Understanding Public Policy Agenda Setting Using the 4 *P's* Model: Power, Perception, Potency and Proximity

This briefing note belongs to a series on the various models used in political science to represent public policy development processes. Note that the purpose of these briefing notes is not to refine an existing model. Our purpose is rather to suggest how each of these models constitutes a useful interpretive lens that can guide reflection and action leading to the production of healthy public policies.

Introduction

In addition to the news or to unforeseen events that may arise daily, policy makers have to grapple with a multiplicity of evolving demands coming from numerous actors on all sides. These unfolding events and ongoing demands all compete for their attention and struggle to get placed on the government agenda. However, given a context of limited resources (cognitive, financial, temporal, etc.), choices have to be made. In the field of public policy analysis, the term "agenda setting,"[1] denotes this initial stage during which a "list" is formed of various subjects that decision makers, such as elected officials and senior public servants, intend to examine. The (sometimes unconscious) selection of these subjects is fundamental, because a subject that is absent from the "list" is a subject about which decisions cannot be made. In brief, the study of agenda setting concerns the ranking of government priorities. It enables understanding of why, given competition between social issues of concern, some elicit a more or less immediate political response.

Inversely, the political science literature on agenda setting also allows us to understand why certain issues or problems are ignored, and tend to fall under the radar.

This briefing note presents the conceptual model based on the 4 *P's* (*power*, *perception*, *potency* and *proximity*) proposed by Zahariadis (2016) to elucidate the agenda-setting process.[2] First, in an overview of the theoretical literature, we present certain facets of political reality to contextualize political decision-making. Next, the 4 *P's* are presented to spark reflection among public health actors (practitioners, professionals and managers working in public or community health organizations) interested in developing their ability to get certain issues relevant to public health placed on the agenda.

Facets of political reality

In an ideal and perfectly rational world, all potential policy options for addressing a social problem would be considered based on the best available evidence, and then those options that maximize social well-being would prevail. However, the reality is quite different. In another briefing note produced by the National Collaborating Centre for Healthy Public Policy, Cairney discusses the notion of bounded rationality as applicable to policy making: "people do not have the time, resources or cognitive capacity to consider all information, all possibilities, all policy problems, all solutions, or anticipate all the consequences of their actions" (Cairney, 2019, p. 2).

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[1] The political science literature presents the stages of public policy analysis in the following order: agenda setting, formulation, decision making (or adoption), implementation and evaluation.

[2] This model was developed by Zahariadis to provide a simple understanding of the main determinants of agenda setting identified in previous theoretical studies. The author integrates within the model four significant dimensions that appear in other reference works, notably in Kingdon's precursor model (1984). That said, the four *P's* model has several limitations. It does not, for example, provide answers to certain questions, such as why political will may be lacking. The model is also unable to predict the scope of a government's action should it decide to take up an issue, nor does it anticipate the reaction of a proposal's opponents. And, fundamentally, agenda setting always involves an element of unpredictability, as uncontrollable current events arise over which statesmen and stateswomen have no control.

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"We cannot do everything at once. To govern is to choose, no matter how difficult the choices may be" [translation]. France, Assemblée nationale. 1953. Speech given by Pierre Mendès, France, June 3.

To these limitations we can add what some have referred to as the "political realities" of government decision making. Far from being altruists motivated solely by the desire to maximize the well-being of the population, decision makers have been described by Downs (1957) as people seeking the power, prestige and salary associated with senior positions in government. Others have theorized that *credit-claiming* is an important feature of political reality. To advance their careers or simply to hold onto their positions, some in government seek credit for their "good" actions or decisions (Weaver, 1986).

This said, such classic publications about "self-interest" should not overshadow the fact that many decision makers have chosen public life or the public sector (as opposed to the private sector) to contribute to society (see e.g., Pollitt, 2016). Many people really want to make a difference, and are willing to devote time and energy to important issues.

Bearing in mind the various facets, presented in brief, that characterize political action,[3] actors who wish to influence decision making can strategically adapt their message and propose concrete solutions, with direct benefits for the population *and* for decision makers. In the following pages, we will discuss agenda setting using the 4 *P's* model, which leads toward a better understanding of the ways in which decision makers prioritize public issues.

The 4 *P's*: power, perception, potency and proximity

Figure 1 shows a schematic diagram of the 4 *P's* model that enables understanding of the factors influencing agenda setting. In order to elucidate agenda setting, we will present each of the model's dimensions, and discuss the role it plays.

Although the model was developed based on academic research, we will propose questions that public health actors can ask themselves to draw out the implications of the model for their influencing activities related to healthy public policy.

Figure 1   **Agenda setting model based on Zahariadis' 4 *P's* (2016, p. 7).**
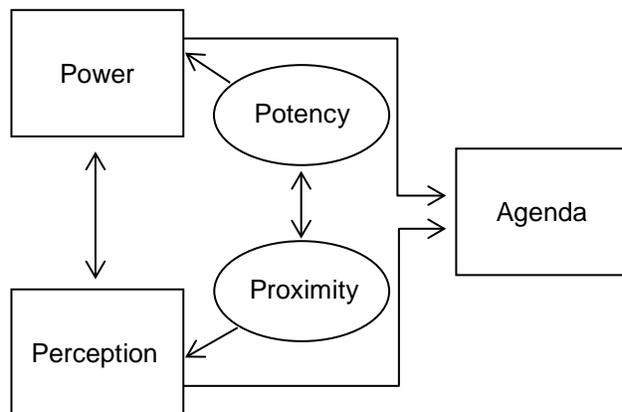
Simply put, *power* refers to the power to persuade and to elicit action; *perception*, to the representation or impressions of an issue; *potency*, to the severity or seriousness of consequences; and *proximity*, to the closeness or imminence of impacts.

POWER

Power is the first and most important of the four elements of Zahariadis' (2016) concept map on which this briefing note is based. If decision making sets the stage for conflicts between different perspectives and interests (Schattschneider, 1960), the power to persuade others to focus on or to dismiss certain issues becomes crucial (Bachrach & Baratz, 1962). A long-standing debate exists between proponents of the theory of political elitism, who argue that only the most powerful in society can influence the government's agenda, and those who adhere to a form of pluralism, arguing that even actors with less financial and social capital can achieve this (Baumgartner & Jones, 2010)[4].

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[3]   Obviously, other forces or dimensions influence political action. Although some additional dimensions are touched on within this briefing note, it will not discuss ideology or political partisanship, the weight of institutions, the dissemination of innovations or practices, and so on.

[4]   Neo or post-pluralists have finally vindicated a certain perspective derived from elitist theory by acknowledging that control of the agenda could confer power on limited segments of society, notably the corporate sector. See for example, McFarland (2007).

In any case, actors who wish to be heard by those in power have every interest in demonstrating that the causes they champion (or the people they defend) carry weight and have political impact. History is replete with examples where "appeals to social solidarity, altruism, and other noble ends have made little headway unless linked to concrete and politically weighty beneficiary groups" (Heclo, 1995, p. 89). Similarly, it is not enough for a proposal to be supported by evidence for it to be placed on the political agenda (Mayne et al., 2018).

Actors who want public authorities to address a problem must convince the population, the media, politicians, government departments or agencies, etc. They must interact with all of the latter, become visible in different settings, and remain so over a long period. Actors can exercise influence in different ways: private advocacy, mobilization campaigns, direct actions intended to disrupt, engagement in power dynamics (e.g., strike), etc. (Hassenteufel, 2010). It is certain, however, that supporters of a cause gain strength by strategically allying themselves with organizations that have a wide audience and a network of support within civil society, the business community, and government bodies (departments, agencies, etc.). A successful example is the creation of the Club des petits déjeuners du Québec in 1994, which expanded to become the Breakfast Club of Canada. Begun in a disadvantaged school in Longueuil, Québec, the program provides a nutritious meal to lower income students to give everyone an equal opportunity to learn. Fundraising campaigns and solicitation of private donations were highly successful, as the cause touched many people, including TV stars. More recently, however, the founder was successful in securing significant government funding to expand the program to hundreds of new schools in the province (see Breakfast Club of Canada, 2018). Since the mid-1990s, the organization has been building its credibility and support network in the private and community spheres, adding greatly to the weight it carries in interactions with government authorities. And it continuously pursues its advocacy efforts at the various levels of government, particularly at the federal level (see Blouin, 2019). All of these efforts have helped place the issue of child malnutrition on the government's agenda, which in turn has led to decisions concerning the allocation of public funds to the organization in question.

Examples of questions that public health actors can ask themselves to enhance their agenda-setting efforts:

- With which actors (public, private, associative, community, media, etc.) can you join forces to build support for the issue you are working to address?

- Which of the possible strategies for adding strength to your cause might you consider, given your organization's role in public health?

- How could you support allied organizations whose mandate allows them to implement strategies that complement your own?

PERCEPTION

Perception plays a critical role in decision makers' assessment of the importance of issues. Once again, noble causes are legion. Between election promises, the personal sensitivities of decision makers and headline news, the demands regarding spending of public funds are endless, whereas the latter are limited and constrained by previous government commitments. In public policy, the articulation of issues often takes the form of an association between "problems" (e.g., homelessness) and "proposed solutions" (e.g., social housing development) (Kingdon, 1984). It is within the context of this process that human perception activates (or deactivates) feelings of empathy. In other words, for a difficulty experienced by some to become a major public issue that provokes government action, empathy must be strongly activated. This empathy will depend on, among other things, how the individuals or groups in question are perceived by society; some are seen as more deserving, such as seniors or veterans, while others, conversely, are seen as responsible for their misfortune, such as inmates (Schneider & Ingram, 1993).

Zahariadis (2016) gives the example of migrants crossing the Aegean Sea to Greece. Their situation became a media phenomenon only after the publication of photos of the 3-year-old Syrian boy, Alan Kurdi, who drowned after the inflatable boat he and his family were in capsized. These emotionally charged photos showed his body lying on the beach, still nicely dressed, but inanimate.

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The photos were seen around the world and, at the same time, revealed the atrocities experienced daily by migrants who leave their country in hopes of a better life, but often under conditions that are difficult and unsafe. The evident horror and lack of human dignity shone a light on the drama of migrants in general, but especially on the crisis affecting the Syrian people at that time. The tragedy experienced by this child and his family focused attention on the situation of hundreds of thousands of non-Western people, and this attention then transformed the issue into a national priority for European countries and even for Canada. Indeed, this story had an impact on the 2015 federal election (Austen, 2015), primarily because it became known that the Kurdi family was ultimately seeking to settle in Canada. In short, the sad fate of little Alan put a human face on the drama of the migrants, by means of a simple but convincing story.

Examples of questions that public health actors can ask themselves to enhance their agenda-setting efforts:

▪ How do you put a "face" on the issue you are working to address, how do you humanize it?

▪ What types of formulations or presentations could elicit an empathetic or emotional response to the issue in question?

POTENCY

Potency concerns the severity of the consequences of an issue. The rule is simple: the greater the severity, the higher up the issue on the government's agenda. The danger or tragedy associated with the status quo, must be demonstrated and proven, to incite the government to act and thus avoid the worst. Some authors advocate the use of attention-grabbing numbers (Mayne et al., 2018). To take the previously cited example, the founder of the Breakfast Club stresses the fact that "more than one child in four goes to school on an empty stomach and one child in two does so in Indigenous communities," while hastening to describe these statistics as "unimaginable" [translation] (TVA Nouvelles, 2020). In general, issues that directly affect human health are given more attention. With respect to the prioritization of social problems, decision makers (and their fellow citizens) will be more readily mobilized when the problems involve

illness or even death, death being, unsurprisingly, the ultimate level on the scale of severity.

For example, Athena Gervais, a 14-year-old Québec girl, died as a result of heavy consumption of sweet alcoholic beverages. In February 2018, she swallowed the contents of several cans at lunchtime and then left her high school's grounds. She was found dead in a nearby stream, "by drowning with a possible hypothermic component, accompanied by excessive consumption of a sugary drink with a high alcohol content," concluded the coroner [translation] (Radio-Canada, 2019). Data was released shortly afterwards showing how popular the consumption of such beverages was among youth, which alarmed many parents and put the issue on the agenda. As Le Devoir reported, "two weeks after the tragedy, the Québec government announced the withdrawal of sweetened beverages with a high alcohol content from store shelves" [translation] (Caillou, 2018). The Québec manufacturer of the beverage even announced the cessation of production. Health Canada also took up the matter and conducted a broad consultation to determine what preventive measures should be implemented.

Examples of questions that public health actors can ask themselves to enhance their agenda-setting efforts:

▪ What consequences stemming from the problem you wish to put on the agenda are most likely to be considered alarming by decision makers?

▪ Is it possible, without distorting the evidence, to highlight a particularly dramatic facet of the problem that would garner more attention?

PROXIMITY

The proximity of issues is important to agenda setting, as citizens are much more inclined to focus on issues that have a direct impact (geographically and temporally) on their own lives. The feeling that action must be taken at once to alter the situation is amplified by proximity. The anticipated impacts on the lives of citizens, for example, on their health, safety, economic prosperity, etc., will attract a great deal of attention. The most striking example of this is the COVID-19 pandemic. When it erupted in Wuhan, China, at the end of 2019, the situation did not make headlines in Canada's daily news media.

The problem was perceived as distant, vague and complex. When cases began to appear outside of China, including the first ones on Canadian soil, the danger was no longer seen to be on our doorstep, it was now inside the house. The risk was imminent, given the speed of propagation, the devastation already observed in Europe, etc. This issue then became the highest federal, provincial and municipal priority for months on end, and the focus of a collective effort that spanned the usual political divides.

Examples of questions that public health actors can ask themselves to enhance their agenda-setting efforts:

- Is it possible to present the problem as "imminent"?
- How can you demonstrate that, if nothing is done to address the problem, the consequences are imminent?

Synthesis of the interactions between the 4 *P's*: the case of Indigenous housing

It is important to note that **potency and proximity have indirect effects on agenda setting because they are filtered through power and perception** (Zahariadis, 2016). Let us refer to the issue of Indigenous housing in Canada for a final illustration of the conceptual model. Despite various media reports and the two reports published by the Senate (Canada, Senate, 2017 & 2015) on the housing conditions of Indigenous people on reserves and in urban settings, it must be admitted that the issue is not high on the agenda of any level of government (see e.g., Abastado, 2020). The four *P's* are very useful in understanding why the issue has low salience, despite the alarming facts.

While there is clear evidence of housing needs and deficiencies (e.g., over-representation in the homeless population, poor housing quality, sanitation problems and, in some cases, problems accessing clean water), the *potency* or severity of the issue is not receiving the attention it deserves (Belanger, 2016). One possible explanation for this could be the relatively weak *proximity* to their Indigenous fellow citizens felt by many Canadians.

The issue is viewed as a problem affecting a minority, who are poor and sometimes located in areas extremely far from major centres (e.g., among the Inuit). Even more fundamentally, Indigenous peoples form ethno-cultural groups that are distinct from the rest of Canadian society. In other words, the Indigenous housing issue is not one with which the Canadian middle class, of English or French Canadian origin, mainly Caucasian and living in cities in southern Canada, identifies itself and for which it shows great concern, which is unfortunately reflected in the agendas of the various levels of government. The problem persists in part because indigenous organizations have limited *power*. They do not have enough strong allies to either persuade or compel governments to adopt the measures they want taken, considering that doing so would entail significant additional expenditure. The *perception* of Indigenous people in Canadian society also works against those mainly concerned. In addition to the above-mentioned factors relating to weakness of *proximity*, certain perceptions based on many prejudices and negative references also explain the limited interest in Indigenous issues; thus Indigenous people are not always perceived to be deserving of more support from Ottawa, the provinces, municipalities, etc. (see e.g., Flanagan, 2008).

Using the diagram of the 4 *P's* model presented above, it is possible to depict the Indigenous housing issue. We can thus identify the "weaker" dimensions (marked by one or more negative signs) on which public health actors could focus their efforts, to help put this issue on the agenda. Figure 2 schematically represents such an analysis.

Figure 2   **Schematic analysis of the Indigenous housing issue using Zahariadis' 4 *P's* model (2016, p. 7)**
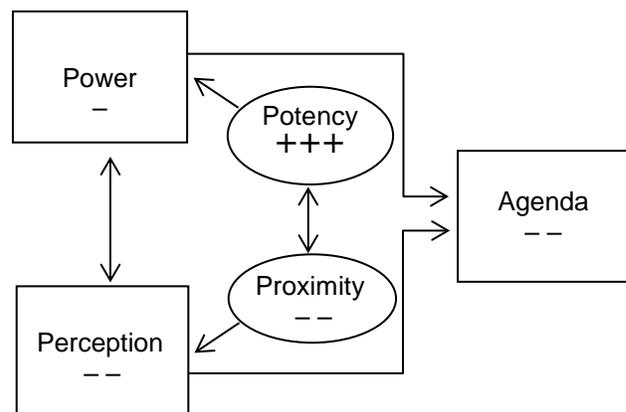
Examples of questions that public health actors can ask themselves to enhance their agenda-setting efforts:

- Using the diagram presenting the 4 *P's* model, how would you assess the power of the organizations that support the issue you are working to address, the perception of that issue, the presentation of its potency or severity, and its proximity?

- Which are the weak points where additional effort should be focused?

Conclusion: implications for public health actors

How does agenda setting work? How can public health actors influence it? First of all, it should be recalled that because the government agenda is often unpredictable and subject to the flux of current events, controlling it is not an easy thing, even for actors with significant resources. That said, the review of the literature conducted in the context of writing this briefing note points toward a few courses of action, all aimed at strengthening the four *P's* when attempting to position an issue among the government's top priorities. By way of conclusion, we will attempt to draw from the model some concrete implications that will complement the questions for reflection proposed throughout the document for public health actors wishing to enhance their ability to put relevant public health issues on the agenda.

1. To increase *power*, public health actors can explore opportunities to collaborate with other organizations that share their ambitions for change, drawing on the "strength in numbers." This could include private, public, associative and community organizations, as well as journalists and media personalities who sometimes sponsor causes close to their hearts.

2. To improve the *perception* of an issue, public health actors can take care to frame it in a clear and persuasive manner, to show that the beneficiaries of the proposed solution deserve public attention and assistance. The goal is to evoke the empathy and enthusiasm that will motivate decision makers to act on this issue, as opposed to another.

3. To increase the *potency* of the issue, it is relevant to demonstrate its severity, preferably with data that is simple and easy to remember, and that demonstrates the urgent need for action.

4. To increase *proximity* to the issue, it may be useful to demonstrate that the status quo and the proposed interventions will have a concrete impact on many people within communities.

These courses of action aimed at helping get an issue on the agenda require public health managers and professionals to possess "political intelligence" (Mayne et al., 2018), which allows them to understand their political context and how to function within it. In order to do so, it is always useful to get to know elected officials and senior public servants, to identify their personal objectives and values, as well as the various kinds of constraints they face. As the latter are very selective about the issues they choose to champion, public health actors should, whenever possible, lay out the details of their proposals in a way that allows political-administrative elites to report quantifiably on how they have greatly improved the daily lives of many people or literally saved lives, all while respecting budgetary constraints.

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