

In political landscapes around the world, governments have no shortage of healthcare issues to overcome. With the abundance of decisions to be made and the limited time and resources available with which to inform these decisions, governments must carefully choose which issues to overlook, which to merely consider, and which to act upon. Kingdon's Model of Agenda-setting is a useful tool for analyzing the factors and considerations which come into play in this context.

In this paper, Kingdon's model is described, and then used to analyze the top healthcare issue on the Ontario government's agenda during the two week period October 22 – November 4, 2009.

The government's agenda is the list of issues which government officials, and others closely associated with these officials, are dealing with at a given time¹. Issues on the government's agenda can simply be getting attention by these people and be on what is called the governmental agenda, or they can actually be up for active debate and decision-making and be on what is called the decision agenda¹. Thus, when a government carefully sets its agenda, it must first decide which issues are important enough to deal with, and then it must decide whether to simply consider these issues, or to actually act upon them. However, governments can only control which issues to have on their governmental and decision agendas to a certain extent; agenda-setting is also very much an organic process, which involves external inputs and considerations¹. For this reason it is helpful to analyze government agendas with an established model. In this paper, Kingdon's Model of Agenda-setting¹ is used to explain the two types of agendas, and then the model is used to analyze real world examples of healthcare issues on the agendas of Ontario's provincial government and New York's state government.

Kingdon's framework is made up of three core components, or streams: problems, politics, and policies. It is these streams which determine whether or not an issue gets on the governmental or decision agenda¹. For an issue to be put on the governmental agenda, a policy window for the issue must be opened. A policy window is simply the opportunity to deal with a particular issue in different ways, and one is usually opened by visible participants working within the problem stream or the politics stream¹. Visible participants include high-level government officials, interest group leaders, and journalists¹. Hidden participants, those who work behind the scenes such as academic specialists, civil servants, political staff and political

analysts, can also influence the governmental agenda via the policy stream, but these influences are not commonly analyzed since information about them is not publicly accessible¹.

Once an issue is on the governmental agenda, one of two things can happen. One possibility is that it gets dropped off the government agenda altogether, and this can happen for example due to other concerns being given more importance on the agenda and replacing the issue, or because people lose interest in the issue over time¹. The other possibility is that the issue gains importance, and is moved up to the decision agenda. For this to happen, there must be a coupling of all of Kingdon's three streams into a single package¹. This coupling is often done by policy entrepreneurs – people who work closely with the issue and who often have their own ideas as to how the issue should be dealt with¹.

Kingdon's three streams can be better understood by recognizing what they are defined by. The problem stream is defined by focusing events, changes in indicators, and feedback from the operation of current programs¹. A focusing event is a disaster, crisis, or particularly sad personal experience which is generally shocking to the public¹. Such an event is often given extensive media coverage. Changes in indicators are recognized through statistics¹, for example the percentage of people who do not have adequate health insurance, and they may be used to assess the changing magnitude of an issue. Finally, formal or informal feedback from current programs and initiatives can be used to identify new problems with the way issues are being dealt with, and subsequently put the handling of these problems on the government agenda¹.

The politics stream can influence the government agenda through swings in national mood, changes in the balance of organized forces, and events within government¹. To be considered a significant influence, the national mood must be popular enough and have enough conviction to actually elicit action from politicians¹. Common organized forces are interest groups which advocate campaigns to pressure governments into adopting an issue onto its agenda¹. Events within government include elections, turnover in parliament, and jurisdictional disputes¹, and these are powerful government agenda-setters for obvious reasons.

The policies stream proposes solutions on how to deal with issues, and it is made up of the diffusion of ideas in a policy area, feedback from the operation of existing policies, and communication or persuasion¹. Diffusion of ideas is like a natural selection of policies; after discussion and reflection by policy officials, certain policy proposals prove to be superior¹. Feedback within this stream involves evaluation of how well current policies deal with issues¹.

Communication and persuasion in this context is usually characterized by an authoritative figure vocalizing his or her policy proposals, in order to push them onto the government agenda¹.

A final consideration when analyzing a government's agenda is that governments actually have two classes of agendas: general and specialized¹. Both of these classes are further divided into the aforementioned types of government agendas, governmental and decision. The general agenda is comprised of issues which the most senior government officials, for example premiers and prime ministers in Canada, are paying attention to¹. Issues on the specialized agenda are dealt with by other government officials¹, such as government ministers in Canada. In Canada, healthcare is usually on the specialized agenda.

The top healthcare issue on the government of Ontario's agenda during the two week period October 22 – November 4, 2009 was the H1N1 flu virus vaccination shortage. This was clearly the top healthcare issue, as evidence by the number of articles on the front page and in prominent sections, as well as in opinion and editorial sections, of *The Toronto Star* newspaper. Further proof is the number of LexisNexis® hits and the Google News™ timeline for this issue compared to other healthcare issues.

As all three of Kingdon's streams were coupled and decisions were being made on how to best administer the vaccine during the shortage, this issue was on the Ontario government's decision agenda for this time period. All three components of the problem stream pushed the issue onto the decision agenda. A significant focusing event was the death of a 13 year old boy due to H1N1-related illness². This raised fears among the general public, and further increased demand for the vaccine. An indicator change came in the form of provincial surveillance data, describing almost a 200 percent increase in the number of laboratory confirmed H1N1 cases within a week³. This indicated a growing need for the vaccine, and called on the government to decide on effective ways to deal with the current shortage. Feedback within this stream was mostly informal, for example when people complained of long wait times to get the vaccine at clinics, saying that they felt like they were in a 'poorly developed country'⁴. Within the politics stream, organized forces and events within government came into play. Family doctors and the Ontario College of Family Physicians felt that the vaccine should be given out in doctors' offices, instead of in special clinics set up to administer the vaccine⁵. Government events were

not a significant influence on pushing the issue onto the decision agenda, but provincial opposition leaders did express concern in parliament discussions that the Liberals were sending out confusing messages to the public⁶. As with the problem stream, all three aspects of the policy stream were influential. Indication of a diffusion of ideas came about when Ontario's health minister, Deb Matthews, left the provincial Liberal party's annual general meeting early to discuss with her advisors ways to revise the province's vaccine distribution policies³. Feedback came from Dr. Vivek Goel, CEO of the Ontario Agency for Health Protection and Promotion, when he commented on the inefficiencies of the province's vaccine distribution centers⁶. Lastly, Dr. Arlene King, Ontario's chief medical officer, attempted to persuade the public to not get the vaccine until everyone in the high priority groups had received theirs⁴. Overall, Dr. King was the most visible and prominent policy entrepreneur in pushing the H1N1 vaccination shortage issue onto the decision agenda^{3,4,6}, and therefore this issue was more clearly on the specialized agenda than the general agenda. However, premier McGuinty did indicate that he was paying attention to the issue, by addressing the vaccination shortage in a public statement⁶.

As demonstrated in this paper, Kingdon's Model of Agenda-setting is a useful tool to understand how a government's agenda is formed, and how issues on the agenda are treated differently depending on certain key influences. The model can also help with the analysis of specific issues, in order to track and predict their progress through a government's agenda.

REFERENCES

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