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Editorial

Understanding the Role of Public Administration in Implementing Action on the Social Determinants of Health and Health Inequities

Gemma Carey*, Sharon Friel

Abstract

Many of the societal level factors that affect health – the 'social determinants of health (SDH)' – exist outside the health sector, across diverse portfolios of government, and other major institutions including non-governmental organisations (NGOs) and the private sector. This has created growing interest in how to create and implement public policies which will drive better and fairer health outcomes. While designing policies that can improve the SDH is critical, so too is ensuring they are appropriately administered and implemented. In this paper, we draw attention to an important area for future public health consideration – how policies are managed and implemented through complex administrative layers of 'the state.' Implementation gaps have long been a concern of public administration scholarship. To precipitate further work in this area, in this paper, we provide an overview of the scholarly field of public administration and highlight its role in helping to understand better the challenges and opportunities for implementing policies and programs to improve health equity.

Keywords: Social Determinants of Health (SDH), Health Equity, Public Policy, Implementation

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***Correspondence to:**
Gemma Carey
Email: gemma.carey@anu.edu.au

Introduction

The fundamental socio-political, socio-economic, and socio-cultural characteristics of contemporary human societies shape how people are born, grow, live, work, and age, which ultimately affect people's health and its social distribution. Implicit here are two levels of "social determinants" – the structural drivers that generate and distribute power, income, goods and services, at global, national and local levels, and the more immediate conditions of daily living.[1,2]

Many of the social determinants of health (SDH) exist outside the health sector, across diverse portfolios of government, and other major institutions including non-government organisation and the private sector.[3-5]

There has been increasing evidence of the types of actions that can be taken to improve the SDH and health equity, focusing often on public policy formulation.[6-10] However, whilst it is important that policies aimed at addressing health inequities are developed, it is essential that these policies are in fact implemented.[11]

From a population health and health equity perspective, there has been relatively little study of the complex policy frameworks and administrative layers through which public policies are managed and implemented. In this paper, we provide an overview of the scholarly field of public administration and highlight its role in helping to understand better the challenges and opportunities for implementing policies and programs to improve health equity.

Bringing Public Administration and Public Health Together

The Field of Public Administration

Public administration refers to the "organisational structures, managerial practices, and institutionalised values which officials enact" in the pursuit of policy implementation and to enact the will of governments.[12] Hence, public administration does not sit separately from questions of politics but is, as Meier and Hill suggest,[13] 'forged in the smithy of politics.' De Leeuw[10] usefully draws a distinction between 'policy' and 'action' in the field of public health. Here, 'policy' emerges out of politics but is largely static; the 'action' of policy emerges through its administration and implementation, and involves 'negotiation and bargaining between those seeking to put policy into effect and those upon whom action depend.'[14] This necessarily involves engagement with, and interference from, the political processes – particularly when considering complex and often ideologically challenging issues such as a fairer distribution of resources for social and health equity goals.[15] The different ways in which politics intersects with public administration under different conditions during the policy implementation process is explored by Matland[15] and Hill and Hupe,[11] and subsequently will not be discussed in depth in this editorial.

Broadly, public administration is concerned with how to effectively pursue policy goals through layered administrative systems composed of government and non-government

Regulatory Institutions Network, Australian National University, Canberra, ACT, Australia

entities. Central areas of inquiry which intersect with contemporary public health concerns include:

- 'Joining up': How to create integration between different parts of government who need to work together to solve complex problems and implement multifaceted policies (ie, those that might cut across departmental portfolios such as welfare, education, and health).[16,17]
- 'Boundary crossing': How to work effectively with those outside of government who are integral to policy implementation. These include increasingly diverse networks of non-government and private organisations, to whom government 'contracts' out service delivery (or policy implementation) functions.[18]
- 'Partnerships': Connected to the above two points, are questions of how to ensure that organisations and government work effectively in partnership with one another to achieve the best ends possible.[19]

Public Administration and Public Health

These lines of enquiry and ways of working in public administration echo approaches taken in the SDH and health equity action and research. Intersectoral action has been central to health promotion since the nineteen-seventies and eighties,[20] typified by the Alma Ata Declaration[21] and the Ottawa Charter for Health Promotion.[22] This intersectoral action for health speaks particularly to questions of 'boundary crossing' in public administration. Here, the public administration literature offers new conceptual and empirical insights by examining boundary spanning 'objects' across diverse administrative settings (ie, not isolated to the health sphere). These boundary objects[23] are groups or collections of actors that create different ways of knowing for the purpose of moving cross-sectoral collaborations forward.[24] They act as 'structural beacons'[23,25] – building, guiding and supporting cross-sectoral collaboration: "Boundary objects and their development help participants make sense of their world, what they may want to do with it, and why, and, in doing so, they… help connect people, ideas and other actors into a way forward."[24]

More recently, Health in All Policies (HiAP) has emerged as a set of institutional arrangements for delivering better health and health equity through interdepartmental coordination (ie, 'joining up').[6,7,20,26,27] A recent paper which sought to bring lessons from public administration literature to bear on HiAP and related interventions demonstrated that joined-up initiatives require a sophisticated supportive architecture to support implementation.[7] At present, this is not as well-developed in some public health interventions as it could be.[7] Here, the public administration literature offers important insights into how to develop such an architecture.[28-30] This includes strong lines of accountability, multiple 'levers' for change and a willingness to change implementation instruments and mechanisms over time.[28]

Reflecting more broadly on the field of public administration, since the 1980s, both public administration research and practice has moved through three paradigms (though, none of these paradigm shifts have been 'complete,' meaning that in practice we see a range of approaches in use):

1. Public administration – where the focus was on administering set roles and guidelines.[12,31]
2. New public management – attention to cross-sectoral management, seeking of entrepreneurial leadership within the public sector, growth and use of markets, competition and contracts for resource allocation and service delivery.[32-34]
3. New public governance (emerging paradigm) – commitment to policy networks and collaborative relationships between organisations, focus on institutional relationships within society and government.[31,35]

New Public Governance (NPG) extends previous iterations of public administration reform – attempting to capture ever complex networks of actors now engaged in public policy – as Kickert and Koppenjan explain "policy networks are the context in which policy processes take place."[36] These range from 'politics' and politicians, through the many administrative layers of government (departments, working groups, committees, advisory boards, and so on), to non-government entities including for-profit (eg, corporate) and not-for-profit organisations. It is worth noting, however, that various elements from across different ways of public administration paradigms (or trends) remain in place. In any one place we tend to see a mix of different approaches in action.[35]

Managing diverse networks has led public administration practitioners and scholars to focus attention on how to create administrative architectures and governance arrangements that support communication, accountability and sustainable services (and policy outcomes).[29,30,35] This area of work is potentially very fruitful for population health researchers interested in action on the SDH at the 'upstream' level. Public administration research has shown that greater attention must be given to negotiating values, meanings and relationships across (and within) organisations. For example, what contradictory values might different parts of public administration systems hold (eg, between public health and education or other domains) and how can they be effectively governed? It has also brought relational skills to the fore. Increasingly, public administration research is emphasising the importance of 'soft skills' for public service leaders, and those who are attempting to work across boundaries in public policy – because they are important for working in a networked environment.[37] These include: problem-solving skills, coordination skills (getting people to the table), brokering skills (seeing what needs to happen), and flexibility.[37,38] Arguably, these same skills are critical for public health researchers working towards change in government. The view of the policy process offered by new public governance goes beyond Cartesian heuristics (ie, policy cycles, models, and frameworks) that have been previously formulated in both political science and public health.[10] It highlights the fact that 'policy work' now happens across diverse domains and under many guises and that we to be aware of this when working in a policy domain.[39] Without appreciating this change, efforts to engage proactively and productively for better health policy and service delivery will be more limited. As community intervention research has shown, knowledge of context is critical for effective intervention and change.[40] Critically, public administration

research shows that this context is not static. Bureaucratic structures shift, but they also go through trends and cultural changes where particular approaches to the management of policy (and subsequent programs) are favoured over others. Hence, engaging with cutting edge research in public administration will help to keep public health researchers in touch with contextual shifts which will impact the efficacy of efforts such as HiAP.

At present, the fields of public health and public administration remain largely separate, though it is worth noting that the emerging interest in 'health politics' is seeing these fields shift closer together.[10,41,42] We contend that much can be gained from greater engagement with the public administration literature. New public governance describes the 'contexts' in which public health advocates are attempting to intervene to create change.[7,43]

In doing so, it also extends them – revealing more diverse areas of 'policy work' in which public health might effectively engage. Moreover, recent work in this field has shown that if we do not engage policy actors across networks our efforts to create change are likely to be less effective or 'wash out' over time. Hence, by better understanding the policy actors and contexts across the diverse policy domains, public health advocates and practitioners will be better placed to intervene in the upstream structural determinants of health inequities that are located within matters of politics, institutional inertia and macroeconomic and social policies whose goals are not aligned with health equity.

Ethical issues

Not applicable.

Competing interests

Authors declare that they have no competing interests.

Authors' contributions

GC conceived of the idea and wrote the first draft. SF assisted in refining the manuscript.

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