# The Construction of EU Policy Agendas in Comparative Perspective

# Agenda dynamics in EU and US health and environmental policies

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#### Abstract

Since 'organization is the mobilization of bias', as Schattschneider famously put it, we may expect policy agendas to be affected by the institutional set-up of political systems. Comparisons between different political systems may tell us more about how institutional frameworks affect agenda dynamics. In this paper, I will compare policy agendas in the fields of health and environmental policy in the EU and the US over the past 30 years, using Baumgartner and Jones' policy agendas coding scheme. The institutional frameworks governing policymaking processes in these two political systems are quite different, arguably leading to different agenda dynamics in terms of actors and decision-making processes. In the field of health policy, this indeed leads to widely differing agenda outcomes. In the field of environmental policy, however, the EU and the US show striking similarities in terms of the types of issues that have topped the agenda in the past three decades. This suggests that, under certain conditions, different institutional frameworks and agenda dynamics may lead to similar agenda outcomes.

# 1. Introduction<sup>1</sup>

A central tenet of most contemporary policy theories is that institutions have a profound impact on the process and outcomes of policy-making. Institutions set the stage upon which political actors become active and in doing so they facilitate some strategies while constraining others. As a result, political systems with different institutional set-ups will facilitate different types of strategies, actors and, in the end, produce different policies.

The importance of institutions is apparent in every stage of the policy process, including the very first stage: agenda-setting. Agenda-setting concerns the political struggle over attention for issues. In agenda-setting processes, political actors try to attract attention to certain issues (in other words: try to get some issues 'on the agenda') and/or divert attraction away from others (get them 'off the agenda'). This is a crucial process, since attention for an issue is a prerequisite for subsequent policy-making and, vice versa, low attention is a virtual guarantee that the status quo will be maintained. Moreover, agenda setting processes determine the terms in which an issue will be discussed, which has a crucial impact on the further policy-making process (Rochefort and Cobb 1994).

The importance of institutional factors is well-documented in the literature on agenda-setting (cf. Baumgartner and Jones 1993; Schattschneider 1960). It is easier for some issues to come onto the agenda than for others, and the likelihood of agenda success is crucially mediated by institutional factors, an argument that will be further elaborated below. Since the EU's institutional structure is markedly different than that of any national state, we may therefore expect the EU's policy agendas to be different from those in national states as well.

Given the potential importance of the EU's institutional frameworks for agenda-setting, an important question is to what extent this is actually reflected in the content of the EU's policy agenda. This paper will address this question by looking at the EU agenda in two policy areas over the past thirty years: environmental policy and health policy. Agendas in themselves do not tell us much about a political system, so I

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will compare the policy agendas in the EU with those in the United States (US). The content and development of policy agendas will be measured by applying an identical coding scheme, based on Frank Baumgartner and Bryan Jones' policy agendas project, to both EU and US documents. This comparison allows us to assess the extent to which policy outcomes in the EU are indeed different from those in another political system, and to put forward some tentative hypotheses about what explains differences and similarities.

This paper is structured as follows. Next, in section 2, I will discuss more extensively why and how institutional structures have an impact on agenda-setting. Then, in section 3, I will outline the most important institutional characteristics of the EU and the implications they should theoretically have for the content of the EU's policy agendas. Section 4 discusses the methodological background of my analysis: both the choice for the US as a comparison and the coding scheme used to compare the two systems. Section 5 presents the data for health and environmental policies in both political systems and highlights where the two systems differ but also where they are remarkably similar. Finally, in section 6, I will draw out some implications from this analysis and suggest a number of hypotheses about policy-making in the EU that may explain the outcomes found in section 5.

# 2. Agenda-setting and institutional structure

The background to studies of agenda-setting is the observation that some issues receive more attention than others. This is significant because attention is a precondition for subsequent policy activity. Only when an issue receives attention may it be subjected to decision-making and policy change. Vice versa, when an issue does not receive (much) attention, the status quo will be maintained.

As a result, getting issues on or, rather, off the agenda is of the utmost importance to political actors. If you want policy change, you need to draw attention to an issue while, if you want to defend the status quo, the best strategy is to prevent attention from being focused on that issue in the first place (Bachrach and Baratz 1962). The activities of political actors are therefore crucial in agenda-setting processes and the agenda at any given point in time can be seen as the outcome of the struggle between those actors (Green-Pedersen 2007).

In analyzing the struggle between prospective agenda-setters, existing theories accord a central place to processes of problem definition or issue 'framing'. What is crucial in agenda-setting processes is in what terms an issue is defined. The reason for this is that the dividing line between supporters and opponents of taking up an issue is determined by the way in which an issue is conceived of (cf. Baumgartner and Jones 1993: 25ff.; Kingdon 1995: 109ff.; Rochefort and Cobb 1994).

This may be clarified with an example from recent (and current) US policy. Supporters of extended powers for law enforcement authorities to monitor suspect individuals have defended those measures on the grounds that such an extension is necessary to prevent terrorist activities and defend American citizens. Opponents, by contrast, have stressed the threats to personal privacy arising out of an extension of powers. What each side in the debate is trying to do, is to define the same issue (the extension of certain law enforcement powers) in different terms. Proponents define it as an issue of national security, while opponents define it in terms of personal privacy. Both are values most Americans care about (often simultaneously) and are therefore likely to appeal to a wide range of people. Depending on which definition prevails, the impact on the agenda will be very different, however: the extension will be placed on the agenda when it is defined in terms of national security, and it will slide off the agenda if it is defined in terms of personal privacy. Much of the political struggle around policy agendas is therefore not so much about the relative merits of action and inaction but about which dimensions of the issue are emphasized (Jones and Baumgartner 2005).

How, then, do institutional frameworks come in? After all, the discussion above stresses framing and strategy by political actors. The reason why institutional frameworks are important is that they mediate the activities of political actors, because they are more receptive to some issues and arguments than to others. This is so because institutional rules determine the tasks, remit and the composition of decision-making bodies.

To take another example, if environmental groups want to convince decision-makers of banning an industrial substance they say is dangerous, environmental agencies or ministries are more likely to be receptive to their arguments than agencies or ministries that are entrusted with economic development. The reason is that, first of all, environmental agencies have an institutional *task* to look after environmental quality. Hence, they will be interested in issues that are potentially relevant to that

task. Economic development agencies, by contrast, have as their task to promote economic activity. A ban on a certain industrial substances is likely to have a negative impact on such activity or will at best be neutral to it; in either case, it does not tie in well with what they are supposed to be doing.

Moreover, environmental agencies have the *authority* to deal with these kinds of issues. Even if an economic development agency were to find merit in the arguments of the environmental groups, it would make little sense for it to take up that issue. After all, it is not well placed to deal with that particular type of issue.

Finally, the *composition* of environmental agencies is likely to be different than that of economic development agencies. Environmental agencies will harbour more people who know about environmental issues and, importantly, who care about them. Economic development agencies, by contrast, will be composed of people who are knowledgeable about economic issues and care about those issues. As a result, they will be less inclined to take up an environmental quality issue (unless, of course, the environmental groups succeed in convincing them that stricter environmental policies would actually be good for innovation and economic development – but this argument is often difficult to make).

What is true of agencies in the example above, is also true of committees in Congress or the European Parliament, which tend to have a specific remit and tend to be filled with people who have an (institutional, political and/or personal) stake in advancing the particular issues entrusted to their committee. It is also true of Directorate Generals in the European Commission, which all have their specific take on policy issues.

These various agencies, DGs and committees form what Baumgartner and Jones (1993: 31ff.) have called 'venues' for policy-making: formal decision-making arenas in a political system. Institutional frameworks are important because they define which venues are available and define for each venue (a) what specific tasks, authority and resources it has, (b) who participates in it, and (c) according to which procedures it comes to a decision. Political systems are likely to differ on these three points and therefore they are likely to differ in their relative receptiveness to issues.

This is the insight that led Elmer Schattschneider (1960: 71) to his famous dictum that 'organization is the mobilization of bias'. By organizing a political system in a certain way, some actors and issues are 'organized in' while others are 'organized out'. 'Bias' is not necessarily a pejorative term in this regard. In fact, every political

system is biased in the sense that, relative to other political systems, it is more receptive to some issues than to others.

The importance of institutional frameworks for agenda-setting is also reflected in the central role that 'political opportunity structures' play in much of the literature on social movements and political protest (Imig and Tarrow 2001; Marks and McAdam 1996; McAdam 1996). The argument here is that political systems, as a result of their formal and political make-up, are more receptive to some (types of) demands than to others and, hence, offer more scope for some types of social movement activity than to others.<sup>2</sup> The underlying point is therefore the same: the way a political system is organized matters for the type of political demands (read: issues) that system is likely to take up (cf. Princen and Kerremans 2005).

An important task for studies of agenda-setting is therefore to uncover how institutional structures affect the types of issues that are likely to be taken up. In the next section, I will take a closer look at the arguments in the literature as to what makes the EU's institutional structure different from that of other political systems.

# 3. The distinctiveness of EU policy-making

Having explained the theoretical rationale behind the link between institutional characteristics and agenda-setting, an important subsequent question is what aspects of the EU's institutional framework are likely to have an impact on its agenda. Many observers agree that the EU presents a rather unique combination of characteristics in terms of political decision-making. Andrew Jordan, for instance, writing in the introduction of his edited review of EU environmental policy, argues that EU policy-making presents 'an extremely complicated and dynamic picture [...] which does not appear to correspond to any commonly accepted model of how policy is normally made in states' (Jordan 2002: 6). If we want to understand why EU policy-making is so 'uncommon', we can do so by analyzing it in terms of the characteristics of venues that were discerned above: 'tasks, authority and resources', 'participants' and 'procedures'.

<sup>&</sup>lt;sup>2</sup> The literature on social movements normally discerns to aspects of political opportunity structures: access opportunities for social movements, and the receptiveness of decision-makers to particular demands. These aspects are not purely institutional; they also include a range of 'contingent' factors that determine the political mood of a system or of a particular time. Still, institutional factors form an important component of what is meant by 'political opportunity structure'.

In terms of tasks, authority and resources, the EU has a rather strictly circumscribed remit. It can only act on the basis of powers that have been explicitly conferred upon it in the EU Treaties. These powers include, among other things, the authority to eliminate trade barriers and to protect the environment. Yet, they also include a prohibition to adopt legislation exclusively aimed at protecting health, and the general principle of 'subsidiarity', which states that the EU can only take action if the objectives of that action cannot be achieved by the member states acting independently.

Moreover, the EU has limited financial resources. It budget runs to around 1% of European GDP, only a fraction of what member state governments each spend. About half of this budget goes to the EU's agricultural policies, leaving few resources for other policies. As a result, the EU has been characterized as a 'regulatory state', in which distributive and redistributive functions are almost absent (Majone 1996).

Finally, the EU is strong on making rules but weak on implementing them. Implementation and enforcement are normally carried out by the member states themselves and, except for a few specific areas, the EU has no 'police force' to monitor compliance on the ground.

Taking participants and procedures together, EU policy-making is characterized by the important role of the member states. The member states, gathered in the Council of Ministers, are involved in making all important decisions and through an extensive system of committees they also keep tabs on the more specific decisions made by the European Commission. Decision-making in the Council of Ministers takes place either by unanimity or by a qualified majority of votes that requires around 70% of all available votes in order to arrive at a decision. In either case, the necessary majority is considerably higher than the simple majority rules that govern most national parliaments. Thus, EU policy-making is partly a diplomatic process that involves bargaining between states.

In addition, the role of the member states implies that policy-making takes place at different levels of government at the same time. In order to understand EU policy outcomes, one has to look not only at what happens at the European level but also at what happens in the various member states, where EU policy positions are prepared. In federal member states, this may even involve a strong role for subnational governments. Hence, the EU has been characterized as a system of 'multi-level governance', involving actors at multiple and partly overlapping levels of

governments (e.g. Bache and Flinders 2004; Hooghe and Marks 2001). A concrete consequence of this is that EU policy-making is extremely complicated and that the number of veto players is potentially very high. This implies that there are many opportunities for political actors to 'plug' an issue into the policy process at some point, but that is much more difficult to build the kind of consensus that is necessary to establish a position high on the EU's agenda (Princen 2007: 33).

Complementing this multi-level and intergovernmental system is a set of EU-level institutions with specific roles in policy-making. In terms of agenda-setting, the most distinctive institution is the European Commission, which has the exclusive right to introduce proposals in most policy areas, including health and environmental policy. This means that a policy can only be adopted if the Commission is willing to make a formal proposal. Of course, the Commission is heavily constrained in its decisions (not) to introduce a proposal by the political context within which it operates (cf. Princen 2007: 23) but it does function as a filter for proposals that their advocates seek to insert into the formal decision-making process.

The European Parliament is distinctive in the sense that it is the only directly elected parliament in any international organization. Compared to national parliaments, however, its role is relatively weak. Partly, this is because the EP has limited powers in a wide range of issue areas. In addition, the EP is weak because elections for the European Parliament attract low numbers of voters and tend to be decided on national rather than European issues (Franklin 2001). Even though the formal position of the EP has been strengthened in consecutive treaty reforms since the 1980s, and the EP itself has done a remarkable job of expanding its role, EU policy-making is still characterized by a limited role for party politics and public opinion when compared to most democratic states. As a consequence, EU policy-making tends to be more elite-driven and public mobilization is a less viable strategy than it would be in domestic political contexts (Imig and Tarrow 2001; Marks and McAdam 1999).

What these characteristics all add up to, is a picture of EU policy-making as highly complicated in terms of venues, participants and procedures, and demanding in terms of decision-making rules and limits on legal authority and resources. We may, therefore, expect the EU policy agenda to be more limited and less diverse than that of national states. To be more specific, we should expect it to be focused on a smaller set of issues, which are relatively more often of a cross-border nature and relatively less

often concern (re-)distributive issues. Moreover, we would expect the EU's agenda to become narrower the further we get into the policy-processing process, because for an issue to advance increasingly higher levels of consensus among the multitude of participants in EU decision-making are required.

# 4. Comparing policy outcomes in the EU and the US

If we want to compare policy outcomes in the EU, we first of all need a suitable 'benchmark' for the comparison. There is no single 'best' benchmark in this regard, but for the purpose of a general comparison the United States federal government offers a suitable counterpoint. On the one hand, the US is roughly similar to the EU in terms of population and geographical size (at least much more so than any other Western state would be). The US federal government also operates in a federal system that gives an important role to the states in many fields. On the other hand, however, the way policy is made at the US federal level is very different from that in the EU: the state governments are not directly involved in federal decision-making (apart from processes of constitutional amendments, which are outside the scope of this paper), the US federal government has (in practice much more so than on paper) a wider policy-making remit than the EU, and it has both extensive budgetary powers and all the law enforcement capabilities a government could wish for. Moreover, within the US system of separation of powers, the locus of policy-making lies predominantly in the White House-Congress nexus, with broad equality of powers between the two chambers of Congress and a much greater role for either when compared to the European Parliament. Moreover, both the President and Members of Congress are directly elected and lie under heavy scrutiny in public opinion. Hence, in terms of actors and decision-making procedures, the US presents quite a different picture from the EU, which would lead us to expect large differences in policy outcomes.

Having chosen the US as a comparison to the EU, the next question is how to compare the two. How can we achieve comparability between two systems that differ so widely in policy processes and in the types of outputs those processes produce? In this paper, I have sought to ensure comparability by applying an identical methodological tool to both systems: the policy agendas coding scheme developed by Frank Baumgartner and Bryan Jones in the context of the US. The policy agendas coding scheme relies on the coding of official documents in order to assess the level

of attention given to specific issues. The rationale behind this is that when actors give more attention to an issue, they will generally produce more materials on that issue: they will hold more hearings or introduce more bills (in the context of US Congress), they will ask more parliamentary questions or they will mention it more often in official statements (see John 2006: 980, for an overview of the various types of documents the coding scheme has been applied to).

The key variable in the coding scheme is the topic code, which defines the specific topic that is addressed in a document or statement. Baumgartner and Jones' original coding scheme consists of some 225 subtopics, which are grouped into 19 major topics, ranging from health policy to foreign policy and from employment issues to transport. By applying this topic coding scheme to different types of documents, we can develop a measure of attention that allows for comparisons over time as well as between actors and even political systems (cf. Baumgartner, Green-Pedersen and Jones 2006). Green-Pedersen and Wilkerson (2006), for instance, have compared long-term agenda dynamics around health policy in Denmark and the US. In this paper, I have used the subtopics in only two major topics: 'health' and 'environment', making for a total of 32 subtopics (20 in health and 12 in environment). The annex lists these subtopics and indicates what each covers.

In the context of the EU, I have applied the policy agendas coding scheme to two types of documents: preparatory documents from the European Commission (so-called 'COM'-documents, after the acronym that precedes their official number) and written questions in the European Parliament. By using (and comparing) two independent types of documents, we can be more confident that we are actually measuring the attention for a topic in the EU as opposed to just the idiosyncrasies of a particular type of document. Moreover, since the Commission and the EP have different roles and institutional interests in the EU system, differences in attention may also reflect differences in their receptiveness to various issues.

It is important to note that the choice for these documents does not imply a statement about their importance in actually setting the agenda in the EU. For COM-documents it is quite reasonable to assume that they play an important role in agenda-setting, since the Commission has the exclusive right of initiative for both policy areas. However, it would be quite implausible to any observer of EU politics to ascribe strong agenda-setting powers to written questions in the EP. The point about including EP Questions, however, is that they may reflect the broad concerns of

members of the EP even if they do not form the primary tool for getting those concerns on the agenda of other institutions. As a consequence, EP written questions form a useful indicator for the scope of the EP's agenda, even if they do not set that agenda themselves.

The comparison in this paper covers the period from the mid-1970s to the mid-2000s. Students of policy processes have noted that processes of policy development and policy change usually evolve over periods of at least 10 or 20 years (Sabatier and Jenkins-Smith 1999; Baumgartner and Jones 1993: 39-40). Taking a thirty-year period therefore allows us to study the effects of institutional differences on political attention without too much influence of shorter-term fluctuations during policy cycles. At the same time, the US and EU institutional frameworks have not remained fully stable over these thirty years. I will therefore also look at developments over time to see if there is a convergence or divergence of developments in the two political systems.

COM documents were coded for each year from 1975 through 2005. Given the large number of EP questions, they were not coded for each year but rather for one in every five years, starting in 1978 and ending in 2003. This led to a total of 1235 coded COM documents and 2533 coded EP Questions in the two fields of health and environmental policy. Comparability with the original US coding scheme was ensured by using the original US codebook, analyzing the application of the codes in the US datasets, and by discussing difficult cases with coders in the US and Denmark either by e-mail or in person.

Apart from the application of the topic codes, the reliability of a comparison relies on the types of documents that are used in the comparison. This is problematic, since the US system does not produce documents that are identical to COM documents and EP Questions. The solution to this was to pick three types of documents that (1) together reflect fairly well the US policy agenda at any given time and (2) differ in term of the role they play in the policy process. Bills in Congress can be seen as the rough equivalent to EP Questions, since both are expressions of the interest in a given issue of individual Parliamentarians/Members of Congress and both are relatively easy to introduce in their respective political systems. Apart from Bills, two other types of US documents were studied: Hearings in Congress, which reflect more the agenda of the majority leadership in the two houses of Congress (Green-

Pedersen and Wilkerson 2006: 1044), and statutes, which form the end product of the legislative cycle in the US.

The US data were compiled from the US policy agendas dataset. This dataset is available online (at <a href="www.policyagendas.org">www.policyagendas.org</a>) but the analysis in this paper was carried out using the original databases that are kept at the University of Washington in Seattle. Hearings and statutes were analyzed for the period 1975-2004 (the 94<sup>th</sup> through 108<sup>th</sup> Session of Congress). For Bills, data were only available through the 107<sup>th</sup> Congress, so for those documents the period is 1975-2002. For health and environmental topics alone, the US dataset in this period consists of 12,902 Bills, 6,225 Hearings, and 878 Statutes.

In the next section, I will present the empirical results of this comparison. I will start with comparing the overall attention for health and environmental issues in the EU and the US. Then, I will take a closer look at the two policy areas. For each area, I will note the similarities and differences between the EU and the US, based on a comparison that includes:

- The ranking of specific topics in the time period under study as a whole
- The spread of attention across subtopics
- Where appropriate: differences within specific topics
- Developments in specific topics over time

This will then allow us to reach a conclusion about the extent to which attention for health and environmental issues has differed between the two political systems.

- 5. Policy agendas in the EU and the US
- 5.1 The overall attention for health and environmental issues

Let us start by looking at the percentage of documents devoted to health and environmental issues. Comparing the EU and US documents reveals a consistent pattern: environment received more attention than health in the EU, while health care received more attention than environment in the US.<sup>3</sup>

<sup>&</sup>lt;sup>3</sup> These comparisons are all relative, of course, because the percentages depend on the attention devoted to other issues (that were not coded for this paper). Comparisons of 'absolute attention levels' are not possible on the basis of this comparison, but they are also less relevant for the purposes of this analysis.

Figures 1 and 2 show the development of the overall attention given to health and environmental issues for all five types of document, starting in the second half of the 1970s to the first half of the 2000s. For health, the pattern is fairly straightforward: health-related issues receive consistently less attention in EP Questions and COM documents than in US Bills and Hearings for all time periods. US Statutes show a greater variability than any of the other four types of document, but the percentage of health-related documents is generally also higher in statutes than in any of the two EU documents.

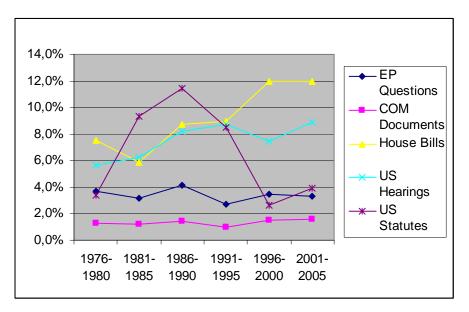


Figure 1. Health-related documents as a percentage of all documents

Environmental issues occur much more often in EP Questions than in any of the other types of document, showing a steep increase between 1978 and 1993. For the other types of document, the pattern is more stable, although COM documents show a gradual increase after the period 1986-1990, while attention in US documents diminishes somewhat after the first half of the 1990s.

<sup>&</sup>lt;sup>4</sup> For the sake of convenience, generic labels have been used to denote the time periods for all five types of document. As was explained in section 4 above, the precise time periods differ depending on the availability of data. For EP Questions, only one year in each period was coded (1978, 1983, and so on until 2003). For Hearings and Statutes, the period '2001-2005' ends in 2004; for Bills, this last period ends in 2002.

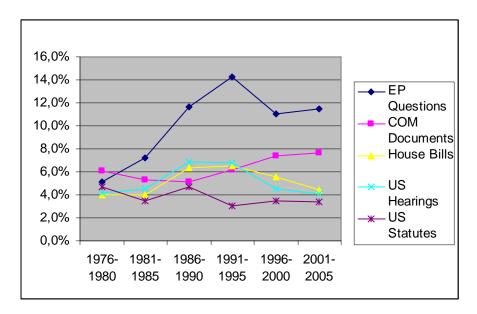


Figure 2. Environment-related documents as a percentage of all documents

These differences are as could be expected, given the EU's tasks and powers in the two fields. However, a closer look can be had by analyzing the specific issues that received attention within these policy areas. I will do so for each of the two policy areas separately.

#### 5.2 Environmental issues in the EU and the US

Table 1 shows the ranking among twelve environmental subtopics in the EU and US documents over the whole period under study. This table reveals a strong overlap between all sources, both within and across the EU and the US. 'Species and forest protection' ranks first for all five types of documents, indicating the importance of these issues in both the EU and the US. It should be noted, though, that this category itself consists of three types of issues: the protection and conservation of wildlife and habitats, animal welfare, and fisheries conservation. It is not clear whether the attention for each of these three types is similar in the EU and the US.

Yet, even if we allow for the diversity of issues under the 'species and forest protection' category, the rest of the 'top-five' also shows remarkable overlap: the 'regulation of chemicals and toxic waste' ranks second for EP Questions, US Bills and US Hearings, while it comes third for COM documents and US Statutes. Other topics that appear in the top-five of each source are the 'protection of coastal waters',

and 'air & noise pollution', which means that all five sources share at least four of their five highest-ranking topics.

EP Questions	COM	House Bills	US Hearings	US Statutes
	Documents			
Species & forest				
protection	protection	protection	protection	protection
(33.1%)	(39.3%)	(24.7%)	(20.3%)	(44.1%)
Chemicals	Air & noise	Chemicals	Chemicals	Coastal waters
(16.6%)	(15.9%)	(13.5%)	(18.8%)	(16.3%)
Coastal waters	Chemicals	Coastal waters	Air & noise	Chemicals
(12.2%)	(14.5%)	(13.0%)	(14.0%)	(9.7%)
Air & noise	General	Air & noise	Coastal waters	Drinking water
(11.3%)	(11.1%)	(10.6%)	(13.4%)	(6.9%)
General	Coastal waters	Drinking water	Drinking water	Air & noise
(9.1%)	(7.5%)	(8.1%)	(8.3%)	(4.4%)
Waste	Waste	General	General	Land & water
(7.2%)	(4.0%)	(7.7%)	(8.1%)	conservation
				(4.1%)
Drinking water	Research	Waste	Land & water	General
(2.9%)	(3.9%)	(7.2%)	conservation	(3.4%)
			(4.4%)	
Indoor	Drinking water	Land & water	Indoor	Indoor
(2.1%)	(2.1%)	conservation	(3.7%)	(3.1%)
		(6.6%)		
Other	Other	Recycling	Waste	Waste
(1.6%)	(0.5%)	(3.5%)	(3.2%)	(2.5%)
Recycling	Land & water	Research	Research	Other
(1.5%)	conservation	(2.1%)	(3.2%)	(2.2%)
	(0.5%)			
Land & water	Recycling	Indoor	Recycling	Recycling
conservation	(0.4%)	(2.0%)	(1.4%)	(1.9%)
(1.4%)				
Research	Indoor	Other	Other	Research
(1.0%)	(0.3%)	(1.1%)	(1.0%)	(1.6%)

Table 1. Ranking of environmental subtopics in the five types of document over the whole period studied (the figures between brackets give the percentage relative to all environmental documents)

The same is true for the bottom of the list: three topics are among the bottom five topics for all sources: 'indoor environmental hazards', 'recycling' and 'other environmental issues'. Moreover, 'environmental research and development' is among the bottom five for four of the sources, while ranking sixth-lowest for COM-documents. The only substantial differences appear to be in two topics, 'land and water conservation' and 'drinking water', which score consistently higher in the US documents than in the EU documents. Still, the overall overlap between the rankings is striking. Moreover, it is even higher between EP Questions and US Bills (which have an identical top-four of topics) than between EP Questions and COM

documents, suggesting that variation within the EU is perhaps even a bit greater than between more or less comparable documents in the EU and the US.

This is not to say that the EU and US agendas in environmental policy have been completely identical. Apart from the higher ranks of land & water conservation and drinking water in the US, the spread among topics is more even in the US than in the EU, at least for Bills and Hearings. In the EU, the top-three topics account for 61.9% and 69.7% of all EP Questions and COM documents, respectively, while they account 51.2%, 53.1% and 70.1% for US Bills, Hearings and Statutes.

We can look at this more systematically by calculating the normalized entropy score for each type of document. Entropy is a measure of the spread among categories. A value of 0 denotes complete concentration in one category, while higher values indicate greater spread. When we divide the entropy score by its theoretical maximum, we obtain a value between 0 and 1, whereby 0 denotes complete concentration and 1 a perfectly even spread among topics (McCombs and Zhu 1995: 502-503). When we do this for the figures in Table 1, we find the normalized entropy scores that are summarized in Figure 3.

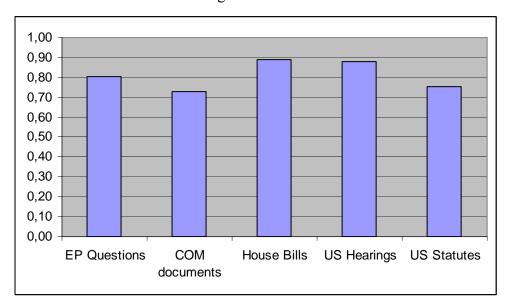


Figure 3 Normalized entropy scores for environmental issues in the five types of documents over the whole period studied

entropy score is therefore obtained by dividing the entropy score by ln i.

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 $<sup>^5</sup>$  Entropy is calculated as - $\Sigma$  P<sub>i</sub> (ln P<sub>i</sub>), where P<sub>i</sub> is the proportion of documents under subtopic i. As logs of zero do not exist, I have adopted the convention that 0\*ln0=0 for those subtopics that contained no documents. The maximum possible entropy score for i subtopics is equal to ln i; the normalized

Normalized entropy for EP Questions (0.80) is lower than that for either US Bills (0.89) or US Hearings (0.88), while COM documents (0.73) score much lower than either and a bit lower than US Statutes (0.75). These figures confirm the impression that attention in the EU is focused on a relatively narrower set of topics than in the US. In addition, however, they also show that entropy tends to be smaller for documents that are more 'downstream' in the policy-making process: EP Questions show a wider spread of topics than COM documents, and the same is true for US Bills and Hearings when compared to US Statutes. Apparently, policy-making activity becomes more focused on a smaller set of issues as it proceeds or, put differently, a wider range of issues are brought up when no concrete decisions need to be made, and this holds true both in the EU and in the US.

Although entropy scores differ widely between the EU and the US over the whole period, they seem go converge somewhat over time. Figure 4 graphs these developments for the five types of document, using the same periods as in figures 1 and 2. As Figure 4 shows, entropy for Bills and Hearings peaks in the period 1991-1995, and gradually decreases afterwards, while entropy for EP Questions increases between 1993 and 2003 to reach a level similar to that for Hearings. Entropy for COM Documents shows very little variation, with the exception of a low in the period 1991-1995. All in all, therefore, the differences in entropy were greatest in the period 1991-1995, but have become smaller since.

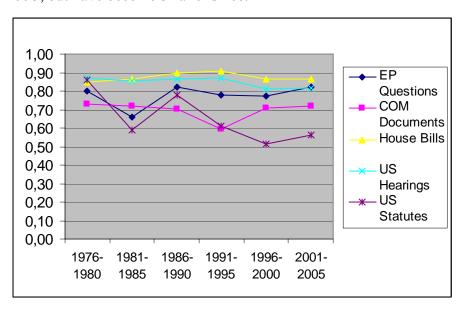


Figure 4. Normalized entropy scores for environmental issues in the five types of document over time

Comparison of developments in attention for specific topics over time reveals no consistent pattern. For some issues, attention in both the EU and US documents shows a similar long-term pattern. This is exemplified by the topic category 'regulation of chemicals and toxic waste'. The development of attention for this topic category is shown in Figure 5.

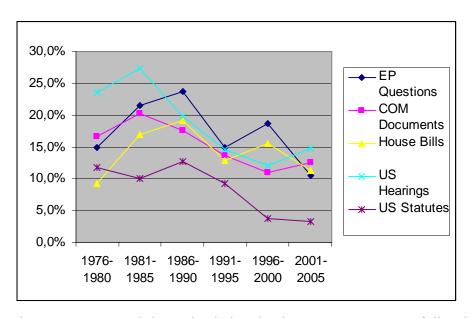


Figure 5. Documents relating to chemicals and toxic waste as a percentage of all environment-related documents over time

For all five types of document, attention for this topic shows a peak in the early or late 1980s and subsequently falls to lower levels. This may be a coincidence, but it may also reflect an underlying common rise in interest for this type of issue during the 1980s. The peaks themselves differ between documents, with US Hearings and COM documents reaching their highest percentage in the period 1981-1985 and US Bills and EP Questions in the second half of the 1980s. This does not point to systematic differences between the US and the EU in this regard.

Other topic categories have a much less clear trend. This is shown in Figure 6 for the topic category 'species and forest protection', the highest-ranking topic for all five documents. Attention for this topic shows rises and falls over time for all types of document, with no apparent consistency between documents from the same political system. As a result, the developments in specific topics tell us little about the differences and similarities between the US and the EU. In general, moreover, differences between documents from the same political system (EU or US) are no less

pronounced than those between documents from different political systems, again without any systematic link between two specific types of documents. As a consequence, attention for specific issues rather seems to reflect specific developments in attention in different institutions in the US and the EU, rather than differences in the institutional frameworks.

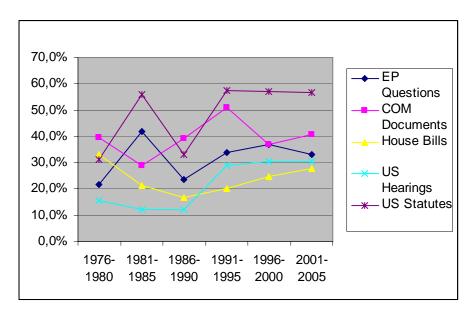


Figure 6. Documents relating to species and forest protection as a percentage of all environment-related documents over time

### 5.3 Health issues in the EU and the US

The comparison between health topics in the EU and the US results in a much more predictable pattern, with larger differences between the two political systems. Above, we already saw that the overall percentage of documents dealing with health-related issues is much higher in the US than in the EU. In addition to this, there are three other indicators for the lesser attention devoted to health-related issues in the EU than in the US.

To start with, the ranking of issues shows large differences. Table 2 shows the attention given to five broad categories of health issues in the EU and the US. These five categories are combinations of the 20 subtopics that are defined in the policy agendas coding scheme. I use them both for ease of interpretation and because the number of EU documents in many of the 20 specific subtopics tends to be quite small.

EP Questions	COM Documents	House Bills	US Hearings	US Statutes
Diseases & medicines (46.9%)	Diseases & medicines (47.9%)	Organization & financing (28.5%)	Organization & financing (29.9%)	General (46.4%)
Addictive substances (18.8%)	Addictive substances (29.6%)	Diseases & medicines (27.6%)	Diseases & medicines (26.4%)	Diseases & medicines (18.3%)
Facilities & professionals (16.5%)	General (14.1%)	Facilities & professionals (26.1%)	Facilities & professionals (22.3%)	Organization & financing (15.1%)
General (9.5%)	Facilities & professionals (5.6%)	General (10.6%)	General (12.2%)	Facilities & professionals (14.0%)
Organization & financing (8.3%)	Organization & financing (2.8%)	Addictive substances (7.1%)	Addictive substances (9.3%)	Addictive substances (6.3%)

Table 2. Ranking of five broad health issue categories in the five types of document over the whole period studied (the figures between brackets give the percentage relative to all health documents)

The comparison with US Statutes is made difficult by the high percentage of 'general and other' health issues, which are difficult to interpret in substantive terms. For the other four sources, however, there is a clear divide between the EU documents on the one hand, and the US documents on the other. US bills and hearings predominantly concern three broad categories that each account for between 20% and 30% of all documents: 'diseases and medicines', 'facilities and professionals', and 'organization and financing'. EP Questions and COM documents, by contrast, are dominated by one single category, 'diseases and medicine', which accounts for almost half of all documents. Addictive substances, which relates to issues of tobacco, alcohol and drugs, is also relatively much more prevalent in EU than in US documents. On the other hand, 'facilities and professionals' are much less important in the EU, particularly in COM documents, while issues of the organization and financing of health systems, which are central to the US debate, are almost absent in EU documents.

The differences are brought out even more clearly when we take the original 20 health subtopics, the top-3 of which is reproduced in Table 3.6 EP Questions and COM documents share two of their three highest-ranking topics, as do US Bills and Hearings. However, none of the top-3 issues in the EU documents appears in the top-3

<sup>&</sup>lt;sup>6</sup> Because the 'general' category is so dominant among US Statutes, Statutes are not shown in this

of US documents, and vice versa. The EU's top-3 is dominated by the two subtopics of 'specific diseases' and 'medicines and medical devices', whereas the ranking in the two US documents features most prominently issues of organization & financing ('health insurance' and 'comprehensive reform') and health facilities ('long-term care'). In general, therefore, attention for health in the EU focuses on issues that are normally referred to as 'public health', while issues of 'health care' receive much less attention than in the US.

EP Questions	COM Documents	House Bills	US Hearings
Medicines & medical devices (22.2%)	Specific diseases (23.5%)	Health insurance (12.5%)	Health insurance (15.3%)
Specific diseases (16.3%)	Medicines & medical devices (18.8%)	Long-term care (9.6%)	Comprehensive reform (10.8%)
Health manpower (11.4%)	Tobacco (13.6%)	Facilities construction and regulation (8.9%)	Long-term care (8.6%)

Table 3. Top-3 of specific health subtopics in four types of document over the whole period studied (the figures between brackets give the percentage relative to all health documents)

The second indicator of differences between the EU and US is formed by the spread of attention among health-related topics, which is even more uneven for health than for environmental issues. The top-three topics account for 49.9% and 55.9% of the total in EP Questions and COM documents, respectively, whereas this percentage is only 31.0% and 34.7% for US Bills and Hearings – a relatively much bigger gap than in environmental policy.

Figure 7 shows the normalized entropy scores for the recoded and original subtopics. Because the number of health categories and subtopics is not identical to the number of environmental subtopics in Figure 3, the scores cannot be compared directly. What is clear from Figure 7, however, is that the entropy in EU documents is considerably lower than in US documents. For Hearings and Bills, normalized entropy is between 0.92 and 0.95, both for the five broad categories and for the twenty specific subtopics. For EP Questions and COM Documents, by contrast, scores are well below 0.90 (for EP Questions) or even 0.80 (COM Documents), similar to the scores for US Statutes.

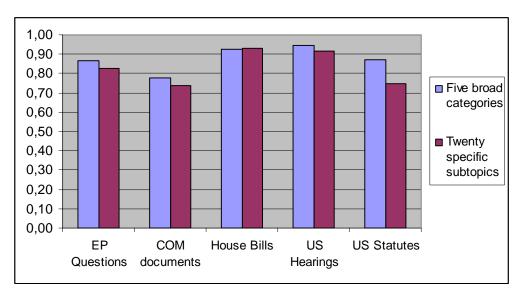


Figure 7. Normalized entropy scores for health issues in the five types of document

Moreover, moving from the five broad categories to the twenty specific categories leads to a greater drop in entropy for EP Questions and COM documents than for Bills and Hearings. This indicates that within the five broad categories, attention in the EU documents is focused on a smaller number of more specific topics than in US bills and hearings. For example, almost all attention for 'facilities and professionals' in the EU is concentrated in one specific subtopic: health manpower and training. Likewise, insofar as the EU devotes attention to issues of organization and financing, it is mostly in relation to issues of provider payments. Health insurance, overall the specific topic covered most often in US Bills and Hearings, does not appear even once in COM documents over all these years and makes up only 1.5% of all health-related EP Questions.

As a third indicator of differences between the EU and the US, we can disaggregate the specific topics even further by (qualitatively) looking at the documents that have been coded under the various specific topics. For public health topics, such as 'regulation of medicines' and 'specific diseases', the documents cover a fairly wide spectrum of possible issues. For health care issues, however, the EU consistently focuses on specifically cross-border aspects. For example, the subtopic 'health manpower and training', which in the US contains documents relating to such issues as the training and supply of medical professionals, is used in the EU almost exclusively for documents that deal with the mutual recognition of professional medical qualifications between member states. Similarly, the topic of 'provider and

insurer payment and regulation', which covers a wide range of issues in US documents, is limited in an EU context to basically one question: how to regulate payments for cross-border treatments of patients. Again, then, EU involvement in this 'care' issue is limited to the cross-border movement of people – in this case patients.

For a balanced assessment, it is important also to look at the similarities between the EU and the US health agendas. These similarities are a matter of developments over time, as the EU agenda has gradually evolved to encompass a wider range of issues. Two types of development can be noted here. First, for some issues, attention in the EU and the US has tended to converge somewhat. For example, the EU has devoted a bit more attention to issues of health care organization and financing over the years. Figure 8 tracks attention for these issues in the five documents over time.

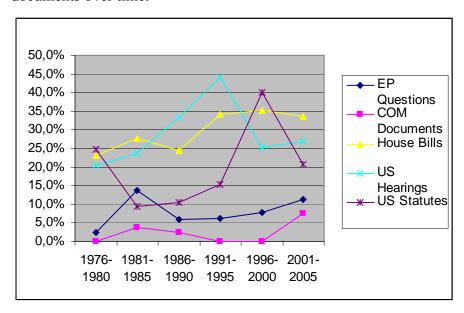


Figure 8 Documents relating to health organization and financing as a percentage of all health-related documents over time

As Figure 8 shows, the peak in attention for these issues in the US stems mainly from the 1990s, when President Clinton's plans for comprehensive health insurance triggered massive activity from lawmakers on Capitol Hill. Even without these highly salient and controversial proposals, the issues appear more often in US than in EU documents. Still, the issue has gradually received more attention in EP Questions since 1988, and has made an (admittedly limited) appearance in COM documents since 2000. The levels of attention are still very low compared to the US and to other issues in the EU, but they mark the start of EU involvement in these issues. This has

been triggered by a series of rulings on cross-border treatments of patients by the European Court of Justice, which made it easier for EU citizens to demand reimbursement from their insurer for treatments in other member states (cf. Greer 2006).

Similarly, attention for issues of diseases and medicines shows a convergence between the EU and US documents. As Figure 9 shows, the percentage of EP Questions relating to diseases and medicines has gradually risen to over 50% of all health-related Questions. For COM documents, however, the percentage has fallen back to around 40% again, after a peak of more than 60% in the first half of the 1990s. At the same time, attention for these issues has also been increasing in all three US documents, almost reaching the level of COM documents after 2000. As a result, this has now become the largest health-related category in US Statutes and Hearings. It is difficult to say, however, whether this is a structural change or simply a temporary shift in attention in the EU and the US.

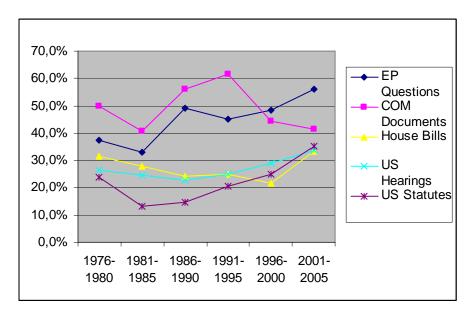


Figure 9 Documents relating to diseases and medicines as a percentage of all health-related documents over time

A second, qualitative indicator of changes in the EU's attention to health issues is formed by the angle taken in documents. Within the broader category of 'diseases and medicines', for instance, there is a marked shift from issues relating to the regulation of medicines to issues relating to specific diseases. In the late 1970s, the regulation of medicines was the single most important specific health topic both in EP Questions

and EP Documents, but in the 1990s it was overtaken by specific diseases in both types of document. This reflects a shift from an approach focusing on market integration (i.e. creating a single market in medicines) to an approach focusing on the improvement of health as its primary objective. This shift can also be seen in the documents relating to addictive substances. The development of attention for these issues is reproduced in Figure 10.

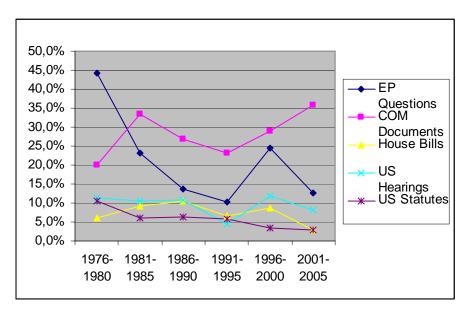


Figure 10 Documents relating to addictive substances as a percentage of all health-related documents over time

The graph shows a first peak for these issues in EP Questions in 1978 and in COM documents in the first half of the 1980s, and then a second peak towards the present. The character of documents in the two peaks is very different, however. In the period up to 1985, EP Questions and COM documents on tobacco and alcohol were almost exclusively focused on the harmonization of taxes and excise duties as part of the creation of a single European market in these products. In the second half of the 1990s and onwards, by contrast, the vast majority of EP Questions and COM documents related to the negative health impact of tobacco and alcohol consumption. In addition, combating the use of illegal drugs is a subtopic that has become much more important in the late 1990s. Again, this reflects a shift from market integration concerns to health concerns, a development that is similar to what happened in EU environmental policy in 1970s and 1980s (Hildebrand 2002: 19-23); McCormick 2001:45-55).

These developments over time have made for a broader, more health-oriented EU agenda. Still, attention in EU documents remains overwhelmingly focused on a more limited range of issues than in the US, with the EU focusing almost exclusively on issues of public health: diseases, medicines, and unhealthy lifestyles. Issues of health care delivery remain firmly out of reach for the EU, even when issues of cross-border mobility have captured some attention over the years.

## 6. Explaining EU receptiveness to health and environmental issues

Reviewing the evidence of the previous section, we may conclude that several of the expectations flowing from a comparison of the EU and US institutional frameworks are borne out. Some of these expectations were formulated at the end of section 3. Indeed, the EU does have narrower policy agendas in health and environmental policy than the US federal government. Also, environmental policies are relatively more important in the EU than in the US (relative to health policies, that is), while within the field of health the EU focuses mainly on issues of public health and not on health care. This is to be expected given the EU's limited remit in health in general, and its even more limited remit and resources in issues of (re-)distributive policy-making.

Another expectation that holds true is that policy agendas become narrower as we look at documents that further 'downstream' in the policy process. This is not typical for the EU, however, but can be observed for both the EU and the US documents, suggesting that the various documents differ in terms of the 'ease' with which a diversity of issues can be brought to the fore. All these outcomes suggest that institutional factors do matter when it comes to the outcomes of agenda processes.

What is more surprising, however, is the extent to which the EU's environmental agenda is actually similar to that of the US federal government in terms of the categories of issues that have commanded most attention over the past three decades. This outcome is far from self-evident. One could, for instance, have assumed that the EU would pay relatively more attention to research issues, because this is one of the few areas in which the EU has some budgetary capabilities. Or that the EU agenda would be topped by issues of air and water pollution, since these are the quintessential cross-border environmental issues. As was shown above, these issues are indeed high on the EU's agenda, but that is also the case in the US, and even the percentages of environmental documents devoted to these two issue

categories are fairly similar. Conversely, one could for instance have thought that the US federal government would have paid relatively more attention to indoor environmental hazards, since the US institutional framework would seem to be more receptive to these kinds of issues than the EU system, but it has not. The similarities between the ranking orders would therefore be difficult to explain from a comparison of the two political systems' institutional characteristics.

To be sure, the timing of specific issues sometimes differs between the two (although sometimes it is similar). This, however, need not be an indication of institutional differences. The important point is that at some point in time these issues gained access to the political system; when exactly that was depends on a host of other factors, including the activities of political actors in each system. Moreover, when we compare different types of documents within the EU and the US, we may also observe differences in timing, without any systematic order between documents. This suggests that differences within the EU and the US are as important as differences between them.

In the field of health, the differences between the EU and US agendas conform much more closely to what we would expect, with the EU focusing almost exclusively on issues of public health and the US federal government dividing its attention more evenly between public health and health care issues. Although this is not surprising, it makes the strong similarities in the field of environmental policy even more striking. Apparently, institutional and political differences between the EU and the US are highly consequential in the health field, so this raises the question why they appear to be much less consequential when it comes to environmental issues.

The explanation I would like to put forward here (albeit tentatively) is that the processes of agenda formation in EU environmental policy may actually be closer to those in the US than a comparison of both systems' institutional frameworks would suggest. There are two ways in which this may be the case. First, although the actors involved in policy-making processes differ between the EU and the US, the may play similar roles. In the EU, for instance, several observers have pointed to the role of member states with stringent environmental policies in pushing for more ambitious EU policies (Héritier 1996; Liefferink and Andersen 1998). The role played by these 'green' member states may be equivalent to the role played by environmentally-conscious Members of Congress in the US. That way, different types of actors may push for similar agendas.

A second possible explanation would be that agendas, and in particular the more specific agendas within policy areas, are actually set in relatively closed circles of policy experts. Much of the literature on both the EU and the US has pointed at these 'policy subsystems' (Baumgartner and Jones 1993: 5ff.), 'policy networks' (Peterson 1995), 'advocacy coalitions' (Sabatier and Jenkins-Smith 1999), and 'epistemic communities' (Haas 1989) as driving forces behind policy-making in distinct issue areas. If this is the case, institutional differences at the level of formal decision-making may be less consequential for policy agendas because on the level of policy experts the similarities between the US and the EU may be greater than on the level of formal decision-making processes. As a result, specific differences in participants and procedures may be less relevant than the fact that the two systems develop environmental policy in roughly the same way. Or put differently: under specific conditions, different processes may lead to fairly similar agenda outcomes.

The field of health shows that institutional characteristics can make a difference, but on a more general level. By exempting domestic health care systems from EU intervention, the EU member states have effectively blocked major initiatives in this field. This is a clear impact of institutional structure, but it is also a fairly 'rough' one: some areas are wholesale taken off the EU agenda, but within the areas that do fall under the EU's competence (diseases, medicines, addictive substances), we witness a gradual expansion of the EU's agenda – despite the EC Treaty's explicit ban on health-based harmonization.

These conclusions have implications for the study of EU policy processes. Most of the current literature focuses on specific EU policies and seeks to explain specific EU policy decisions. In doing so, it has focused on detailed, in-depth studies of policy-making processes, detailing the roles played and strategies used by particular actors (the Commission, member states, interest groups, the EP) and the influence exerted by specific institutional arrangements, such as voting rules in the Council or the powers of the EP.

These studies have produced a wealth of insights regarding EU decision-making and policy processes. At the same time, by focusing on specific actors and institutional arrangements, they have also tended to highlight exactly those elements that make the EU distinctive. After all, in terms of actors and decision-making procedures, there is no clear equivalent to the EU, neither among states nor among international organizations.

For our understanding of the EU, however, this focus on the EU's uniqueness may also obscure many important similarities between policy dynamics in the EU and elsewhere. An alternative way of looking at EU policy-making would therefore be to move away from an analysis of specific actors and processes towards the pattern of outcomes that results from those processes. This may give us a clue as to whether the differences in specific policy processes actually lead to differences in policy outcomes, and subsequently, what may explain the differences and similarities we find. In doing so, EU policy-making may be much more similar to what we know from domestic politics than what we might expect.

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# **Annex: Policy Agendas Topics Coding Scheme**

# Subtopics for Health Policy

# Subtopics on organization and financing:

- Comprehensive health care reform

  Includes issues relating to the reform of broader health care systems
- Insurance reform, availability and cost

  Includes the regulation and availability of health insurance
- Provider and insurer payment and regulation
   Includes issues relating to the reimbursement and payment of medical providers
- Prescription drug coverage and costs
   Includes issues relating to the inclusion and exclusion of prescription drugs
   under statutory health reimbursement schemes

# Subtopics on facilities and professionals:

- Facilities construction, regulation, and payments
   Includes issues relating to hospital, laboratory, health centre and nursing home construction, regulation and payment
- Medical liability, fraud and abuse
   Includes issues relating to malpractice and fraudulent behaviour
- Health manpower and training
   Includes issues relating to the qualifications, training and supply of health
   personnel
- Long-term care, home health, terminally ill, and rehabilitation services

  Includes issues relating to nursing homes and other long-term care

  arrangements

# Subtopics on diseases and medicines:

• Regulation of drug industry, medical devices, and clinical labs

Includes issues relating to the safety of medical and medicinal products and procedures

- Prevention, diagnosis and treatment of specific diseases
   Includes issues relating to the monitoring, prevention and treatment of specific diseases
- Mental illness and mental retardation
   Includes issues relating to the mentally ill and mental health services
- Other or multiple benefits and procedures

  Includes miscellaneous medical services, such as dental and vision services
- Research and development

  Includes issues relating to health research

# Subtopics relating to addictive substances:

- Tobacco abuse, treatment and education

  Includes issues relating to tobacco (including specific taxes)
- Alcohol abuse and treatment

  Includes issues relating to alcoholics (including specific taxes)
- Illegal drug abuse, treatment and education

  Includes issues relating to the prevention and treatment of drug abuse
- Drug and alcohol or substance abuse treatment
   Includes combinations of both alcohol and drug abuse issues

# 'General' subtopics:

- Other
  - Includes issues that do not fit any other specific subtopic
- Infants and children
  - *Includes issues relating to the health of infants and children*
- General
  - Includes issues that span multiple subtopics

# Subtopics for environmental policy

• Drinking water safety

Includes issues relating to water pollution in relation to drinking water

• Waste disposal

Includes issues relating to solid waste treatment and disposal and sewage treatment

- Hazardous waste and toxic chemicals regulation, treatment, and disposal Includes issues relating to the regulation of toxic chemicals (including pesticides) and hazardous waste (including nuclear waste)
- Air pollution, global warming, and noise pollution *Includes issues relating to air and noise pollution*
- Recycling

Includes issues relating to the re-use and recycling of materials

• Indoor environmental hazards

Includes issues relating to indoors environments

• Species and forest protection

Includes issues relating to the conservation of species and habitats, animal welfare, and fisheries conservation

• Coastal water pollution and conservation

Includes issues relating to the pollution and protection of coastal seas, as well as rivers

Land and water conservation

Includes issues relating to erosion of soil and the conservation of water supplies

• Research and development

Includes issues relating to environmental research and development

Other

Includes issues that do not fit any other specific subtopic

General

Includes issues that span multiple subtopics