it also used Kingdon's model to describe the trends and patterns of the policy's evolution. The study showed that, before the implementation of the maternity leave benefits policy, the opening of the policy window that contributed to the policy's inclusion in the government's agenda was predominantly influenced by the policy stream. The problems stream saw more contribution after the implementation of the maternity leave benefits policy because of

the comparisons made between the quality of Canada's policy and the rest of the world. The study then used these findings to provide recommendations on how to improve the compassionate care benefit policy that was introduced in 2004, accelerating the process of policy change for the better (Dykeman & Williams, 2014).

The complexity of the model, however, motivated Robin to look into other political models, one of which was the policy triangle model (Exhibit 2) developed by Walt and Gilson (1994). Like Kingdon's model, the policy triangle model is used to understand policymaking in the past and to plan for it in the future. But instead of focusing on the agenda-setting aspect of policymaking, it focuses on the centrality of actors and their influences within certain contexts. A literature review showed that the policy triangle was the most widely used model in low- and middle-income countries because it was used to study and analyze numerous health issues, such as mental health, tuberculosis, reproductive health, and health sector reform (Gilson & Raphaely, 2008). For example, a study from India used the policy triangle model as its theoretical framework to understand the Indian health policy experience (Pradyumna & Saligram, 2016). Another study from Lebanon used the policy triangle model along with Kingdon's model to retrospectively analyze a health policy in terms of Lebanon's voluntary health insurance system (El-Jardali et al., 2014).
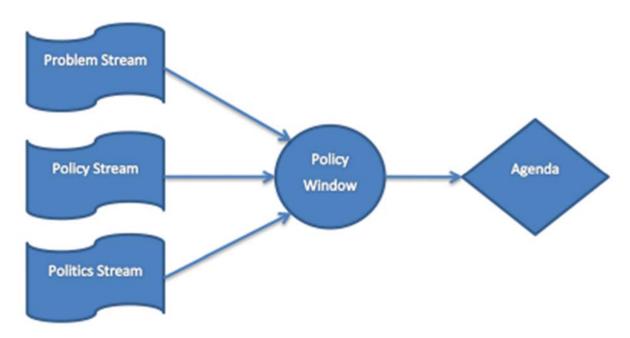
SPECIFIC PROBLEM OF DECISION
Robin is worried about the fate of her advocacy efforts in light of what is happening in Ontario, and she wants to seek the best outcome possible. Given Ontario's current political climate, she needs to decide how to frame the issue of screening for LTBI, how to navigate the political system, and what type of evidence will appeal to the Ontario government. How should she proceed?
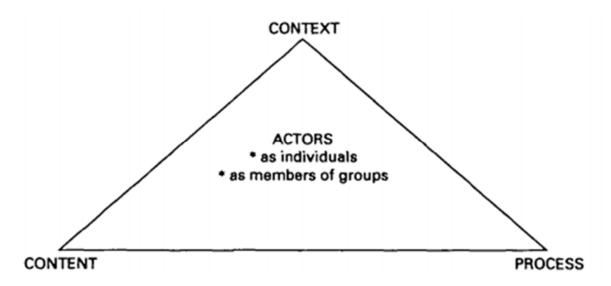
CONCLUSION
After much contemplation in her office, Robin looked through the material she had compiled to assist her in generating evidence that appeals to the audience in question. She wanted to strike the perfect balance between economic analyses and health research evidence to gain support and minimize opposition from people who have different sets of values than public health workers. The time window is closing in knowing the disruption that will occur to public health in Ontario; she needs to act fast. However, her advocacy effort now has a direction toward potential success.

EXHIBIT 1
Kingdon's Multiple Streams Model

Source: Aluttis et al., 2014.

EXHIBIT 2
Walt and Gilson's Policy Triangle Model

Source: Walt & Gilson, 1994.

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INSTRUCTOR GUIDANCE

Policy Change and Public Health: Obstacles to Advocating for Public Health Interventions

Sulaiman Alhalbouni, BMSc (Hons), MPH (Class of 2019)
Erin Courtney, EdD, RN (Professor, Lambton College)
Mark Speechley, PhD (Professor, Western University)

BACKGROUND

Robin Scherbatsky, a public health nurse at Lambton Public Health in Sarnia, Ontario, plans to advocate for public funding of the more accurate interferon-gamma release assay (IGRA) test for latent tuberculosis infection (LTBI). She wants the IGRA to be covered by the Ontario Health Insurance Plan the same way the tuberculin skin test, which also tests for LTBI, is covered. Although IGRA tests are more expensive than tuberculin skin tests, IGRAs are very accurate and effective at reducing unnecessary treatments given to people falsely diagnosed with LTBI, and this results in cost savings for the public payer. Given that the Ontario government is regarding preventative health interventions as soft targets for reduced funding, Robin is worried about whether her future advocacy activity will be successful. Robin has formed working relationships with local stakeholders such as health facilities, physicians, general practitioners, and nurses through advocating to them about how to test and treat LTBI and tuberculosis. She has to decide how to best advocate for this issue, making sure she has used all available and potential resources. The case aims to provide foundational knowledge of relevant political models and theories by applying them to Robin's example.

OBJECTIVES

1. Understand the building blocks, models, and theories behind policy changes such as Kingdon's three streams model and the policy triangle model.
2. Apply political models and theories to a given context by categorizing the information describing a situation into a model's basic elements.
3. Develop strategies to advocate for public policy change regarding public health interventions based on the application of political models and theories.

DISCUSSION QUESTIONS

1. What are the contextual factors influencing Robin's future advocacy efforts?
2. How can Robin use political models, such as Kingdon's three streams model and the policy triangle model, to better understand these contextual factors and how they influence her advocacy efforts?
3. How should Robin proceed with her advocacy given Ontario's current political context?

KEYWORDS

Tuberculosis; LTBI; advocacy; context; evidence; framing; models; political climate