Action on the social determinants of health: Views from inside the policy process

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ABSTRACT

It is now well documented that many of the key drivers of health reside in our everyday living conditions. In the last two decades, public health has urged political action on these critical social determinants of health (SDH). As noted by the World Health Organisation, encouraging action in this area is challenging. Recent research has argued that public health researchers need to gain a deeper understanding of the complex and changing rationalities of policymaking. This, it seems, is the crucial next step for social determinants of health research.

In this paper, we turn our attention to the practitioners of 'the art of government', in order to gain insight into how to secure upstream change for the SDH. Through interviews with policy actors (including politicians, senior government advisors, senior public servants and experienced policy lobbyists) the research sought to understand the nature of government and policymaking, as it pertains to action on the SDH. Through exploring the policy process, we examine how SDH discourses, evidence and strategies align with existing policy processes in the Australian context.

Participants indicated that approaches to securing change that are based on linear conceptualisations of the policy process (as often found in public health) may be seen as 'out of touch' with the messy reality of policymaking. Rather, a more dialogic approach that embraces philosophical and moral reasoning (alongside evidence) may be more effective. Based on our findings, we recommend that SDH advocates develop a deeper awareness of the political and policy structures and the discursive conventions they seek to influence within specific settings.

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1. Introduction and background

For well over a century, we have known that many of the key drivers of health reside in our everyday living conditions (CSDH, 2008; Porter, 1999; Rosen, 1958). In the last four decades a large volume of research has been amassed which documents the varied ways in which social, economic, political and cultural environments impact upon health. This evidence on the social determinants of health (SDH) has prompted calls for widespread political action at both a national and global level (CSDH, 2008). Much of this evidence is, however, broadly agreed to be descriptive; causal mechanisms and pathways to change remain elusive (Bambra et al., 2010; Coburn et al., 2003).

In addition to calling for an upscaling of public health interventions globally, the WHO has recommended that national governments adopt a 'whole-of-government' approach to address the SDH, aimed at securing what is referred to as 'upstream' level change (i.e. change at the macro level within governments, which will result in widespread health benefits) (Bambra et al., 2010; Coburn et al., 2003). The necessity of including the whole of government in the effort to improve the SDH has been recognised since Canada's 1974 *Lalonde Report* (Lalonde, 1974). Similarly, the 1980 *Black Report* recommended the Cabinet Office machinery be made responsible for reducing health inequalities (Black, 1982). Currently, there are two dominant approaches advocated for whole of government change to address the social determinants of health: Health In All Policies, and Marmot's 'fairness agenda' (Carey et al., 2014). Recent research has identified significant shortcomings within these approaches which stem (in the main) from an underdeveloped conceptualisation of the policy process and its

context (Carey et al., 2014).

Similarly, researchers, such as Coburn et al. (2008) and Bambra et al. (2005), have argued that the gap between SDH research, political action and policy trends is actually widening, and that this stems from a lack of understanding of the politics and processes of policy change. As Clavier and de Leeuw (2013) suggest, translating the desire for action on the macro-level determinants of health into political reality has proven challenging seemingly because the "complex and shifting rationalities of policy still largely elude" health researchers.

At present, the design of whole-of-government initiatives for the social determinants of health relies upon evidence describing global health inequity, as opposed to that of successful whole-of-government intervention from disciplines like political science or public policy (Carey et al., 2014). This, we argue, goes to the heart of current barriers to addressing the social determinants of health at a macro level. Greater awareness is needed in population health research regarding the policy and political processes broadly, as well as deeper knowledge of how those concerned with improving the SDH can best navigate it. As argued by Exworthy and Hunter, increasingly the challenge for SDH researchers is not documenting the evidence, but better understanding the policy process (Exworthy and Hunter, 2011).

While public policy scholars have increasingly shifted towards more complex and non-linear models of policymaking, current efforts to influence policy processes in the SDH field too often rely on simple knowledge translation approaches (Clavier and de Leeuw, 2013; Coburn et al., 2003; Marmot, 2010). Such approaches reflect what Russell et al. refer to as a 'naïve rationalist' view of policymaking (Russell et al., 2008). Here, policymaking is seen to be a matter of finding and implementing the best research evidence and the answer to improving policy is to ensure a smooth flow of evidence into practice. However, political science research has long established that policymaking is a complex, iterative and contextually embedded process — not a linear one (Kingdon, 1984).

In seeking to understand how certain ideas or issues gain political traction and hold politician's interest long enough to be turned into action, Kingdon (1984) turned his attention to the study of practitioners in the field of government (i.e. policymakers). In doing so, he developed a theory of political agenda setting which continues to provide useful insights in a range of fields, including public policy (Green-Pedersen and Wilkerson, 2006) and public health (Baum et al., 2013; Exworthy, 2008). This focus on 'practice' is consistent with a growing interest in developing 'practice-based evidence', as a means of closing the gap between research evidence and practice (Gabbay and Le May, 2011; Green, 2008). While predominately aimed at 'practitioners' in community and clinical settings, we argue that much can be gained by turning this gaze to the practice of policymakers.

In this paper, we turn our attention to the practitioners of 'the art of government', in order to gain insight into how to secure upstream change for the SDH, guided by Kingdon's work on agenda setting. This perspective is consistent with emerging work in Norway, which investigates the practice of policymaking in order to better understand how action on the SDH might occur (Strand and Fosse, 2011).

In response to recommendations made by the WHO — that political action on the SDH requires leadership from within the health sector — previous research has explored the perspectives of health ministers regarding the SDH (Baum et al., 2013). Baum et al. (2013: 154) revealed that health competes with many other, more 'straightforward', issues within health portfolios that demand attention, such as those directly related to the healthcare system. They conclude "policy spaces for action on the SDH require that the rest of the health portfolio area is not perceived to be in crisis".

Given the significant barriers identified by Baum and colleagues to the health sector 'championing' action on the SDH (Whitehead et al., 2009), we examine the perspectives of a wider range of policy actors, many of whom have direct carriage for action or advocacy on the SDH.

Our conceptual starting point is the policy process itself, and how those who operate at different levels and from different vantage points understand and navigate it. Our aim is to develop a more nuanced understanding of the policy process as it pertains to the SDH. Our sample included politicians and policymakers across diverse portfolios within government, along with private and not-for-profit lobbyists — all of whom are engaged in political agenda settings and policy action (Kingdon, 1984). Through exploring the policy process, we examine how SDH discourses, evidence and strategies align with existing policy processes in the Australian context from the perspectives of experienced policy actors.

2. Methods

Qualitative semi-structured interviews were conducted with 21 policy 'practitioners' in early 2014 (see Table 1), including: former ministers, senior advisors to government, senior current and ex-public servants (e.g. Secretaries and Deputy Secretaries) in areas including: Treasury, Finance, Prime Minister and Cabinet, and Education. A range of high profile lobbyists were also identified for inclusion in the study, on the basis of their having achieved success in creating policy change in the following areas: education, disability, welfare policy, health, and public health. Hence, many of our participants had direct carriage for action on specific SDH (e.g. education and welfare policy). The research was approved by the Monash University Human Ethics Committee.

The study used snowball sampling (Blaikie, 1993). Five individuals were initially identified on the basis of their past/current role in politics, policy and advocacy. These participants nominated other appropriate individuals, until saturation was reached (i.e. no significantly new issues were raised by participants and participants began to nominate individuals who had already taken part in the study). Participants were approached via email and interviews were predominately conducted over the phone due to ease of scheduling. Wherever possible, face-to-face interviews were conducted.

Participants were provided with a one-page description of current SDH work, drawing on the WHO Commission on Social Determinants of Health Report (CSDH, 2008) and the Marmot Review (Marmot, 2010). During the interviews, participants were asked to reflect: on the policy process, and the nature of government and politics. Based on that reflection participants were asked to evaluate the 'fit' and potential of the SDH discourse and evidence to motivate policy change. Interviewees were also asked to describe how they would approach lobbying for political and policy change on the SDH. Interviews were transcribed verbatim.

Table 1
Participants.

Position[a]	No.
Former or current ministers	2 (one state, one federal)
Senior federal policymakers	7
Lobbyists	10
Senior Federal Policy Advisors	4

[a] Some individuals are accounted for more than once due to career changes.

2.1. Theoretical lens

The policy process is thought to be increasing in complexity, driven by the growing number and diversity of policy actors involved in it, tied together in policy networks (Rhodes, 1997, 2007). Indeed, an interest in 'policy networks' intrinsically (if not always explicitly) lies behind whole-of-government initiatives (De Leeuw et al., 2013; Kickert et al., 1997). Whole-of-government initiatives rely on networked approaches to governance and public management, which recognise interdependencies between different actors (Kickert et al., 1997). However, management of complex networks is not a matter of simply diagnosing the problem and selecting the appropriate instruments (Provan and Kenis, 2007). As De Bruijn and Heuvelhof (1997) argue, the diagnosis of the problem will differ depending on vantage point within the network, while the solutions, to be effective, must work in and through the network and be tailored to the actors and their contexts. Developing effective approaches to addressing the SDH, within a networked context, requires more nuanced theoretical frameworks than those of evidence-based policy (De Leeuw et al., 2013).

Kingdon's theory of policy and political agenda setting, which is underpinned by a networked conceptualisation of policy, was selected to guide the research and analysis due to its fit with our approach and preliminary data analysis. Kingdon's (1984) analysis of policymaking practice stemmed from his interest in how ideas suddenly gain traction and become part of political and public discourse. His study sought to identify why policymakers and politicians pay attention to one thing rather than another − how some ideas take over, while others fail to be noticed at all (Kingdon, 1984). Understanding how an 'idea's time has come', he argued, was central to comprehending public policy outcomes and government processes.

Based on a detailed empirical study, Kingdon generated a model of political and policy agenda setting. Here, agenda refers to the list of subjects or problems which those engaged in the policymaking process show interest in, use or dismiss. At its simplest, this model depicts three streams running through the 'policy system': problems, policies and politics. The problem stream is concerned with how certain issues are brought to the attention of policy actors. The policy stream refers to the set of solutions from which policy actors can select, to address the problems that have gained traction and are seen as requiring action. And finally, the politics stream is composed of issues occurring in the wider environment of policymaking − such as national mood, community concerns, normative ideological positions − that shape whether issues are understood to be 'problems' and what policy options are thought to be possible and palatable. These streams operate in complex and networked environments (De Leeuw et al., 2013).

Actors within each of these streams can play visible or invisible roles, working to promote policy change or maintain the status quo. When the streams become 'coupled', a 'policy window', or opportunity for action, presents itself. While shifts in the wider environment can 'couple' the stream, most famously Kingdon (1984) proposed the notion of a 'policy entrepreneur' − individuals who are able to successfully link individuals and issues across streams, creating 'policy windows', or opportunities for action.

In seeking to capture and understand lay experiences, our study adopted an interpretive approach. This meant seeking an understanding of how policy actors navigate the policy process, and the reasons or 'theories' that lay behind their actions (Blaikie, 1993). Abduction characterises research that is concerned with creating expert (or scientific) knowledge of social life from everyday (or 'lay') accounts that social agents provide. Here, the aim is to discover why people do what they do by uncovering the tacit, or mutual, knowledge, intentions and rules that "provide the orientation for their action" (Blaikie, 1993) (p90).

2.2. Analysis

To analyse the data, a codebook was developed; both authors read through the transcripts in order to create a preliminary set of codes. Each author then coded the interview data, through a process akin to open coding (Strauss, 1987). Initial analysis identified three categories, consistent with Kingdon's theory. Through further workshopping, a number of sub-themes were identified within each (see Fig. 1.). Linkages and connections between sub-themes were developed, and a matrix was created which combined Kingdon's initial streams with more nuanced sub-themes. Within these, we identified structural and discursive dimensions. While presented separately in Fig. 1, structural and discursive dimensions were often closely interwoven, leading us to explore the interdependencies between them.

3. Results

Consistent with Kingdon's framework, statements from participants regarding how the policy process works fell into three clear streams: barriers relating to the problem (how the social determinants has been as an agenda for political action), policy (the nature of government and the policy making process) and politics. Kingdon (1984) argued that the three streams flow "largely independently of one another, and each develops according to its own dynamics and rules" (p.20). Upon deeper analysis of the three streams, we found that they were entwined not just through the actions of individual policy actors, but also through structural and discursive interdependencies shaping dynamics and rules across the three. Creating change required actors to work within the structural constraints and discursive conventions of policymaking, through which opportunities for action would be built over time.

In this section, we describe how the three streams were tied together by examining participants' descriptions of the structural and discursive realities of policymaking.

3.1. Structural dimensions

The existence of government silos has been widely commented on in both the public health and broader policy literature, where they are seen as barriers to effective policy (Kickert et al., 1997; Marmot, 2011, 2010; Raphael, 2006). Efforts have been made in a range of fields to break down these silos: Health in All Policies is the most recent attempt in SDH and there have been joined-up/whole-of-government programs in everything from crime (Homel et al., 2004), to housing (Commonwealth Department of Family and Community Services, 2005), and Indigenous Health (Holland, 2014) to name a few.

While government silos were described as problematic by all participants, they also clarified these observations with statements that departments exist for a reason: they enable governments to break down the complexity of citizens' lives and thereby simplify the task of governing. For example, one lobbyist explained matter of factly *"It is quite contrary to the way that governments are structured. Governments deal with all aspects of our lives… and they do that by creating departments"* [P11 − Lobbyist]. While, in the following statement, a former chief policy and political advisor makes a similar point by contrasting the social determinants of health with government perspectives:

The causal processes [of the SDH] are diffuse… they are diffuse processes of the interaction of people and their environments and

STREAMS			
	Problem	**Policy**	**Politics**
Structural dimensions	Accountability & rewards	Government silos & departmentalism	Community concerns & political incentives
Discursive dimensions	Pitching the problem/solution	Non-linear policy processes	Normative positions

Fig. 1. Structural and discursive challenges.

those processes and those models of causation don't fit with the way that government sees the world. It's not how they're organised. [P8 — Senior Federal Policy Advisor]

Both those inside and outside of government argued that there is a need to acknowledge, and work within the constraints of, departmentalism; departmentalism reflects the structures through which governments are able to provide for their citizens. Moreover, while joined-up government might be preferable, it is prohibitively difficult to create on a broad scale. For example:

We run in silos, we're trying to get cross-departmental stuff happening, but this is walking, talking chewing gum — walking and talking in five languages — and chewing gum. [P9 — Senior State Policymaker]

You might say government doesn't work the right way and that's the problem... [but] the reality of what [policymakers do] when they go to work on Monday mornings [is] deal with the infra-structure of government, the conventions and the routines of gov-ernment, the way in which decisions and advice is sought, the way in which policy [is] shaped within the structures that are. [P2 — Lobbyist]

This is consistent with the public administration literature, which notes that after sixty years of attempting to break down departmentalism, knowledge of how to create integration is still in its infancy (Keast, 2011; O'Flynn et al., 2011), and the literature on integration and multi-level governance (Scholten, 2013). Hence, while continued efforts to create joined-up or whole of government change are important, they have been found to be hard to achieve and harder to sustain (6, 1997; Keast, 2011; O'Flynn, 2013). As a result, successful action on the SDH will be limited should they continue to hinge on the implementation of joined-up approaches (Carey et al., 2014).

An unavoidable consequence of departmentalism, participants explained, is a desire for problems, policies and programs that fit neatly within departmental boundaries. Consistent with Exworthy's (2008) observations about the unwieldy nature of the SDH as a policy concept, participants' contrasted the narrow accountability of departments with the more 'diffuse' nature of the SDH. This was, not surprisingly, emphasised most strongly by lob-byists, reflecting on their experience of 'what works':

Politicians need something where [they can say] 'what am I trying to do here?' and 'how would I know if it happens?'... [so you need to] chunk it down into areas that ministers can get hold of and get some traction on and win some arguments in cabinet. [P10 — Lobbyist]

The impacts are generally sort of medium to long term [with the SDH], it is often not clear where that credit would lie for them so a particular minister or government can't identify 'we have this outcome'. [P3 — Lobbyist]

A number of interconnected needs appear to drive this desire for problems and solutions that can be compartmentalised within the scope of single departments: accountability, risk-management, traction with politicians and central departments (where 'messy' problems become difficult to sell) and, ultimately, who gets credit for policy and program success. While admirable, those with extensive experience inside government argued that seeking broader structural change could b exceedingly difficulty because of the culture created by these structural realities:

Creating and aligning the capacity to act in an integrated, coherent way on many different levels of government and across the many different functions of government...poses the biggest challenge ... because it's not how government thinks of itself... It's very very difficult for them to conceptualise a process of integrated change.

You see institutions being given responsibility for creating, or per-forming within some sort of simple range and you see endless ef-forts to explain and describe what's important in simple terms. Social determinants needs or would need an equivalent approach. [P8 — Senior Federal Policy Advisor]

We do everything incrementally, we break things up into small packages: we avoid the risk of the big thing going belly-up so the Minister or the public servant or the department will be embar-rassed. [P19 — Senior Federal Policy Advisor]

In elaborating on this issue, several participants pointed to the risk-adverse nature of the public service, which limits innovation and large-scale, or 'transformative', policy change (Matthews, 2009). Less commented upon in the literature, however, was the suggestion that governments' 'sense of its own capacity' is a sig-nificant barrier. Again, this statement draws attention to cultural constraints placed upon innovation within government, which is

becoming an area of significant interest to public administration researchers (Considine et al., 2009). To date, this research has demonstrated that innovation within the public service is incremental and difficult (Considine et al., 2009), though not impossible (Matthews, 2009), to achieve.

Thus far, our analysis concentrates on public service-led change, which we might conceptualise as being 'bottom-up' change within government. Several participants also described the need to create 'top-down' change through politically motivated action. Political action was seen as more likely to secure transformative change than efforts targeted at public servants:

You are never, ever going to get the silos of government to take shared responsibility unless you have prime minister or ministers' ... in place. [P4 — Lobbyist]

Both lobbyists and policymakers/advisors stated that gaining this top-down support would require researchers to build community momentum, rather than appeal directly to policymakers or politicians. As phrased by one lobbyist 'Policymakers always follow they never lead [P1 — Lobbyist].

Politicians don't care if the community isn't pushing them. It doesn't matter how strong your argument is, if it's given to a politician in the closed confines of the politician's room and then they go outside and people are complaining about the level of [tax] ... then that's what they'll listen to. [P19 — Senior Federal Policy Advisor]

Similarly, another policymaker reflected on their experience of being told by politicians and political advisors to not bring forward policy ideas based (solely) on scientific evidence, and to focus instead on community concerns:

We were told by an incoming minister... very clearly that we didn't need to bother to come forward with anything ... unless it was (a) already part of the party's policy, [or] if it was outside of that then (b) we needed ... a compelling case not based on the science but on what the impact would be in marginal seats.

[Just because] something might be printed in the New England Journal of Medicine, or the Lancet or the BMJ ... it wouldn't get the time of day unless it was accompanied by market research that showed what the impact of that would be in marginal seats. [P5 — Senior Federal Policymaker]

Hence, political structures mean that evidence takes a back seat to issues that will win votes.

These political and policy structural realities appear to create discursive conventions, which govern how problems and solutions need to be framed in order to gain traction across problem, policy and politics streams.

3.2. Discursive dimensions

Reflecting the turn towards discourse, which has occurred in the public policy literature in the last decade (Fisher, 2003; Scollon, 2008), participants commented upon the ways in which evidence and arguments are presented as being at least as important as the evidence itself when seeking to achieve policy change. More specifically, they argued that the way the social determinants of health is put forth as a 'problem' for political action needs to align with the structural dimensions of the policy process outlined above and also provide SDH advocates with a seat at the policy table.

Consistent with previous research on political action on the SDH

(Baum et al., 2013; Exworthy, 2008), those with lobbying experience felt that the scope of the problem was seen as prohibitive to action:

What's the outcome you want? It's a very nebulous outcome. You're talking generational change, you know this isn't going to happen overnight. The whole timeframe, the whole horizon for the policymakers needs to be nuanced enough to work on the small changes, the doable changes now, while keeping the long term in mind. [P1 — Lobbyist]

Instead participants argued that the 'problem' of the SDH needed to be 'broken down' into parts, which correlated with the structures of government. That is, they needed to fit within specific departmental boundaries and — by extension — accountability and incentive structures:

Lobbying always works best when it's very ... targeted and a fairly discrete issue. So it's contained within a portfolio and you can lobby a particular minister and there are very clear interest groups. And you can sort of trace the causal... chain from a policy or initiative to an outcome, so it is clear who gets the credit. [P3 — Lobbyist]

Within that environment, a successful advocacy initiative for social determinants chunks up the different bits. It gets the evidence of which intervention works for who, and it then takes those individual interventions to those appropriate parts of government that are looking for the solution. [P4 — Lobbyist]

Several lobbyists drew attention to timeframes, as another challenging dimension of scope for those concerned with action on the social determinants of health. They argued that a long term agenda needed to be developed, for example:

" I'd also look at a longer term agenda. I don't think it's something that's going to change overnight ... There is probably a long way for politicians and policymakers to go so it really needs to be incremental. [P1 — lobbyist]

Time was also seen as an issue in relation to attributing policy success (which, in turn, fed back into whether action was likely to be taken): *"The impact are generally sort of medium to long term, it is often not clear where that credit would lie for them so a particular minister or government can't identify 'we have this outcome for example'.* [P3 — Lobbyist].

Policymakers, and those with experience within government, suggested that government views itself as having limited policy options, which are often smaller in scale than those proposed within the SDH literature. As well as 'breaking down' the problem to fit within departments, participants also felt that the scale of the solutions had to align with what is seen as achievable:

The challenge we've got is that very often the advocates, whether they are individuals or organisations, often make the most bold leaps from the evidence they have collected to public policy ... You have to make sure there is a move from the evidence collected to what the policy options are that are available to government". [P20 — Senior Federal Policymaker]

Hence, advocating for changes that are beyond government's sense of capacity to act was thought to be unproductive. As Kingdon (1984) suggests, policy options must be advocated for well before action is required to build the receptiveness of policy actors and the community.

While specific recommendations for strategies for gaining

political traction varied greatly, lobbyists agreed on the need to put forth solutions and take a constructive (or positive) approach:

> …it's important to look for some early wins. Politicians, like anyone else, want to get some wins on the board… a lot of the longer term aims are just a bit sort of out of reach at the moment. So identify something that could be done within the shorter term that would get some runs on the board, give them some credibility. [P3 – Lobbyist]

> I just think that the communication task for the SDH is to not be as persecutory as the dominant mode of communication and move more towards the kind of, 'we're here to help, here's some stuff that's worth thinking about, case studies in' … no matter how small they are, on things that are worth considering. [P2 – Lobbyist]

> If you're always running into a friend or colleague who is continually giving you shit … you kind of avoid them. I think that the psychology of the SDH, I think a lot of it is very negative about what governments aren't doing. So the challenge is going to be how you get people who are concerned and are of good faith to get that perspective seeded more in government, into those opportunities where they are more listened to. [P2 – Lobbyist]

The importance of offering solutions in political debate has long been considered equal to that of establishing what the problem is. As Russell et al. (2008) state, even in the Ancient Greek *polis* it was apparent to Aristotle that "uncertainty in the policy arena generally concerns questions not of 'what do we know?' (problems of evidence) but of 'what should we do?'" (Russell et al., 2008: 43).

Previous research on the SDH has noted that policymakers prefer (and need) more solutions (Baum et al., 2013). All participants with lobbying experience described solutions as not simply desirable, but as prerequisites to engagement with the policy process. That is, constructive solution-based approaches would open doors for researchers and advocates and provide them with a more influential seat within policy agenda setting and decision-making processes. Without solutions, advocates were not seen to be relevant to decision-making. Hence, starting with discrete, solution-based approaches could enable SDH advocates to gain access to the influence they seek. If their proposed interventions are seen to be successful, then advocates will have positioned themselves as useful and trustworthy sources of advice. From this, participants argued, more structural and wide reaching change could be sought. Insights from participants suggest that the 'practice of policy' requires a highly strategic approach, which requires a long-term strategy based upon a vision of incremental change.

Finally, all our participants argued that greater recognition and understanding of the 'messiness' of policymaking was required for those seeking to influence change. Increasingly, there is a shift away from linear models of policy making, such as 'stages of change' (i.e. where the policy process follows distinguishable steps) (De Leeuw et al., 2013; Sabatier, 1991). While such models can provide useful heuristic devices for policy actors (i.e. to think through actions), they are now widely regarded as being highly divorced from practice (deLeon, 1999). Policymaking is now understood to be messy, involving dynamic relationships between multiple stakeholders, institutions, traditions, conventions and contexts (Sabatier, 1991). Consistent with these shifts, our participants criticised evidence-based policy paradigms, where 'evidence gaps' need to be overcome through the refinement of research evidence and better uptake by policymakers (Russell et al., 2008). Below, those with experience within government reflect on the disparity between 'evidence-based' policy paradigms, policy cycle models and their experiences:

> [People] imagine [that policy development involves] collecting evidence and then conceptualising it, analysing it, synthesising it, developing it into a range of policy options [which are then] presented to a minister who would choose between those options. … And then it would be delivered. Next… would be to engage in the evaluation… That doesn't happen. The nature of public policy tends to be very iterative, opportunity driven, highly responsive to events. [P20 – Senior Federal Policy Advisor]

> The uselessness of that world view of decision making: [The view] that if researchers and academics work closely with bureaucrats and or politicians and convince them that their evidence, the evidence from research, is robust and provides a basis for change, then change will happen. [P14 – Senior Federal Policymaker]

> Evidence-based policymaking doesn't actually help you govern… it doesn't help you to be innovative and creative. It introduces lags and introduces conservatism and doesn't really help you. [P6 – Senor Federal Policy Advisor]

While reports on the SDH have emphasised the objective, evidence-based nature of the field and the problems identified (CSDH, 2008; Kelly et al., 2007; Marmot, 2010), interestingly three participants with extensive experience within government argued that separating evidence from moral 'normative' positions was a mistake. Rather, they advised that SDH advocates should utilise and engage with ethical and moral arguments about inequality:

> In terms of having a more equal fair egalitarian society is rarely going to be driven by health in the cabinet room. It is driven as an objective in its own right. [P21 – Senior Federal Policymaker]

> I think the instrumental arguments are the weaker arguments for reducing inequality. I think in some sense the use of them has portrayed a lack of confidence among many advocates in the sort of core moral principles. I think the right argument is [it's the right thing to do], not 'let's reduce inequality because it will reduce crime'. [P16 – Former Federal Minister]

> As soon as a senior official, a minister or an advisor to a minister sees data they kind of switch off. The power to persuade… is not based upon evidence. It is based upon constructing an intellectual appeal and coherence of argument. In some ways it is more philosophical. [P7 – Senior Federal Policy Advisor]

One lobbyist who identified as conservative argued the converse, suggesting that: "the failure internationally for the new thinking on social determinants… is the dominant or the lack of awareness of the proponents to move to the [political] centre and instead be caught on the left" [P4 – Lobbyist]. This advice can be interpreted as shifting, rather than claiming, ideological ground.

Yet, all these statements indicate that moral and ethical arguments sit at the core of public policy. As Kingdon (1984) suggests, policymaking is a contest over ideas and worldviews. To not engage with this contest is to sidestep the ground upon which policy arguments are fought and won. Moreover, as one participant argued, those within government may make assumptions about the normative positions of researchers and advocates if they were not declared. This can breed distrust, leading 'evidence-based' advice to be discounted:

> A lot of academics in my experience… find it quite hard to draw distinctions between normative positions, which get reflected in advocacy work,… and the so called objectivity [of research]… Academic research and think tank work and advocacy work that uses evidence to try and make a case can in the end shoot itself in the

foot if it is associated with a normative position [without declaring it].

My solution is not to de-couple [evidence and advocacy]… I think the approach is to critique the notion of evidence-based policy-making and to get behind the notion that public policymaking is about ethics and reality. The philosophical cannot be ignored and it cannot be circumnavigated by data and analysis. [P7 − Senior Federal Policy Advisor]

These participants argued that creating political action requires one to present a vision of the future, which policymakers do through speeches and language − or rhetoric. Rhetoric, in the original sense, refers to the use of moral political discourse for the purposes of persuasion (Russell et al., 2008). In doing so, they use normative positions. Hence, if policy making revolves around ethics, morality, and different understandings of 'reality' and what should be done (i.e. normative positions), SDH advocates need to engage with and use ethical and moral arguments. They are part of the context of policymaking.

4. Discussion

Much of the literature on the barriers to political action on the SDH centre on the question of evidence (Marmot, 2011; Petticrew et al., 2009). Here, action on the SDH is seen as being constrained either by: an inability to get evidence into policy and practice (i.e. knowledge translation), or the need for further refinement of the evidence itself:

The evidence on its own does not provide a complete recipe for success, nor an imperative for action. The evidence needs further refinement if it is to be useful in everyday practice. (Kelly et al. 2004: 14)

In contrast to these perspectives, all of our participants were aware of, and conversant in, the SDH literature. They did not contest the reliability of the evidence or its persuasiveness and they did not discuss traditional knowledge translation barriers. As summed up by one participant, "[They may] not be thought of in the terms that you use, but the notion of these linkages within society and how society works is pretty well appreciated. That there is a relation between social determinants of health is pretty well known". [P21 − Senior Federal Policymaker].

Baum et al. (2013) suggest that where the SDH are understood by those in government, they are seen as 'conditions', rather than 'problems', (Baum et al., 2013; Dahlgren and Whitehad, 2010) (p15). Our participants, however, saw inequality and its impact on people's lives as a 'problem' that warranted policy solutions. In our research, the barrier to action on the SDH was seen rather as a misalignment between the messy reality of the policy process and the efforts of SDH advocates. The type of evidence which exists, the way it is framed in policy proposals, and the way it is presented by researchers and advocates all reflect a belief that providing enough evidence of the problem will be sufficient to spur political action.

In Kingdon's (1984: 20) theory of political agenda setting, the three streams − problems, policy and politics − are thought to operate quite independently, most of the time. Similarly, Exworthy perceived the 'coupling' of streams to only occur though the actions of policy entrepreneurs or major factors that re-organise the system (e.g. elections).

In contrast, participants conveyed a view of policymaking and agenda setting where streams were interwoven at all times. They cannot be uncoupled due to their structural and discursive ties. For example, for our participants how problems are pitched discursively needs to correspond with accountability and reward structures, which are determined by the structure of government (e.g. departmentalism) and the political system (where politicians need to gain the favour of their constituents by acting on their immediate concerns). Without continuity across streams, at both a discursive and structural level, the chances of securing change were seen to be limited. Hence, from the perspectives of our participants, proposed action to improve the SDH needs to be 'broken down' so it can be communicated in ways that 'fit' discretely within government departments. Further, solutions need to be conceptualised in ways that do not jar government's sense of its own capacity to enact reform.

While government structures remain, it was through reflecting upon them that our participants linked problem, policy and politics streams. For example, focus on the short-term was seen as lying at the heart of the need to secure community demand for change, the desire for policy successes to be traceable to particular portfolios and politicians, and the desire for those advocating for change to be 'solution focused' and provide 'good news stories. Meanwhile, Government departmentalism creates a demand for clear lines of accountability and discrete policy problems, which tied into politicians need for 'clear and easy wins'.

The picture of the policy process presented in this research is consistent with emerging public policy research, where policy change is viewed as taking place within a context of highly complex networks and actors (De Bruijn and Heuvelhof, 1997; Kickert et al., 1997; O'Flynn, 2013; Rhodes, 2007). This literature, however, is only beginning to gain traction in public health (Clavier and de Leeuw, 2013). Our findings build on this work by further revealing the ways in which problems, politics and policy streams become interwoven in the practice of policy actors. That is, participants were able to provide insight into the day-to-day ways in which one can adjust ones practice in order to operate within the policy context and move agendas forward (irrespective of whether a significant policy window has opened). Moreover, recommendations made by participants do not hinge on successful joined-up government initiatives which (though important) are extremely difficult to achieve (Carey et al., 2014).

Based on our findings, we provide a number of recommendations for securing political and policy commitment for the SDH. We recommend that SDH advocates develop an awareness of the political and policy structures they seek to influence. While substantive change is important, initially they may find it more effective to scale the problem so that it fits within the remit of specific departments. In terms of securing transformative change, community momentum appears to be important (as evidenced by policymakers' experiences of focussing on the issues in marginal political seats).

We also recommend that those interested in securing change concerning the SDH pay closer attention to the discursive traditions of policy making. Efforts based on linear conceptualisations of the policy process may potentially be seen as 'out of touch' with the messy reality of policymaking. Rather, a more dialogic approach that embraces philosophical and moral reasoning (alongside evidence) may be more effective. Finally, our research suggests that a government's sense of its own capacity to act could be a critical barrier to securing transformative change. Here, lobbyists recommend slow and strategic introduction of the need for structural change via community building and trusted advisors.

5. Conclusion

Much of the existing advocacy for improving social determinants of health approaches the policy process as logical, linear

and rational. More sophisticated interventions, which seek to reshape the policy process in order to overcome these issues, are in their infancy (Carey et al., 2014). Consistent with previous research, participants argued that joined-up government is extremely difficult and SDH action should not hinge on their success. Rather, participants suggested that a more dialogic approach that embraces philosophical and moral reasoning (alongside evidence), and works within the structural realities of government (rather than trying to change them), may be more effective. Based on our findings, we recommend that SDH advocates develop a deeper awareness of the political and policy structures and the discursive conventions they seek to influence within particular settings.

Acknowledgement

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