

Drafting Outline for the Case Study¹

The outline proposed below serves as a guide for the drafting of the case studies. The information presented in the case should follow the following structure: presentation of the case; description of the actors, their vision (s) of the problem and their solution (s); outcome of the problem; discussion. Note that not all of the elements are necessarily uniformly applicable to all cases. Depending on the case, the emphasis may be placed on some elements more than on others.

		Case Title	
		PRESENTATION OF THE CASE	
DESCRIPTIVE DATA	➤ Context	Briefly describe the problem addressed by the policy under consideration. <ul style="list-style-type: none"> • What policy will the case study be focusing on? • What problem or demand is at the core of this policy or future policy? 	
	➤ Period covered by the study	Specify the start and end dates of the case study, identifying the key event or decision related to it.	
	➤ Characteristics of the field under study or relating to the problem	<ul style="list-style-type: none"> • Briefly state the current status (factual or statistical data on the field of study); • Core socio-cultural values (e.g. with respect to population groups or policy practices); • Constitutional structures and division of jurisdiction between, for example, federal, provincial and municipal jurisdictions. 	
	➤ Stage(s) of the policy concerned and the problem situation	<ul style="list-style-type: none"> • Emergence; • Agenda-setting; • Formulation; • Adoption; • Implementation; • Evaluation. 	The case study may focus on one or the other or some of these six steps; It is not necessary to cover all of them.
		ACTORS, VISION(S) OF THE PROBLEM, PROPOSED SOLUTIONS AND ARGUMENTATION	
ELEMENTS OF AN EXPLICIT NATURE²	➤ Position(s) of the main actors facing the problem	Who are the main actors (groups or individuals) who raised the problem: government actors, political parties, interest groups, citizens, journalists, scientists and others? <ul style="list-style-type: none"> • How do the actors define the problem (perceptions and positions)? • What are the main arguments put forward by the actors to justify their position? • Is the argumentation of the actors based on scientific knowledge, experience or other? 	

¹ This outline is an adaptation of the design used in the context of retrospective case studies conducted by the Task Force on Public Policy and Health (Groupe d'études sur les politiques publiques et la santé, GÉPPS), see Gagnon, F. Turgeon, J. Michaud, M. And C. Dallaire (2011), Annex 3.1 (p.46). G. Malboeuf and J. Leclerc collaborated to adapt and test it for this project.

² These elements should lay the foundations of the discussion, including the ethics argument.

	➤ Solution(s) put forward by the main players	Who are the main players who propose solutions? <ul style="list-style-type: none"> • What options are being considered by the main actors to solve the problem? • What are the main arguments put forward by the actors to justify their solution? (Promotion of particular interests?) • Is the argumentation of the actors based on scientific knowledge, experience (here or elsewhere) or other?
	➤ Determinants of health	What are the determinants of health explicitly mentioned by the various actors, in relation to the problem, the solutions or the policy?
	➤ Expertise and use of knowledge	What is the main expertise involved in the case under study: public health, environment, economy, urban planning, and transport? <ul style="list-style-type: none"> • Is knowledge leveraged?
	➤ Values and stakes explicitly put forward by the actors	Identify the values and issues explicitly put forward by the actors. <ul style="list-style-type: none"> • Economic, financial, environmental, ministerial, population health, and others.
	DENOUEMENT	Adoption, non-adoption, status quo, deviation from what was originally planned, etc.
	DISCUSSION	Questions to consider
ELEMENTS OF AN IMPLICIT NATURE		<p>What is the "nature" of the problem?</p> <ul style="list-style-type: none"> • Simple (consensus and availability of easily applicable technical solutions); Complicated (divergences, multiple solutions, but applicable and complementary); Complex (controversy, scientific and social uncertainty). <p>What are the explanatory factors (external events)?</p> <ul style="list-style-type: none"> • Are there external factors or events that may have affected policy-making? Changes in socio-economic conditions, in government; decisions or impacts of other areas of intervention; public opinion; media coverage? <p>What are the gains or losses, based on the initial demands and ideals, and on population health?</p> <p>Are there conflicts of interest between actors or groups of actors; Organizations; Government departments; Regions; Institutions, other?</p> <p>What are the ethical issues?³</p> <ul style="list-style-type: none"> • Respect for the autonomy of individuals, groups; Respect for privacy; Free and informed consent; Respect for fundamental rights; Charity (acting in the public interest), health equity (equitable allocation of resources, equal treatment), transparency (of information), and so on. <p>What are the expected effects of the policy on:</p> <ul style="list-style-type: none"> • Allocation of resources; the populations concerned; Inequalities, etc. <p>What are the lessons to be learned for public health actors and for the health of populations?</p>

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³ Document for consultation : Institut national de santé publique du Québec (INSPQ). (2015). *Référentiel de valeurs pour soutenir l'analyse éthique des actions en santé publique*. Québec, Montréal.