

## Political Structures:

When working towards a health policy, it's important to be knowledgeable of the political structure of the jurisdiction you are working in. Many of the most successful health policies were made possible through garnering the support of key legislators and political leaders. Knowing the organizational structure of the government would be beneficial when:

- figuring out the key person or people to approach first
- deciding the order of activities that need to take place and in
- identifying the government divisions or sectors that will be affected by the proposed policy as well as the division managers or directors that should be considered and involved.

Each of the USAPIs has their own governmental structures. Some may include traditional chiefs in the formal structure of their governance, while others may not—although traditional leadership may still be in effect at the local community level. The USAPI have different relations to the United States that affect their political structure and political climate: Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands are classified as U.S. territories, while Palau, Federated States of Micronesia and Republic of the Marshall Islands are classified as freely-associated states.

### USAPI Political Structures

- **Presidential:** a system of government in which the powers of the president are constitutionally separate from those of the legislature.
- **Hybrid:** semi-presidential/semi-parliamentary regimes; also known as *dual executives*; a mix of a popularly elected and powerful presidency with a prime minister heading a cabinet (Duverger, 1980)
- **Bicameral:** having two branches, chambers, or houses, as a legislative body (i.e. a Legislative branch with a Senate and a House of Representatives)
- **Unicameral:** consisting of a single chamber, as a legislative assembly (i.e. Legislative branch composed with only Senators)

Country	Form of Government	Legislative Branch
American Samoa	Presidential	Bicameral
CNMI	Presidential	Bicameral
FSM	Presidential	Unicameral
Guam	Presidential	Unicameral
Marshall Islands	Hybrid	Unicameral
Palau	Presidential	Bicameral

Figure 1. USAPI Political Structures.<sup>i</sup>

[Read more on the Regime Types of the Pacific Island Polities<sup>ii</sup>](#)

[Read more on Semi-Presidential Systems: Dual Executives and Mixed Authority Patterns<sup>iii</sup>](#)

[Read more on the different organizational charts in Governments](#) and [Departments](#) in the USAPI

## Policy-Making Processes:

Each jurisdiction's processes in creating a bill or a passage of a law may vary to some degree. Some jurisdictions have a unicameral or a bicameral form of legislature, while some jurisdictions may require a stricter incorporation of the Traditional Chiefs' approval than others. Despite the differences, the overall steps to understanding the legislative process in health policy making remains the same. Give considerable attention to the "window of opportunity" in the policy formulation phase, which opens to the development of a legislation. The political window of opportunity is based on John Kingdon's policy approach, which means the favorable confluence of three factors: the main **problem** identified, the possible **solutions** and the **political circumstances** (including key stakeholders) in the jurisdiction.<sup>iv</sup> When the political window of opportunity appears, it can lead to successful policy development.

In 2004, the WHO published a checklist of suggested activities when learning about the legislative processes in the USAPI.

### WHO's Suggested Activities in Understanding the Legislative Process:

- Compile a short history of your country's legislative process, including key dates when changes such as Independence or obtaining legislative sovereignty occurred.
- Determine the sources of law in your country.
  - Statutory law and decisions (common law system)
  - Code of law (civil law system)
  - Combination system
- Obtain a copy of any Constitution/Bill of Rights.
- Analyze constitutional documents with respect to:
  - Legislative structure requirements
  - Legislative process requirements
  - Rights that are protected
- Has your country become a signatory or ratified any part of the International Bill on Human Rights?
  - ICCPR?      Date
  - ICESCR?     Date
  - UDHR?      Date
- Has your country ratified, confirmed, accepted, approved or acceded to Framework Convention on Tobacco Control (FCTC)?
- Note any declarations or resolutions upon signing or ratification.
- Compile a hierarchy of legislation for your country making reference to the forms of legislation that may be created at each level.
- Explain the formulation stage of each form of legislation.
- Explain the enactment stage of each form of legislation.
- Obtain or prepare a legislative drafting style guide.
- Will translation and verification of draft legislation be required?
- Prepare proposed timetable for enactment.
- Collect all health and health related legislation.
- Obtain proposals and, if possible, drafts for all proposed primary and subordinate health or health related legislation.
- Read and review all legislation noting any provisions that might need to be amended or repealed by new legislation.
- Obtain or prepare a policy document for the legislation that is to be drafted. Include:
  - An explanation of why regulation of this area by legislation is necessary
  - The purpose of the legislation
  - Any matters of policy that have already been decided
  - Known restrictions that will impact on effective implementation
- Assess the appropriate level of new legislation.


Figure 2. WHO's Suggested Activities in Understanding the Legislative Process.

[Read more on WHO's Enhancing Health Policy Development: A Practical Guide to Understanding the Legislative Process<sup>v</sup>](#)

Note: The 3 documents below comprise the International Bill on Human Rights. It remains open for signatures and ratification and any country that signs or ratifies is obliged to incorporate its protections into the country's domestic law.

- ICCPR=International Covenant on Civil and Political Rights
- ICESCR=The International Covenant in Economic, Social and Cultural Rights
- UDHR=The Universal Declaration of Human Rights

 Read more on [WHO Policy Implementation Steps: Combating NCD Leadership agenda<sup>vi</sup>](#)

 Read more on [The Community Guide to Policy Development<sup>vii</sup>](#)

## How to Make a Policy Happen

🔗 More on [How to Make a Policy Happen](#)<sup>viii</sup>

🔗 More on [Changing Policies: An Overview](#)<sup>x</sup>

### 1. Identify a specific need. Be able to answer the following questions:

- Why should this be done? (Data drives the process)
- Who will help you get this moving?
- Have you done your homework?
  - Who will this policy affect?
  - Who are the potential adversaries?
  - What are the possible counter arguments they will have?
  - Decide how you will respond to their counter arguments. Evidence (data) is hard to fight!

### 2. Gather support.

- Educate the public on the issue through a variety of sources over a period of time.
- Frame the issue in terms of why it is needed and what is at stake if we don't make change.

### 3. Approach a policy maker.

- City, county, state, national
  - Workplace, storeowner, school board, etc.
  - Provide them with data and rationale
- Be clear, specific focused and concise
- Make their job easy

### 4. Continue raising public awareness.

- Editorials
- Advertisements
- Guerrilla tactics involving a diversity of community publications

### 5. Stay in contact with the sponsoring policy maker.

- Ask what you can do to help
- Be prepared to address questions and concerns
- Provide data, new information, strategies, etc.

### 6. Attend meetings where the policy is introduced and discussed (if applicable).

- Be prepared to clearly identify:
  - Why there is a need?
  - What will happen once the policy is in place?
  - What will happen if it does not go into place?

### 7. If the policy is enacted:

- Thank the supporters
- Thank the policy maker publicly
- Monitor the enforcement of the policy

#### If policy is not enacted:

- Thank the policy maker for their support
- Review your process. Ask yourselves:
  - Why did it fail? What can we do differently next time?

### Why focus on laws and policies?

Public Health practitioners have a unique responsibility to facilitate in improving the public’s health in many forms, such as advocating for effective health policies. As stated by Finland’s Ministry of Social Affairs and Health, “alignment of problems, policies and politics allows health to come through” (2013).<sup>x</sup> Below are tables produced by CDC explaining the role of law in the prevention of chronic diseases.

[More on Law as Tool for Preventing Chronic Diseases: Expanding the Spectrum of Effective Public Health Strategies](#)

*CDC: “Law, which is a fundamental element of effective health policy and practice, played a crucial role in many of public health’s greatest achievements of the 20<sup>th</sup> century. In an effort to expand the range of effective public health interventions, the Center for Disease Control and Prevention will work with its partners to explore the development of systemic legal frameworks as a tool for preventing chronic diseases and addressing the growing epidemic of obesity, heart disease, stroke, and other chronic diseases and their risk factors” (2004).*

### The Non-linear Framework for Policy-making

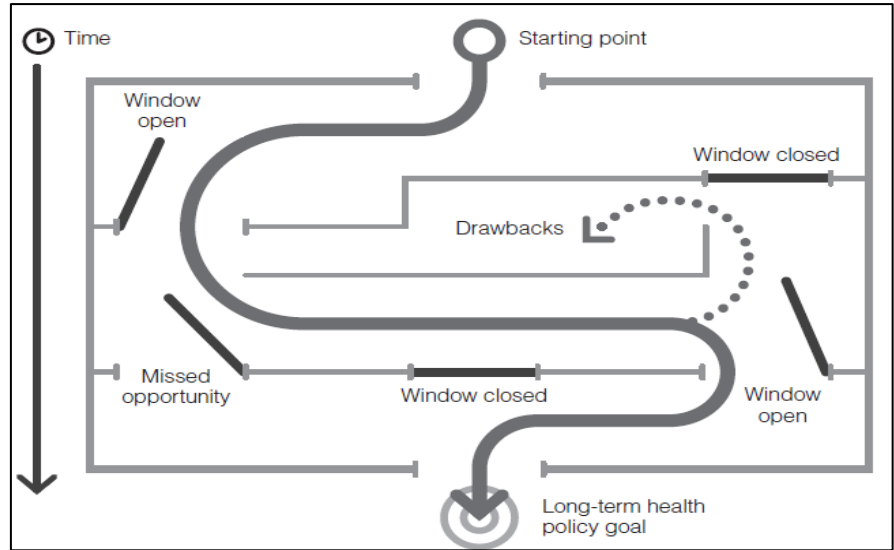


Figure 3. Leppo K, et al. Health in All Policies, 2013.<sup>xi</sup>

### Core Elements of Public Health Legal Preparedness

*(measures of readiness of the Public Health agency for policy-related undertakings)*

Core Element	Selected Examples
Essential legal authorities	<ul style="list-style-type: none"> <li>Authorization for disease reporting</li> <li>Intervention such as quarantine and smoking restrictions</li> <li>Health worker licensure and liability protection</li> </ul>
Competency of public health professionals to apply those laws	<ul style="list-style-type: none"> <li>Technical assistance to health departments</li> <li>Training and certification</li> </ul>
Information on public health law best practices	<ul style="list-style-type: none"> <li>Inventory of state and local public health laws and ordinances</li> </ul>
Coordination across jurisdictions and disciplines	<ul style="list-style-type: none"> <li>Partner disciplines such as law enforcement and emergency medical services</li> <li>Federal and state jurisdiction</li> <li>Private bar</li> </ul>

Figure 4. Core Elements of Public Health Preparedness<sup>xii</sup>

### Selected Laws for the Prevention of Chronic Diseases and Injuries\*

Law	Public Health	Effectiveness**	How it Works
<b>CDC examples:***</b>			
Smoking bans or restrictions	Exposure to environmental tobacco smoke	Strong evidence	Requires behavioral change to change the environment
Tobacco excise taxes	Tobacco initiation and use	Strong evidence	Incurs a financial disincentive to invoke behavior change
Required coverage of cessation service costs	Tobacco use	Sufficient evidence	Requires organizational change that promotes behavioral change
Zoning and land use requirements	Physical inactivity	Review in progress	Requires environmental change to facilitate behavioral change
Child safety seat use laws	Unintentional injuries in children	Strong evidence	Directly requires behavioral change
Blood alcohol concentration limit of 0.08% for operators of motor vehicles	Unintentional injuries of older children, adolescents, and adults	Strong evidence	Primarily provides powerful psychological deterrent to invoke behavioral change; also provides disincentive to invoke behavioral change through fines and other penalties
Sobriety checkpoints for motor vehicles operators	Unintentional injuries of older children, adolescents, and adults	Strong evidence	Provides psychological deterrent to invoke behavioral change
Food fortification	Nutritional deficiencies	Strong evidence	Directly changes the physical environment requiring no action on the part of the target population
<b>USAPI examples:</b>			
Guam's Governor: Executive Order for Worksite Wellness	Physical inactivity	****	Requires organizational change that promotes behavioral change
Guam's Community Gardens Program	Nutritional deficiencies	****	Requires environmental change to facilitate behavioral change
Kosrae's CCC's Healthy Food Policy for meetings	Nutritional deficiencies	****	Requires organizational change that promotes behavioral change
<b>Your Jurisdiction's examples:</b> (Fill in the boxes based on health policies in your jurisdiction).			

Figure 5. Selected Laws for the Prevention of Chronic Diseases and Injuries<sup>xiii</sup>

\* Laws used to denote restrictions, bans, regulations, ordinances or public policies as well as legislation

\*\* As determined and defined in the Guide to Community Preventive Services (10) or, in the case of food fortification, by Honein et al (20).

\*\*\* Evidence of health policies in the USAPI is currently unavailable. Health policy examples were provided by the Pacific Regional CCC Coords.

### Additional recommended readings:

- 📖 [Advocating for Better Policies](#) (The Praxis Project)
  - Pgs. 5-7: Common Stages in the Development of a Policy Initiative, from “testing the waters” to enforcement
  - Pg. 9: Tips on how to contact public officials
  - Pgs. 18-19: Template for assessing community resources
- 📖 [Creating Windows of Opportunity for Policy Change](#) (WHO, 2006)
  - An article that illustrates the policy process and how to work strategically to translate knowledge into policy actions. The article includes multiple activities such as agenda-setting, coalition building, and policy learning, which together can create a window of opportunity for policy change.
- 📖 [Enhancing Health Policy Development: A Practical Guide to Understanding the Legislative Process](#) (by WHO-WPR, 2004)
  - Pgs. 1-28: A guide produced by WHO to provide a legislative resource that will be available to all Ministries of Health concerned with the development and implementation of health policies
- 📖 [Performance Measurement for Public Health Policy](#) (by APHA, 2012)
  - Pgs. 1-18: A framework on conceptualizing goals and activities of the policy work in a health department; consists of tables with examples of activities that a health department might engage in and sample performance measures
- 📖 [Public Health Law in the Pacific: A Reviewers Companion](#) (by Genevieve Howse, 2012)
  - Pgs. 10: Lists resources for Pacific-based reviewers of public health legislation
  - Pgs. 13-27: Stages of a Legislative Review
  - Pgs. 33-35: Setting a time-table and knowing the Parliamentary Cycle
  - Pgs. 55: Elements of a Public Health Law for the Pacific
  - Pgs. 149-169: Module makes provision for the management of emergencies and attempts to link with other emergency management legislation presently operating in the country.
- 📖 [Toolkit for Progressive Policy Makers in Developing Countries](#) (by Overseas Development Institute, 2006)
  - Pgs. 1-5: Importance and issues of evidence-based policies; Identifies lessons and approaches from Evidence-Based Policy (EBP) in the UK which may be valuable for developing countries. The approaches and tools presented are based on the assumption that the reader is a progressive policymaker in a developing country, and one who is interested in utilizing EBP.
  - Pgs. 12: Impact Assessment and Guidance Checklist for Policymakers; Explains why policy decisions need to be informed by taking account of key issues and the needs of different groups, in order to deliver a fairer, more inclusive and more competitive society. The Prime Minister’s Strategy Unit has compiled a web-based checklist that helps policymakers identify these issues and highlights available tools to help policymakers provide effective advice to ministers.

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<sup>i</sup> Levin, Stephen, Roberts, Nigel. “The Constitutional Structures and Electoral Systems of Pacific Island States.” *Commonwealth and Comparative Politics*, Vol. 43.3 (2005): 276-295. Web. 22 Nov 2013.

<sup>ii</sup> Levin, Stephen, Roberts, Nigel. “The Constitutional Structures and Electoral Systems of Pacific Island States.” *Commonwealth and Comparative Politics*, Vol. 43.3 (2005): 276-295. Web. 22 Nov 2013.

<sup>iii</sup> Shugart, Matthew. “Semi-Presidential Systems: Dual Executive and Mixed Authority Patterns.” *French Politics*, 3 (2005): 323-351. Web. 22 Nov 2013.

<sup>iv</sup> Kingdon JW. *Agendas, alternatives, and public policies*. University of Michigan, 1984. Web. 22 Nov 2013.

<sup>v</sup> World Health Organization Regional Office of the Western Pacific. “Health Policy Development: A Practical Guide to Understanding the Legislative Process.” WHO, 2004. Web. 22 Nov 2013.

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- <sup>vi</sup> World Health Organization. *Combating Noncommunicable Diseases Leadership Agenda for Action*. WHO, 2013. Web. 22 Nov 2013.
- <sup>vii</sup> Guide to Community Preventive Services. *Policy Development*. The Community Guide, 17 Feb 2013. Web. 22 Nov 2013.
- <sup>viii</sup> Georgia Department of Public Health. *How to Make a Policy Happen*. DPH, n.d. Web. 15 Aug 2013.
- <sup>ix</sup> Community Toolbox. *Cultural Competence in a Multicultural World*. University of Kansas Work Group for Community Health and Development, 2013. Web. 1 Aug 2013.
- <sup>x</sup> Leppo K, et al. Health in All Policies, Ministry of Social Affairs and Health, Finland, 1.3 (2013): 15-17. Web. 22 Nov 2013.
- <sup>xi</sup> Leppo K, et al. Health in All Policies, Ministry of Social Affairs and Health, Finland, 1.3 (2013): 15-17. Web. 22 Nov 2013.
- <sup>xii</sup> Mensah, George, et al. "Law as a Tool for Preventing Chronic Diseases: Expanding the Spectrum of Effective Public Health Strategies." *Centers for Disease Control and Prevention*, 1.1 (2004): 1-8. Web. 26 July 2013.
- <sup>xiii</sup> Mensah, George, et al. "Law as a Tool for Preventing Chronic Diseases: Expanding the Spectrum of Effective Public Health Strategies." *Centers for Disease Control and Prevention*, 1.1 (2004): 1-8. Web. 26 July 2013.