

Background

Influenza poses a public health threat, particularly for individuals who are immunocompromised. The World Health Organization (WHO) estimates that annual influenza epidemics cause 3 to 5 million cases of severe illness worldwide, along with 250,000 to 500,000 annual deaths (WHO, 2014). Fortunately, vaccination can mitigate the negative effects of this common infectious disease.

The use of vaccines has been associated with a 77% reduction in flu-related hospitalization among adults aged 50 or over (Talbot, 2013).

Within high-income countries, influenza vaccination is readily accessible and many jurisdictions have implemented publicly funded programs. However, in Canada, voluntary uptake of the seasonal influenza vaccine by health care workers (HCWs) remains below the 90% recommended level, which may place the individuals they provide care for at risk.

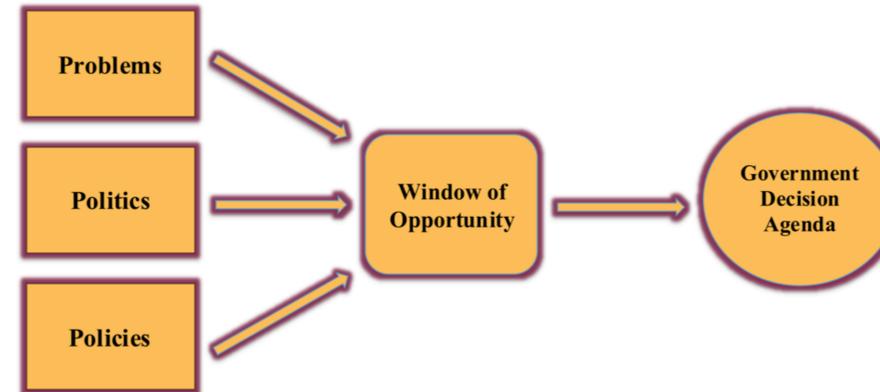
Understanding Decision Making

New public policies are rarely adopted based solely on supportive evidence, public opinion, or interest group lobbying; rather, they typically require a confluence of events that is difficult to predict or orchestrate (Embrett & Randall, 2014).

Through the use of relevant frameworks, theories, or models, policy analysis can provide a greater understanding of the various processes involved and, in turn, enhance the likelihood of recognizing and seizing opportunities for new policies to be adopted.

Kingdon's (2003) three process streams framework helps to explain how three largely independent "streams" – problems, politics and policies – affect policy agenda-setting dynamics. It can be used to explain how issues may make their way onto the government's decision agenda, which is a key step in the policy adoption process.

Kingdon's Agenda Setting Framework



Problems: identification of a particular social problem that has gained public or policy maker attention and cannot be ignored. These problems may come to light through focusing events, crises, or a change in an indicator (e.g., the SARS outbreak, publication of a report).

Politics: list of issues or problems to be given attention is prioritized. This stream is impacted by political events, such as changes in public opinion/national mood and organized forces (e.g., turnover from elections).

Policies: experts analyze the various problems, and suggest publically and politically acceptable solutions to them.

Windows of Opportunity

"Windows" may open when the three streams converge. At this stage, policy problems and their proposed solutions are under active discussion (decision agenda) and thus, most likely to result in the adoption of a new policy. Windows can close if there is a failure of initiatives, indicators change, or other items push the issue off the agenda.

Sample "Windows"		
2002-2003	<p>Ontario – a health care institute in Hamilton implemented a mandatory vaccination policy. This resulted in a coordination of forces in opposition to the mandate (HCW unions citing a violation of section 7 of the Charter of Rights and Freedoms – vaccination is a forced medical act). <i>St. Peter's Health System v. CUPE local 778</i></p> <p>This case, along with others occurring at the same time (e.g., North Bay Hospital v. CUPE local 1139), caused a failure in the initiative.</p> <p>Politics stream (organized forces, HCW Unions) prevent stream convergence.</p>	A window of opportunity closes.
2012-2013	<p>British Columbia – the government announced a new policy that would require either influenza immunization or the wearing of a surgical mask for all HCWs during influenza season when in direct patient contact. The Health Sciences Association of BC union had filed a grievance citing privacy issues relating to the Freedom of Information and Privacy Act (FIPA) and violations of the Human Rights Code, the Charter of Rights and Freedoms, and their collective union agreement.</p> <p>Since HCWs were given options (e.g., wearing a surgical mask), the arbitrator determined the policy aligned with FIPA and there were no violations to the union agreement, the Charter of Rights and Freedoms or the Human Rights Code.</p>	A window of opportunity opens.

Discussion/Conclusion

Since the start of the universal influenza immunization program in Ontario, there have been several opportunities to pursue a mandatory HCW vaccination policy.

Despite the policy's importance and the challenge of protecting the public, the political environment only aligned with feasible solutions for a very short period of time. During these periods there was inadequate support for the issue to remain on the government's decision agenda long enough to result in a new policy (i.e., "windows" have opened and closed several times). This may have been due to the influence of opposition lobby groups, making the proposed solution less politically favourable.

Although a mandatory HCW vaccination policy has not been adopted in Ontario, it appears that incremental progress at the local level has been made by taking steps that may create incentives for inoculation (e.g., if vaccinated, HCWs would not be required to wear a surgical mask or participate in influenza education).

References

- Embrett, M. G., & Randall, G. E. (2014). Social determinants of health and health equity policy research: Exploring the use, misuse, and nonuse of policy analysis theory. *Social Science & Medicine*, 108, 147-155.
- Kingdon, J. W. (2003). *Agendas, Alternatives, and Public Policies* (2nd Edition). New York, USA: Addison-Wesley Educational Publishers Inc.
- Talbot et al. (2013). Effectiveness of influenza vaccine for preventing laboratory-confirmed influenza hospitalizations in adults, 2011-2012 influenza season. *Clinical Infectious Diseases*, 56(12), 1774-1777. doi: 10.1093/cid/ct124
- World Health Organization. (2014). Influenza (seasonal). Retrieved from <http://www.who.int/mediacentre/factsheets/fs211/en/>