Teaching Policy "Inquiry"

Below are excerpts from the syllabus and class guidance for a course entitled: "The Research Process" which is a required first semester course in the Doctor of Public Health Program and the University of North Carolina-Chapel Hill. (*Thomas C. Ricketts, PhD, MPH*)

This course is designed to introduce doctoral students to the world of scientific and policy inquiry. This course is intended to start you on the road to the development of your dissertation. In this introductory phase, the emphasis is on the place of knowledge and the development of new ideas and approached to solving problems in society. This course is intended to start you on the way toward forming a question that will be the center of your dissertation.

There are two key definitions you will have to take on trust and they contrast **Politics** (who gets what, when how and why) with **Policy** (all the rules, written or otherwise). If you are trying to change things then you will engage in both of these activities. It is often very useful to understand the subtle and not-so-subtle differences between the two. Both require developing a sense of the "truth" about what is wrong or what is a problem and what is right or a solution. Those truths are the focus of policy sciences like economics, planning, policy analysis, and sociology (among others) but will also flow over into what we consider "clinical" and "hard" science as phenomena that influence the rules or who gets what often are studied in those realms. The process of engaging in this process of science based policy almost invariably starts with a question and that question usually takes the form of "why is this so? And how can I change it?" Those are useful questions but before they can flow into the policy process, the questions must be refined into words and phrases that are recognizable to the world of policy and politics.

Before you, as an individual, can form a real policy question, you have to have a sense of what you know and how you know it. To that end, we'll read things that are philosophical in nature. That includes some of the classical philosophers (western canon). This may perplex some folks who may see these as irrelevant, but, trust me, you will encounter the thoughts and sayings and teachings of Socrates, Plato, Pericles, Hippocrates in contemporary political debates—not to mention Rousseau, Locke, Hume, Mill, Smith, Marx, Comte, Spencer and Weber and on to more "modern" but also dead white men like Foucault or dead white women like Rand and Nightingale (who was more philosophic than you might think).

Using these and other reference points, we will explore what is real and imagined and how we determine which is which. We will touch on the question "what is truth" but I don't want to pretend that we will be seeking truth, just talking about it.

The dissertation we are asking you to write is, in many ways, more rigorous than a traditional dissertation in that we ask that you focus on a practical problem and develop new ways to deal with problems. We do not ask that you simply "generate new knowledge" but that you generate new applications and new methods that will effect or create change in the world. That is almost always done via "policy."

Course Objectives:

By the end of this course, learners will be able to:

1. Become familiar with the idea of "inquiry" and be able to discuss—or ask questions, about the formation of knowledge;
2. Understand how new information is brought to bear on problems. We will try to relate that general process to public health, public policy and health care delivery;
3. Understand the fluid nature of inquiry and its roles.

Response Papers: You will be asked to respond to the assigned readings every week with your reactions and questions stimulated by those readings. These are short papers that describe what you have learned, what you agreed with and disagreed with in the readings, and how you might apply the information or viewpoints contained in those readings. For each day's readings I ask you to "free-write" a page of musings, conclusions, observations, questions, amusing responses or something that shows how you reacted or were disgusted or bored. These are due on Monday evening the day before class, at 5:00 pm Eastern US time. You should write one for each week's readings, even the weeks we are not online together. I will react to them in writing and those reactions often turn into conversations as my responses to your responses re often in the form of questions or challenges.

Case Presentation: You will develop a description of how a **problem** arises in your or a related organization or an organization where you once worked. You are to describe how information and analysis is and is not used to deal with that problem. This is a no more than three-page description of how ideas or changes arise (or don't come up at all) in *your* world today.

Approach to dissertation: This is a discussion of how you will think about capturing information that will lead you to a useful dissertation topic. How do you think about problems or issues? How do you assess information? How do you decide what is important and what is not? How do you decide what is unknown? All of these questions should be answered briefly in the context of the problem or issue you feel will likely be the topic of your dissertation. This is a no more than three page discussion of how you are thinking about thinking about a dissertation topic. Yes, you will have to structure your thought process. To help you do that, I ask that you go through a little exercise that I described at the end of this syllabus. It is called "Using Aristotle's Topics" (Topoi) and I borrowed it from various other instructors who use it to guide students through "rhetoric" or argumentative writing.

Books I wish you would read…*but you don't have to, these are suggestions for books that might inspire you. The Darwin is there because everyone ought to read this book (or try to read it). You may want to get a commentary on Darwin. But the instructive thing about reading the original is how he builds the case and then just smacks you with the final conclusion—we descended from hairy quadrupeds…*

Darwin, Charles. *The Origin of Species*. Various editions. Darwin goes from hot-to-not over the years. In the 21st century there are some books that have appeared talking about how his work is even more important. OK, the *Origin of the Species* is a bit long, so

why not read : *The Reluctant Mr. Darwin* by David Quammen (Norton Paperback, 2006). This describes the way in which a person who is struggling with data deals with dominant theories and the process of turning research into "truth".

De Botton, Alain. *Consolations of Philosophy*. This is one of several small books de Botton has written applying classical philosophy to modern life. They are very entertaining and very useful in helping you come to terms with life. See his web site at: www.alaindebotton.com and you can look at excerpts from some of his TV programs.

Dubos, Rene. *Mirage of Health*. Some of you read this for HPM 860. The key thing he deals with that is relevant to inquiry is the "tragedy of the ideal" He writes about how "dreams of reason create monsters." The dreams of reason are ideal worlds, driven by theory. Their application creates monsters. If you choose to follow theory blindly, you will inevitable end up with a monstrous distortion. He is credited with the phrase "Think globally, act locally" along with David Brower. He did write: "Human diversity makes tolerance more than a virtue; it makes it a requirement for survival."

Heilbroner, Robert L. The Worldly Philosophers. Economics, it's everywhere, but where did it come from? Heilbroner brings us up to a point where economics is poised to dominant social sciences. There is a trend toward diminishing its power and challenging some of its major theories.

Ignatieff, Michael. The Needs of Strangers. New York: Penguin, 1984. 142 pages. Inspirational. Ignatieff went from big-P Philosophy to practical politics and he was a party leader in Canada. He didn't do so well in the elections—going from probable PM to losing his seat (a real embarrassment) so he's back to being an academic pundit, I guess

Lewontin, R.C. *Biology as Ideology*. You may be hearing about Richard Dawkins these days and you might also want to look at his *The Selfish Gene* to engage in this discussion.

Wilson, Edward O. *Consilience, the Unity of Knowledge*. New York: Vintage, 1998. You will be required to read excerpts, chapters 3 and 9, but the whole book is useful

Ziman, John. (1976) *The Force of Knowledge*. Cambridge, Cambridge University Press, 1976. This might be hard to find, but it's kind of the Classic Comics version of the history of science but by a great philosopher of science. Ziman has written other books that are equally useful but this one has nice pictures.

Key Readings on Science and its role in society: **Science as controversial concept**
It isn't just since global warming that we have encountered discussions of the uncertainty of science or the scientific method. And things didn't just fall nicely into place after Galileo's name was cleared by the Catholic church in 1758. Science, and public heath science has been controversial since its biblical and "classical" origins in "the literature."

I ask you to read the excerpts from these philosophers of science to get a sense of the really basic questions we have to ask about science, knowledge and "truth."

Popper, Karl. "The problem of demarcation," from The Philosophy of Karl Popper.
Kuhn, Thomas. "Anomaly and the emergence of scientific discoveries," from *The Structure of Scientific Revolutions*. This is where we get the idea of 'paradigm shifts".
Feyerabend. How to defend society against science. From *Radical Philosophy*. We begin to read about the idea of science as social construction, which, as my friend Arnie

Kaluzny likes to say, is an OK idea until you're flying along at 30,000 feet in something that you'd prefer to be more than just a social construction.

Sokal, Alan, Bricmont, Jean. "Feyerabend: Anything Goes" from Intellectual Impostures. While some of you are at the APHA you might consider that: "Not everyone loves us…." An read the piece from Sally Satel as she made fun of public health, or, the APHA….

Satel, Sally. Various works. Go to: www.sallysatelmd.com/ see especially: "Public Health? Forget It: Cosmic Issues Beckon. at www.sallysatelmd.com/html/a-wsj21.html to wit:

"Topics such as income inequality, oppression and others have their rightful place in political debates, but as targets of policy reform they are wildly inappropriate for public health. The profession has no expertise in solving broad problems of social injustice and, what's more, efforts in these directions divert public health from what it can and should do. Nowadays, protection from disease is nothing short of national defense.

Bedeian, A.G. (2004) "Peer Review and the Social Construction of Knowledge in the Management Discipline." *Academy of Management Learning & Education* 3(2):198-217.

See: http://news.sciencemag.org/people-events/2014/11/open-access-group-sanctions-three-publishers-after-science-sting

And

http://retractionwatch.com

Holmes D, Murray SJ, Perron A, Rail G. 2006. Deconstructing the evidence based discourse in health sciences: truth, power and fascism. *International Journal of Evidence Based Health.*
"the objective of this paper is to demonstrate that the evidence-based movement in the health sciences is outrageously exclusionary and dangerously normative"
sigh….No, I have not assigned this as a mode of what you ought to do, but as an example of how science is critiqued by theorists.

Scott, Alister (2006). Peer review and the relevance of science. SEWPS Paper No., 145. February 2006. Falmer, UK: University of Sussex. <Alister 2006.pdf>

Well, that's all fine for us "western" thinkers but it turns out that people construct truth and science in different ways in different places. You may want to read Jones, Datta and Jones: *Knowledge, Policy and Power.* Overseas Development Institute. 2009, to capture a little of this difference. This is a discussion of how knowledge is gained and transmitted in "other" places—like Africa and southern Asia and the far north—heck, maybe Appalachia is you extrapolate a bit. Doing a dissertation that is applied in developing countries calls for different styles of learning.

Approaching a Dissertation

OK, you've struggled with questions, now you are going to have to try out a dissertation question—more formally. So, pose a question that COULD be a dissertation question and then subject that to an ARISTOTLE test…see the checklist below. State your question and then fill in the table.

Using Aristotle's Topics
You may find this useful to organize dissertation ideas

(from: Using Aristotle's Topics, Annie Olson, Letourneau University)

Answer the questions on the left in a separate document. Once you've completed this worksheet on your own, download another copy and work through it with a friend or a group of friends. Getting input from others is a great way to challenge and broaden your original thinking about a topic.

Your completed worksheets will be very useful to you as prewriting for your first draft. Even more importantly, they will help you identify questions you don't have answers to yet. Once you've completed the worksheets, use a highlighter to identify the most important questions you need to find answers to about your subject. Use these questions as a starting point for your research.

In this worksheet, the letter **X** will be used as a place marker for your topic. Substitute your subject or idea for the letter **X**.

The Common Topics

Topics and Questions	Your Answers
Definition • **Genus**—what larger class does **X** belong to? • **Species**—what makes **X** unique within this class?	Expand the space to respond
Comparison • **Similarity**—what characteristics does **X** share with others? • **Difference**—what makes **X** unique? How is it different than others? • **Degree**—how significant are those similarities and/or differences?	

Relationship • **Cause and Effect**—What makes **X** happen? What brings it about? What happens because of **X**? What are its consequences? How significant are these consequences? • **Antecedent and Consequence**—What is the context of **X**? What came before it? What will happen because of **X**? If **X**, then what? • **Contraries**—What is the opposite of **X**? What cannot coexist with **X**? If **X** happens, what else is necessarily excluded? • **Contradictions**—What other interpretations could there be of **X**? If **X** is not what you think it is, what else might it be?	
Circumstance • **Possible and Impossible**—How feasible and/or workable is **X**? What factors make **X** either possible or impossible? • **Past Fact and Future Fact**—What precedents are there for **X**?	

Topics and Questions	Your Answers
Has **X** happened or been tried before? Based on past experience, what can you predict for the future of **X** or for the future of something else if **X** happens?	

Testimony • **Authority**—what sources of information do you have to support **X**? What authorities can you cite? What makes these sources authoritative? What other authorities might disagree with them? • **Testimonial**—Who has personally experienced **X**? How might their experience lend or detract from the credibility of your position on **X**? • **Statistics**—What documented research can you find that gives insight about **X**? How widespread or significant is **X**? • **Maxims**—What commonly accepted wisdom or sayings are applicable to **X**? (What does proverbial wisdom or common sense say about **X**? • **Laws**—What established laws or policies govern **X**? How does **X** influence these laws or policies? How might these laws or policies be changed because of **X**? • **Precedents (Examples)**—What previous incidents of **X** can you cite? What can you learn about **X** from these incidents? How is what you learn different than what you might have thought?	

Special Topics

Topics and Questions	Your Answers
Judicial • Is **X** just or unjust? What is just or unjust about **X**?	
Deliberative • Is **X** good or bad? • What virtues does **X** possess, or in what ways does **X** lack virtue? • Is **X** advantageous or disadvantageous? To whom is **X** advantageous or disadvantageous? What advantages or disadvantages might accrue because of **X**?	
Ceremonial • **Virtue**—How does **X** promote the community's ideas of what is virtuous? • **Vice**—How does **X** challenge or inhibit the community's ideas of what is virtuous? What vices are inherent in **X**?	

See also https://writing-speech.dartmouth.edu/learning/materials/materials-first-year-writers/coming-your-topic

THEORY
Using Theory (a.k.a. Frameworks) in a DrPH Dissertation
Thomas C. Ricketts

The Dr.P.H. dissertation, as you have been told innumerable times, is all about practical application of new information or a developing novel way to look at existing information or data and using that information to plan to change something. The classical Ph.D. dissertation usually follows the pathway of deductive reasoning, taking an existing theory about the way things work and then examining phenomena to see if that theory holds in new cases, or with new data, or in new places. As we have discussed in class, there are other ways to advance knowledge. The principal alternative approach is inductive reasoning where many cases or examples are examined and a generalization or "lesson" is drawn from those cases. In some situations that use this approach a "new" theory is generated. This theory development process is usually restricted to "big" science or in certain disciplines or fields where theory generation is important. In nursing, theory generation has been a focus of recent research (see www.nursing-theory.org). There is an alternative to consciously developing new theories; in some fields, at various times, the way we think about specific problems may change and we are confronted with a new "paradigm" as Thomas Kuhn would say. This is, in essence, the rise of new theory. DrPH dissertation may find themselves working with a relatively fixed set of theories or frameworks or part of a "shift" where the application of new theories is more or less the trend in investigation.

Why do I need a "framework"?
One might ask this question is they perceive that they are not confirming a theory but charging forward to develop a plan for change. Frameworks fulfill two important requirements of a dissertation in the DrPH program. First, to give structure to the work beyond the basic outline of a dissertation: background, methods, analysis, and results followed by plan for action. A Framework helps you organize the information you are working with to support the evidence that there is indeed a problem that is worth examining and, second it provides a context and language to explain that problem. In fact, a situation may require an interpretation within a theoretical framework in order for it to be seen as a problem that can be solved. Thus, if we view the phenomenon of social media and its ability to detect pertussis outbreaks in advance of clinical confirmation as a problem of signal interpretation how data are used to move issues up a decision making agenda, then we can show how it might fit in a larger, more familiar environment. The identification of the data, the variables, to be considered in a research project is often guided by what we know about the meaning and the availability of data. A framework, for example the Anderson framework for access, tells us that we need to understand the contexts of access (predisposing factors) as well as the process (enabling) and that we should, as Donabedian advises, understand the structure, process and outcomes of access in order to make it better (Donabedian 1972).

Just asking a question such as "Can social media identify the timing of new outbreaks of pertussis?" or "Can a violence prevention program targeting young males in Kenya reduce gender based violence?" are essentially tests of prevailing theories about the nature of information recognition in the first case, and behavioral change in the second. There are theories, large and small about these phenomena and they can be in the worlds of marketing, psychology, and management in the first case, and in the fields of health education and community psychology in the second. Note that these "fields" are usually identified by the theories of human behavior they embrace. Having a specific set theories in the required curriculum of a discipline is one requisite for any "discipline" or academic field to be accepted. There are few atheoretical entities in universities or research institutions with the

possible exception of athletics.

Quentin Skinner, in "The Return of Grand Theory in the Human Sciences" (Cambridge 1985) observed that the academy went from a period of "grand Theory" that tried to unlock all the secrets of how the world worked in a single, unified theory to a more diffuse style of inquiry. That earlier attitude characterized the world of social science before the beginning of the 20th century. The sweeping theories of Aristotle gave way to broad and general universal theories from Rousseau, Smith, Locke, Hume; then to Marx, Comte, Spencer and Weber. These "utopian" views (utopian in the sense that they try to explain everything and suggest an ideal world like a pure socialist, classical bureaucratic, or communist society) were criticized by early 20th century philosophers and social scientists. Karl Popper and Thomas Kuhn are examples of thinkers trying to cut down theory to more pragmatic applications. Richard Rorty is especially admired for his attempt to bring a sense of "pragmatism" to social theory and he built his idea on the work of John Dewey (Hickman and Alexander 1998). Rorty was, in essence, promoting the idea that you can have many "small" theories that can apply to specific situations (Rorty 1979). This approach is something like *casuistry* compared to deduction and induction (look it up).

In the realm of what we may call "practical" social science, thinkers, researchers and writers did begin to apply medium level theories to phenomena with the intention of changing things within some prevailing social structures rather than changing the structures themselves. For example, we can change how people behave with regard to their health using the Health Belief Model (Becker) to guide us. That model falls into the field of Public Health and since we are a program in public health, it might be good to review the dominant theories of the field.

To understand public health theory or frameworks, we might have to contrast that body of theory with some competitors in the field of health and health care. The biomedical framework, or theory which supposedly underlies medical care, is criticized by public health people as a mechanistic, paternalistic framework in which there are hierarchies (patients and practitioners), entrenched control of knowledge (professionals and guilds who control research), but also a set of overlapping ethics (Hippocratic, Nightingale, Common Rule). Public health likes to reject the biomedical approach as dated and ineffective in improving health in a world where disease is multifactorial as well as embedded in that other component of public health, the "socio-environmental" view.

The development of a theory of public health has resulted in the explication of multiple "models." Public health is, however, a practical field and resists theories to come extent and struggles to break outside its boundaries. For example, consider the current attempt to integrate population health with medicine in the form of ACOs. That cross-boundary impulse may actually act as a theoretical framework (and this might be the subject of a creative DrPH dissertation).

We have already mentioned one of the dominant models in public health and health education in particular, the Health Belief Model (HBM) (Becker 1974). Please note that I will not review the contents of these models and frameworks unless the titles of the key articles require some further explanation. The HBM is related to another model that builds on behavior, the "theory of reasoned action and planned behavior" (Azjen and Fishbein 1980).

These theories focus on how individuals choose to live healthier lives. Interestingly, these theories or models of behavior did not see themselves as closely associated with choice theories promoted by economics, but then, economics may have been seen as antithetical to public health, this attitude may be motivated by some hidden theory. It may be interesting to discover this hidden theory—again, fodder for dissertation work.

Speaking of choice, the dominant theories that would apply are the "classical" rational-choice theories in economics (think of Nobel laureates like Gary Becker and Kenneth Arrow who are extensions of Adam Smith). There choice models also supported economic theories of democracy (Anthony Downs and Martin Feldstein). These are being challenged to some extent by the emerging "sub-optimization" theories of Daniel Kahnemann popularized by Thaler and Sunstein in "Nudge: Improving Decisions about Health, Wealth and Happiness." Note that this "new" economics is called "behavioral economics" and accommodates the idea of nudging people into healthier behaviors, something that appeals to public health people.

Additional change-oriented theories or models include the "Transtheoretical (Stages of Change) Model" associated with Prochaska (Prochaska and DiClemente 1984). These behavioral models are extended by the "Health Action Model" to take into consideration the individual's environment as they either accept or reject better behavioral choices—better for health, that is. (Tones 1981).

Extending more into the environment as a mediator or promoter of change are community change theories. There is no dominant theoretical expression of this flavor of research but a long series of community focused change models have been promoted by the "mainstream" public health thinkers and writers in the form of programmatic interventions to improve community health. These are often labeled with acronyms such as PRECEDE/PROCEED (Green and Kreuter 1999) or are embedded in "healthy cities" or healthy communities approaches. Meredith Minkler, Eugenia Eng (UNC) Jonathan Kotch (at UNC) and Alan Steckler UNC-Retired), are associated with these approaches (Minkler et al. 2001) and their work has led to a phenomenon called "Community-Based Participatory Research" to being the academics into the struggle (Minkler and Wallerstein 2008). That approach is, in itself a form of framework for analysis and is a framework with rules and assumptions about what can be learned.

The role of communication in health promoting activity is understood to be crucial. Public health has focused on two major communications frameworks: Diffusion of Innovations (Rogers 1983) and Social Marketing (Kotler and Zaltman 1971). Given that the social marketing approach emerged from the commercial marketing literature, it is surprising that public health has moved away from that "science" and built its own vision of influencing behavior using mass marketing techniques. The applicability of these frameworks for DrPH dissertations is supported by their prior use in multiple instances.

Policy theories and frameworks.
Most of the DrPH dissertations are intended to change things by changing policy. There are formal definitions of policy, but, for a general approach to theories and frameworks, the most useful is the one that I repeat: "Policy is all the rules, written and unwritten" (Ricketts 2011) If we are to affect legislative, regulatory, or management processes, we may tend to

look more at the formal structures and formal theories of specific fields of management or political science. If, however, we are to change the way people behave and act in real life—even if they are legislators, leaders, managers, or policy makers—then we are going to have to deal with real world cases. These often do not follow the classical processes outlined in laws, rules, or regulations. Policy change is often cultural and behavioral in nature and we can look to multiple approaches to develop a framework for policy change in which to situate a dissertation—that is, to either explain how something does or does not get done or should get done. I will review specific policy frameworks as "small theory" after touching briefly on grand theory in policy.

Grand Policy Theory

The idea of "policy science" is often traced back to Harold Lasswell and his book "Power and Personality" (1949) and grew out of the recognition of the need to organize the process of "nation building," Nation building in this sense is not for developing or colonial countries but of redeveloping the political cultures of western and developed countries, Germany and Japan post WWII, as well as the structuring of modern client states in eastern Europe and the Middle East. The United States, itself was the focus of analysis in how it would fulfill its promise of democracy after the great strain of the depression and the UK after the debilitating effects of wars. Of course, the "grand" theory of the dominance of market-based democracy tends to envelope the theories of policy-making but this is a cultural "bias" to most Americans—we live under a theory but just see it as "the American Way". Richard Hofstader, James Q. Wilson and Theodore Lowi are key names in the development of an American political theory, but few would say there is one (Hofstadter 1993; Lowi 1979; Schuck and Wilson 2008) We see fewer and fewer thinkers and policy makers willing to reject the dominant viewpoint of pluralist societies aligned with markets, even in OECD countries with viable socialist parties. What theorists are having to confront is the rise of a very stable and powerful China that does not follow those rules (theories).

Issue Theories

There are "issue" theories that deal with certain processes inherent in health care or prevention or population health. One of the leading frameworks of this type, and one that is often used in dissertations, is the Andersen Behavioral Model of Utilization of Health Services, most often updated to its focus on Access (Aday and Andersen 1974; Andersen 1968; Andersen 1995). Others make use of Roy Penchansky's approach to describing access to care (Penchansky 1977; Penchansky and Thomas 1981), but it is hard to find a metric to determine if one is superior to the other in describing how people use health care services.

There are other bodies of theory that fit into the "issue" category. For example, dissertations that focus on how people are trained to care for people or the role of professionals or lay people in care giving or support of communities may find useful frameworks in the sociology of the professions; Freidson can provide theoretical support (Freidson 1970, 1984, 1985).

Access is often a palatable goal for policy when it is difficult to be more normative and say that we promote "health for all or a "universal right to health" (Mann 1999). Normative theories of health and rights to health are available but they are sometimes described in terms of the feasible, like "access" (Lewis, Fein, and Mechanic 1976). More nuanced discussions can be found in writings by Beauchamp who combines notions (frameworks) of justice and fairness with practical application of policy (Beauchamp 1975, 1976, 1980, 1985).

There is nothing wrong with developing an effective DrPH dissertation based on a framework of social or absolute justice (Daniels 2002; Gostin and Powers 2006) and can usefully draw on Norman Daniels work or that of Rawls but one would do best by working with an interpretation of Rawl's rather complex logic (Rawls 1971).

Organizational Theory

This body of theory is quite diverse and deep and the UNC HPM Department has experts in the field who could do a much better job of summarizing the potential frameworks than I. Given the availability of key thinkers in the field at UNC I would however want to highlight the "population ecology" of organizations approach in the work of UNC professor Howard Aldrich (Aldrich 1979; Aldrich 1999) who built his work on that of earlier scholars in organizational sociology (Hannan and Freeman 1977). Organizational sociology is rich with theories that range from the classical bureaucracies (Weber), rational systems, scientific management, "resource dependence" and contingency theories. There is even a small theoretical niche that understands organizations as "metaphors". A good introduction to organizational sociology would cover these approaches and the updated volume in the Shortell and Kaluzny series (Shortell and Kaluzny 2005) now co-edited by Bryan Weiner at UNC-HPM is as good a source as any.

"Small" Policy Theories

I will run through a listing that I have often provided to students of potential Frameworks for policy change. I will comment briefly on some.

Stages of Policy Making (originally formulated by Harold D. Lasswell (Lasswell 1971), developed by James Anderson): Peter deLeon, University of Colorado-
Denver. This is very descriptive and considered dated, but careful description of the predecessors and particpants in policy changes remains very useful

(Institutional) Rational Choice in Policy Making: Elinor Ostrom, Indiana University; Fritz Scharpf, Max Planck Institute for the Studies of Societies; John Chubb, Brookings Institution; Terry Moe, Hoover Institution, Stanford University. Barry Weingast, Stanford University; John Ferejohn, Stanford University; Gary Cox, University of California at San Diego; Mathew McCubbins, University of California at San Diego; Nolan McCarty, Princeton University; Keith Krehbiel, Stanford University . This is a niche world and usually takes a back seat to economic theories. Ostrom's work is, at time compelling

The multiple-streams framework (the garbage can approach): John Kingdon, University of Michigan—this really minimizes John Kingdon's contribution, he did a lot more and his multi-purpose description of how policy happens has been used by many doctoral students. Nikolaos Zahariadis, University of Alabama at Birmingham; Thomas A. Birkland, SUNY, Albany; Michael Cohen, University of Michigan

Punctuated-equilibrium framework: Frank R. Baumgartner, Penn State at University Park; Scott E. Robinson, University of Texas at Dallas; Bryan Jones, University of Washington. This is what it is, but I'd go with Kingdon instead.

The advocacy coalition framework: Paul A. Sabatier, University of California, Davis; Hank Jenkins-Smith, Texas A & M University. A number of DrPH folks have used this as it really helps explain how coalitions are built around issues.

Policy diffusion framework: Frances S. Berry, University of Florida; William Berry; Jason L. Jensen, University of North Dakota; Virginia Gray, University of North Carolina. Virginia Gray is still here and can be consulted.

Cultural theories (originated by Aaron Wildavsky): Lawrence M. Mead, New York University; Seoyong Kim, Korea University. To stick this into a category called "cultural" really does an injustice to Wildavsky, but it is hard to re-create his passion and description.

Problem definition/issue framing theories: David Dery, Hebrew University; Martin Rein, MIT; William N. Dunn, University of Pittsburgh; John Kingdon, University of Michigan, Emeritus; Bryan Jones, University of Washington. Go with Kindon.

Incrementalism: Charles Lindblom, Yale University, emeritus; Michael Hayes, Colgate University. This is useful but pedestrian as it says things go slow. But that's a hallmark of American democratic change.

Normative theories (constitutional law): John Rohr, Virginia Tech; David L. Imbroscio, University of Louisville. No comment.

Critical theory: Frank Fischer, Rutgers University; John Forester, Cornell University   A lot of crap falls under the rubric of critical theory. Judge for yourself.

Discourse theory: Maarten Hajer, University of Amsterdam. Same as critical theory

Interpretivism/Phenomenology: Dvora Yanov, California State University at Hayward; Jong S. Jun, California State University at Hayward . No comment.

Postmodern theory/Poststructuralism: Hugh Miller, Florida Atlantic University. You really ought to read Foucault's Birth of the Asylum. He is an anthropologist and archeologist of ideas and he does this better than any of his acolytes.

Systems Theory (including Complexity and Autopoiesis Theories): Jenny Stewart, University of Canberra; Russell Ayres, University of Canberra. No comment.

Network governance theories: Walter J M Kickert, Erasmus University, Rotterdam; Erik-Hans Klijn, Erasmus University, Rotterdam; Eva Sorensen, Roskilde University, Denmark; Robert Agranoff, Indiana University; Laurence O'Toole, University of Georgia. No comment, you might be beter off looking at "interorganizational" studies.

Biopolitics: Albert Somit, Southern Illinois University; Steven Peterson, Penn State at Harrisburg; Milton Lodge, State University of New York at Stoney Brook; Paul Snyderman, Stanford University. No clue.

Feminist theory: Amy G. Mazur, Washington State University; Susanne Zwingel, Ruhr University Bochum. Many things fall under this heading, some are quite insightful and incisive, others not so helpful.

Theories of public participation in policymaking: Peter deLeon, University of Colorado at Denver; Peter Fishkin, University of Texas at Austin. Well, this leaves out a lot of people who have written about public participation. Lots of good work in Canada (Lomas 1997) but you might look at: (Abelson et al. 2007; Abelson et al. 2003; Checkoway 1982)

Policy Sciences Theory: Yehezkel Dror, Hebrew University of Jerusalem

Spatial Models of Policy Making: Keith Krehbiel, Stanford University; Melvin Hinich, University of Texas at Austin, Benjamin Page, Northwestern University; Anthony Downs, Brookings Institution. There are good theories in geography...and I haven't mentioned that field—Central Place Theory (Christaller), things like that.

Collective Action Models: Mark Lichbach, University of Maryland. No comment.

Path Dependency: David Wilsford, Georgia Institute of Technology. This has picked up steam lately in applications to policy change (Rochaix and Wilsford 2005; Wilsford 1991, 1994) but it is a little more popular overseas.

To close, I ran across the following article while writing this. I include the abstract to give you a sense of how a framework has been applied to a very macro trend that touches many of our DrPH students. The article is titled: "A social explanation for the rise and fall of global health issues" and was written by Jeremy Shiffmana[1] The abstract reads:

This paper proposes an explanation concerning why some global health issues such as HIV/AIDS attract significant attention from international and national leaders, while other issues that also represent a high mortality and morbidity burden, such as pneumonia and malnutrition, remain neglected. The rise, persistence and decline of a global health issue may best be explained by the way in which its **policy community** – the network of individuals and organizations concerned with the problem – comes to understand and portray the issue and establishes institutions that can sustain this portrayal. This explanation emphasizes the power of ideas and challenges interpretations of **issue ascendance and decline** that place primary emphasis on material, objective factors such as mortality and morbidity levels and the existence of cost-effective interventions. This explanation has implications for our understanding of strategic **public health communication**. If ideas in the form of **issue portrayals** are central, strategic communication is far from a secondary public health activity: it is at the heart of what global health policy communities do.

This abstract reveals four separate frameworks upon which the analysis is built These four would fit well into a number of dissertation ideas I have reviewed over the past several years. That here exists a "policy community" is perhaps obvious, but there can be a structured way to assess that community and to describe those in and those out of the community. Issue prevalence and decline follows exactly the ideas presented by Anthony Downs in his classic that describes the "issue attention cycle" (Downs 1972). I've already included a number of frameworks that try to make public health communications "special" and analyzable and the notion of "issue portrayals" fits nicely into the frameworks that are constructed around issue framing (Lakoff 2002; Stone 1997).

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