



Abstract Title: Health policy capacity framework adaptation using the Delphi method

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Introduction

Health policies affect how our health system functions, which in turn affect health outcomes. Given the complexity of the policy process, many factors contribute to the ultimate success of a given policy. Therefore, substantial capacity is required by policy makers for their policies to succeed. Policy capacity refers to the ability of policy makers to successfully perform policy actions (e.g., policy development, implementation, and evaluation) (Painter & Pierre, 2005). While a multidimensional conceptual framework for policy capacity was recently developed (Wu, Ramesh, & Howlett, 2015), adaptation may be required before it can be used to study and support health policy action.

Objectives

The objectives of this research are to adapt a policy capacity framework by 1) assessing the clarity and importance of its features, and 2) operationalizing it with factors and indicators linked with policy success.

Methods

Nova Scotian health system executives were invited to identify individuals they consider to be health policy 'experts' with ≥ 10 years' policy experience. Using a modified Delphi method, respondents identified factors contributing to policy success, as well as related indicators for assessing factor presence/degree. They then rated different dimensions of a policy capacity framework on clarity and importance to policy success, and recommended enhancements. Factors and indicators were thematically synthesized and arranged within the framework. Factors were rated on clarity and importance; indicators were rated on clarity, relevance, and feasibility. Items rated highly by $>70\%$ of respondents were retained, while poorly-rated items were dropped. Items with mixed responses were revised and sent back for further rating.

Results

Of 76 identified health policy experts, 22 participated in the first round by contributing 221 factors and associated indicators of policy success. Two authors synthesized these into 252 items (46 factors, 206 indicators) and arranged them within conceptual framework dimensions. In round two (n=17), 143 items were approved (43 factors, 100 indicators). In round three (n=16), 33 of 57 items (three factors, 54 indicators) were approved. The final framework contains 160 items (36 factors, 124 indicators) which can be used to assess different dimensions of policy capacity. However, framework dimensions varied in agreement and therefore number of approved items; one dimension (political economic capacity) did not have any factors approved.

Conclusion

A conceptual framework for policy capacity was validated by health policy experts, including items for assessing different dimensions. This adapted framework may be of use to both policy makers and researchers to assess different dimensions of policy capacity. While dimension items are not equally developed, ongoing research using the framework across different health system settings will inform further revisions.

References

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- Wu, X., Ramesh, M., & Howlett, M. (2015). Policy capacity: A conceptual framework for understanding policy competences and capabilities. *Policy and Society*, 34, 165–171. <http://doi.org/10.1016/j.polsoc.2015.09.001>

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