

PERSPECTIVES

Theories of the policy process in health promotion research: a review

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SUMMARY

The Ottawa Charter laid the ground work for a new research and practice agenda by urging health promoters to advocate for healthy public policies. After more than 20 years, it is now time to reflect on the state of policy research in health promotion and to examine how rigorously theories are applied. The review of the literature was conducted on 11 peer-reviewed journals. The journals were selected for their solid track record in publishing health promotion articles and by using a set of pre-defined inclusion and exclusion criteria. The articles, published between January 1986 and June 2006, were searched using Medline and CINAHL databases. The selected papers feature search terms related to 'politics', 'policy', 'advocacy' and 'coalition'. We examined the theoretical grounding of each paper and whether it

focuses on policy content (e.g. nature, impact, evolution of the policy), policy processes (e.g. advocacy capacity building and strategies) or theoretical/methodological issues in policy analysis. This review demonstrates that policy research in health promotion is still largely an a-theoretical enterprise. Out of the 119 articles that were found eligible, 39 did apply to some degree a theoretical framework, of which 21 referred to a theoretical framework from political science. We conclude that the field has yet to acknowledge critical concepts that would help to shed light on the policy process, and that validated rigorous theoretical frameworks to inform research and practice are hardly applied. Recommendations are formulated to improve policy research in health promotion.

Key words: advocacy; health promoting policies

INTRODUCTION

For some, the quintessential role of policies and politics in health promotion has always been clear. Whether Rudolf Virchow (*Die Politik ist weiter nichts, als Medicin im Grossen*), Louis-René Villermé (linking *L'argent, la vie, la mort* in the first systematic epidemiological review) or Edwin Chadwick, health and society were inseparably connected. Further connecting the brief definition of politics by one of the fathers of political science, Lasswell (Lasswell, 1936) 'who gets what when and how' with the ambitions of health promotion suggests that the

inclusion of a call to build healthy public policy in the Ottawa Charter for Health Promotion (WHO, 1986) was inevitable. The process to enable individuals and communities to control the determinants of health, in these terms, is a political act in itself.

Milio (Milio, 1981) and Hancock (Hancock, 1985) have both been credited with launching the notion of 'Healthy Public Policy', more recently replaced with the idea of 'Health in All Policies' (Ståhl *et al.*, 2006). The original notion was confirmed in the Ottawa Charter, and operationally defined in the subsequent Adelaide Recommendations (WHO, 1988) as policy

enacted by the various levels of government that ‘is characterized by explicit concern for health and equity in all areas of policy and by accountability for health impact’.

Today, virtually every health promotion text book or government statement pronounces the importance of policy considerations for health promotion. In celebration of the Silver Jubilee of Healthy Public Policy, we investigated whether research practice has followed this enthusiastic rhetorical embrace of ‘policy’. To that end we carried out a systematic review of the health promotion literature with a view to identify the host of material that empirically applies theoretical insights from political science to health promotion.

POLICY, POLITICS, POLITICAL SCIENCE AND HEALTH PROMOTION

Political science harbours hundreds of theories, and Sabatier (Sabatier, 2007), a key figure in contemporary political science, has taken it upon himself to identify a set of theories that ‘are clear enough to be proven wrong’ (p. 5).

A theory is a clear and logically interrelated set of propositions, some of them empirically falsifiable, to explain fairly general sets of phenomena (De Leeuw, 1989a). Applying this presupposition to the field of political science, Sabatier finds a distinction between conceptual frameworks, theories and models, which operate on a continuum from broadly applicable to any situation, to (preferably mathematical) modelling for highly specific situations. A ‘good’ theory of the political process should explain goals and perceptions, actions and events, among potentially hundreds of stakeholders in the process, leading to specific sets of policy outcomes.

It should be noted that in our view there is a difference between ‘policy theories’ and ‘theories of the policy process’. The former notion is generally used to describe the set of assumptions and values (for instance, between cause and effect, about the efficacy of policy actions, or the—normative—acceptability of such actions) espoused by policy-makers (De Leeuw, 1989b). Policy analyses usually examine the consistency and effectiveness of such policy theories. *Theories of the policy process*—which are the focus of this paper—rather, formulate propositions on the conditions under which certain

policy phenomena (e.g. preferences for certain types of interventions, decisions on implementation issues, allocation of resources, inclusion or exclusion of certain stakeholders, etc.) are observed and impact on policy outcomes [e.g. (De Leeuw, 2007; Breton *et al.*, 2008)]. Theories of the policy process look at parameters that determine policy theories. The body of knowledge developed in the political science around the concept or definition of ‘policy’ is extensive, and generally not used unequivocally in health science writings. Although we prefer to define policy as ‘the expressed intent of government to allocate resources and capacities to resolve this expressly identified issue within a certain time-frame’ (De Leeuw, 2007) there are numerous examples in the health literature where the concept is either not defined at all, or merely seen as ‘the law’ or ‘a plan’.

The traditional perspective of the policy process is that of the ‘stages heuristic’: the notion that the policy process follows clearly distinguishable steps from problem definition, through alternative specification, to resource allocation and implementation. Although this conceptual framework seems to have served a purpose since Lasswell (Lasswell, 1956) originally proposed it [e.g. (Cobb and Elder, 1983; De Leeuw and Polman, 1995)], it has since become the subject of devastating criticism, predominantly focussing on the fact that the stages heuristic fails to address the dynamics of multiple, interacting, iterative and incremental cycles of action at many different levels of mutual and reciprocal action at the same time (deLeon, 1999). Sabatier (Sabatier, 2007) established the following parameters to assess appropriate theoretical frameworks of the policy process:

- (i) Each must do a reasonably good job of meeting the criteria of a scientific theory; that is, its concepts and propositions must be relatively clear and internally consistent, it must identify clear causal drivers, it must give rise to falsifiable hypotheses and it must be fairly broad in scope (i.e. apply to most of the policy process in a variety of political systems);
- (ii) Each must be the subject of a fair amount of recent conceptual development and/or empirical testing. A number of currently active policy

- scholars must view it as a viable way of understanding the policy process;
- (iii) Each must be a positive theory seeking to explain much of the policy process. The theoretical framework may also contain some explicitly normative elements, but these are not required;
 - (iv) Each must address the broad sets of factors that political scientists looking at different aspects of public policymaking have traditionally deemed important: conflicting values and interests, information flows, institutional arrangements and variation in the socioeconomic environment (p. 8).

Four such frameworks, also pertinent to health policy development, were identified by Sabatier as meeting these parameters. These are the event-driven *Multiple Streams Theory* empirically developed by Kingdon (Kingdon, 2002); the *Punctuated Equilibrium* framework by Baumgartner and Jones (Baumgartner and Jones, 1993) in which long periods of policy stability are alternated by general shifts in policy perspectives and ambitions; the *Advocacy Coalition Framework* (Sabatier and Jenkins-Smith, 1993; Sabatier, 1988) that emphasizes the importance of coalition formation of camps of proponents and opponents to new policy directions; and the *Policy Domains* approach coming from different perspectives on network governance [e.g. (Laumann and Knoke, 1987; Börzel, 1998)]. Other theoretical frameworks that seem applicable, but not extensively validated empirically, are *Social Movement* theory [e.g. (McCarthy and Zald, 1977)] arguing that disenchanted people will join social movements to mobilize resources and political opportunity so policy is changed to serve their interests; *neo-corporatism* [e.g. (Olson, 1986)] advocating that (semi-)political organizations in the social environment can play corporate roles to maximize competitiveness, and a host of hybrid approaches that mix these perspectives or address specific processes such as coalition structuring (Breton *et al.*, 2008).

Lewin (Lewin, 1945) said that 'Nothing is quite as practical as a good theory'. We certainly believe that good theories for Healthy Public Policy processes can be very practical. Following the principles of the Theory-Based Evaluation framework by Birckmayer and Weiss (Birckmayer and Weiss, 2000) the rigorous application of theory to the analysis of

development and outcomes of policy processes would not just highlight *whether* policy has achieved its intended objectives, but also *how* this has happened. A good theory is especially important for the further refinement of evidence-based policy research: it would identify processes, issues, events and actors that have facilitated or compromised the effectiveness of policy. Or, again in the words of Lewin: *If you try to understand something, try changing it.*

METHODS

To report on the state of policy research in the health promotion field, we first needed to identify a corpus of peer-reviewed journals that could be confidently said to contribute to the scholarly development of the field. These journals were identified by applying a set of rigorous criteria (see Table 1) and search terms using the MedLine and CINALH databases. The core assumption on which we based on the identification of the journals was that their editorials would be reflective of their interest for the health promotion movement. The first search yielded 141 editorial pieces from 61 journals. We then collected information on these journals to appraise their relevance, targeted readership and to ascertain that they regularly publish papers in English or French. This exercise further brought down the number of journals to 17. The final set of journals was established by retaining the ones for which at least 10% of all their titles or abstracts had 'health promotion', 'promotion de la santé' or their derivatives in their abstract. This threshold was set to reduce the number of articles to a manageable level. The final list of 11 journals was validated by colleagues and experts well-acquainted with the health promotion field (see Table 2).

We developed a second set of criteria to identify the articles eligible for analysis (see Table 1). As was the case for the identification of the journals, the search was conducted through MedLine, CINALH, but this time with a validation search through Academic Search Premier. The latter database yielded one additional article (from Critical Public Health). These searches returned 591 articles by applying the search terms defined above.

The 591 articles were then manually assessed against the inclusion criteria. We considered that papers addressing policy issues associated

Table 1: Inclusion criteria for the identification of the journals and articles

Criteria for the identification of the journals pursuing the scholarly development of health promotion	Criteria for the identification of the journal articles reporting on policy research
<p>The journal:</p> <ul style="list-style-type: none"> (i) is indexed in Medline or CINALH databases; (ii) features papers either in English or French; (iii) covers a diversity of health issues, age and population subgroups; (iv) targets a broad readership representing a diverse set of disciplines and professions; (v) had, between January 2000 and January 2006, at least: <ul style="list-style-type: none"> (a) one editorial title featuring: ‘health promotion’, ‘promot* health’ or ‘promotion * santé’; (b) 10% of its titles or abstracts featuring the aforementioned search terms. 	<p>The article:</p> <ul style="list-style-type: none"> (i) was published in one of the eligible journals; (ii) is indexed in Medline or CINALH databases; (iii) is in English or French; (iv) was published between January 1986 (the year of the ‘birth’ of health promotion in the Ottawa Charter) and June 2006; (v) features either in its abstract, title or subject headings the search terms: ‘politi*’, ‘polic*’, ‘advoca*’ or ‘coalition’; (vi) Either reports on issues at the local, regional, state, national or supra-national level related to: <ul style="list-style-type: none"> (a) the content or nature of a policy, i.e. (foreseen) components; effectiveness; impact; evolution; (b) the policy change process, i.e., advocacy intervention or strategy, capacity building for advocacy, evidence and knowledge shaping policymaking, theoretical and methodological issues in policy analysis. addresses a policy or policy process that goes beyond the walls of a specific workplace, school or other organizational settings.

Table 2: Peer-reviewed academic journals pursuing the scholarly development of health promotion selected for inclusion in the review

Journal	Indexed in/since	No. of articles retrieved from the databases	No. of articles retained for analysis
<i>American Journal of Health Promotion</i>	CINAHL & Medline 1986 vol 1(1)	95	27
<i>Health Promotion International</i>	CINAHL 1994 vol 9(1)	101	24
<i>Health Education & Behavior</i>	CINAHL 1997 vol 24(1)	91	16
<i>Health Education Research Promotion & Education</i>	CINAHL 1986 vol 1(1)	106	12
	CINAHL & Medline 1993 Special first issue	43	12
<i>Health Education Journal</i>	CINAHL & Medline 1986, vol 45(2)	50	9
<i>Critical Public Health</i>	CINAHL & Medline 1998, vol 8(2)	17	6
<i>Health Promotion Journal of Australia</i>	CINAHL 2000, vol 10(1)	25	6
<i>Sozial- und Präventivmedizin</i>	CINALH & Medline 1986 vol 31(1)	49	6
<i>International Journal of Health Promotion & Education</i>	CINAHL 1999 vol 37(1)	11	1
<i>Journal of the Royal Society for the Promotion of Health</i>	CINAHL 2002 vol 122(1)	3	0
Total		591	119

to a specific workplace or school were not eligible since other theories have already been specifically developed for organizational settings (e.g. innovation theory, diffusion theory, etc.). The application of the criteria resulted in a total of 119 eligible papers.

Having identified the corpus of articles to analyse, we then set out to assess whether insights from political science had guided the research projects or the theoretical reflections they reported. To do this, we examined how the cited works from the political science literature contributed to the writing either on a specific policy or on the policy process. When the paper was reporting on the result of a research project, we appraised whether the theory, model or framework had driven data collection and analysis. For the theoretical papers not reporting on a specific research project, we scrutinized the concepts used and examined whether these concepts were integrated into a framework suggested by the theory mentioned in the paper.

FINDINGS

As we can see from Figure 1, the absolute number of eligible policy-related articles has increased over time. This increase can be

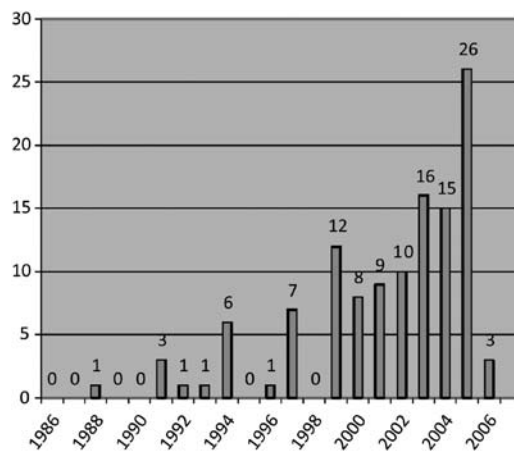


Fig. 1: Frequency of eligible policy-related articles published in eleven journals pursuing the scholarly development of health promotion (Jan 1986–Jun 2006).

attributed to two factors. First, the increase of new health promotion journals since 1986 and second, to improved indexing of the journal articles by the two databases of the literature we used to conduct this review. A third explanation could be that the interest for policy research has substantively increased in the period. This finding cannot be supported or rejected by our research as 7 out of 11 journals

Table 3: Number of eligible articles applying a validated theoretical framework of the policy process

The article is about...	Number of eligible articles	Referring to a theoretical framework?	
		Yes	Of these, from political science
The content and nature of a policy	44	6	3
The policy process	70	31	18
Both content and process	5	2	0
Total	119	39	21

were either not published or indexed in 1986. Moreover, by 1996 only six journals were indexed by the databases we searched.

Out of the 119 articles that were found eligible for our analysis, 39 (or 38% of the 119) did apply to some degree a theoretical framework, whereas 21 (or 18% of the 119) referred to a theoretical framework from political science. Table 3 gives a breakdown of the categories of articles.

Papers addressing issues related to the policy process

We found scant references to theoretical frameworks of the policy process. Only two papers report on results guided by the *Advocacy Coalition Framework* (Bryant, 2002) and by the *Multiple Streams Theory* (Bryant, 2002; Yeatman, 2003). Three other papers were based on the *Social Movement Theory* (Herman *et al.*, 1993; Zakocks and Earp, 2003; Nathanson, 2005). Besides the five aforementioned papers, the majority of the remaining ones use theories of the political science in a more superficial way and in some cases only as a token of acknowledgement of the existence of a policy process [e.g. (Altman *et al.*, 1999; Lavis *et al.*, 2001; Stanton *et al.*, 2002)].

A few articles reporting on policy processes applied theories from outside the realm of political science. The models used here included notably Roger's diffusion of innovation theory (Simons-Morton *et al.*, 1997; Hallfors and Godette, 2002; Pankratz *et al.*, 2002), a strategic

management learning model (Powis *et al.*, 2002) and some social theories [e.g. (Rütten *et al.*, 2003a; Rütten *et al.*, 2003b)]. More puzzling was the recourse to Bandura's Social Learning Theory (Scheepers *et al.*, 2004), and to Fishbein and Ajzen's Theory of Planned Behaviour (Gottlieb *et al.*, 2003), which stand as applications of behavioural micro level theories to meso/macro-level processes. This might be construed as committing an Error of the Third Kind ('Answering The Wrong Question'), e.g. Mitroff and Featheringham (Mitroff and Featheringham, 1974) and Breton and De Leeuw (Breton and De Leeuw, 2010).

Papers addressing issues related to the content or nature of a policy

Out of the eight papers addressing issues in line with the content or nature of a policy, only three (Taylor *et al.*, 2000; Ståhl *et al.*, 2002; Wold *et al.*, 2004) directly referred to the body of literature from the political sciences. The five others put forward different frameworks, drawing from sociology (Rütten *et al.*, 2003a; Rütten *et al.*, 2003b), public health (Orleans *et al.*, 1999), psychology (Smith *et al.*, 2000) and management (Pucci and Haglund, 1994).

DISCUSSION

The body of knowledge developed by political science has still made little inroads in health promotion policy research as assessed through the lens of our review of 11 journals. We consider this a disappointing finding. First of all (healthy public) policy studies only feature nominally in leading journals in the field (591 out of 8337 articles, or 7%). Second, of those articles that met our inclusion criteria ($n = 119$), only 39 claim to use some sort of theoretical foundation. Among these 39 articles, only 21 (18% or 0.2% of the grand total of health promotion publications) apply a theory that is drawing on political science.

These results point toward a seriously impeded capacity for the health promotion field to learn from policy research. A common problem is the adherence to a narrow conceptualization of policy as a legislation, regulation or law; a perspective that runs against a whole array of contemporary theoretical constructs. This conceptualization is no stranger to the

long-discredited stages heuristic perspective of the policy process to which we found allusions in a number of papers [e.g. (Taylor *et al.*, 2000; Durrheim *et al.*, 2003)].

It therefore comes as no surprise that many critical issues for effective policy advocacy practice and research are left unanswered. Let us consider the papers presenting results of content analyses of the media coverage of a specific problem [e.g. (Smith and Wakefield, 2005; Wakefield *et al.*, 2005)], of interventions to mobilize community members [e.g. (Blaine *et al.*, 1997; Conway, 2002; Freudenberg, 2004)] and of extensive analyses of public opinion [e.g. (Forster *et al.*, 1991; Stanton *et al.*, 2002)]. Although conducted with the utmost rigor, all these contributions failed to provide answers to critical questions such as: how do the media influence the policy process? What do actors and their coalitions need to achieve to successfully influence the process? How does public opinion feed into and influence the policy process? And how is health promotion policy informed by evidence? For the period covered by our review of the literature, these questions are barely addressed and when they are, the answers given unfortunately resort largely to intuition.

Without proper theoretical grounding successes and failure cannot be satisfactorily explained and remain all but just anecdotal accounts. For to explain the role an advocacy strategy can play, one needs first: to have a clear concept of what a policy is about, to distinguish between mere policy adjustments from significant policy changes and, to come up with a clear theoretical map of the possible factors associated with a change of policy. Only then can one appraise and weigh the respective contributions of the hypothesized factors and processes to preferred or defined policy developments.

There is little doubt that a sound theoretical repertoire can also offer an invaluable guide to policy advocacy practice. For one thing, it can orient health promotion professionals toward the critical policy analyses required to achieve a clear understanding of the barriers to change. Sabatier and Jenkins-Smith's (Sabatier and Jenkins-Smith's, 1993) Advocacy Coalition Framework hypothesizes some prerequisites of significant policy change that can only (if ever) be achieved over many years; a situation that calls for persistent and well-planned advocacy work.

On a more positive note, our review of the literature may have shown that, although still in its infancy, the volume of policy research articles in the health promotion field has increased over time. The health promotion and health policy research community should by now be well-poised to transcend its naive and largely a-theoretical approach. However, and in order to achieve this, five issues need to be considered.

First, health promotion practitioners and researchers will have to abandon the models that served them well for conceptualizing behaviour change at the micro-level and embrace the complexity of the policy change process and its new requirements both in terms of theoretical frameworks and levels of change. Research questions should drive the selection of theory, and not—as seems to have been the case for at least the last 20 odd years—researchers' disciplinary preferences. The need for such a shift has been recognized nearly a decade ago already by the influential Institute of Medicine (Smedley and Syme, 2001) and still seems to have made little headway.

Therefore secondly, training programmes and qualifications in health promotion and public health will need to include more rigorous theory-based policy perspectives. There is a role for accreditation bodies to adopt and adapt such perspectives.

Third, the funding base for appropriate health policy research needs to be addressed. In Australia for instance, the Nutbeam Review of funding parameters for health research found that 'current arrangements did not offer flexibility in response to opportunities to test and/or evaluate changes to government policy' and a need for research that 'supports partnerships between researchers and health agencies, especially in the development of intervention research, and the development and evaluation of health policy' [(Public Health Research Advisory Committee, 2008), p. 27]. Clearly, this challenge is not unique to Australia and must be taken up by other research bodies around the world.

Fourth, new theories of the policy process need to be developed to reflect the broad diversity of political systems encountered across the world. Without exception, all the most authoritative conceptualizations mentioned here were modelled on Western-style democratic governance systems and therefore may bear little

relevance to significant sections of the world population. It is urgent that efforts be invested into modelling other democratic systems and, even more challenging, to understand policy change under authoritarian regimes.

Fifth and perhaps more dominantly, there is a role for (political) theoreticians to communicate the value and benefits of their work better to students, scholars, politicians and bureaucrats. Colloquially there seems to be an aversion to theory being abstract, difficult and tedious. In our own communications with students and policy-makers, although, we have seen that there can be much excitement when theory-driven research results yield tangible outcomes for policy change.

Without such changes, health promotion policy research is neither unlikely to offer much help to practitioners willing to influence the policy process nor likely to contribute to improve current models. As health promotion needs to translate its words into actions—which more often than not implies addressing at a political level the scandalous and widening disparities in health and wealth—it is unconceivable to think that we can do this without a proper theoretical lens.

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