



Social determinants of health and health equity policy research: Exploring the use, misuse, and nonuse of policy analysis theory



Mark G. Embrett^{a,c,*}, G.E. Randall^{b,c}

^a Health Policy PhD Program, McMaster University, Hamilton, Ontario, Canada

^b Health Policy and Management, DeGroote School of Business, McMaster University, Hamilton, Ontario, Canada

^c Centre for Health Economics and Policy Analysis, McMaster University, Hamilton, Ontario, Canada

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ABSTRACT

Despite a dramatic growth in SDH/HE (social determinants of health/health equity) public policy research and demonstrated government interest in promoting equity in health policies, health inequities are actually growing among some populations and there is little evidence that “healthy public policies” are being adopted and implemented. Moreover, these issues are typically failing to even reach governments’ policy agendas, which is a critical step towards serious debate and the identification of policy options. This systematic review pursues three main objectives. First, is to identify barriers to SDH/HE issues reaching the government policy agenda. Second, to evaluate the characteristics of peer-reviewed research articles that utilize common policy analysis theories. And third, to determine the extent to which the SDH/HE literature utilizes common policy analysis theories. Our systematic review, conducted in June 2012, identified 6200 SDH/HE related articles in the peer-reviewed literature; however, only seven articles explicitly used a commonly recognized policy analysis theory to inform their analysis. Our analysis revealed that the SDH/HE policy literature appears to be focused on advocacy rather than analysis and that the use of policy analysis theory is extremely limited. Our results also suggest that when such theories are incorporated into an analysis they are often not comprehensively employed. We propose explanations for this non-use and misuse of policy analysis theory, and conclude that researchers may have greater influence in helping to get SDH/HE issues onto government policy agendas if they gain a greater understanding of the policy process and the value of incorporating policy analysis theories into their research. Using a policy analysis lens to help identify why healthy public policies are typically not being adopted is an important step towards moving beyond advocacy to understanding and addressing some of the political barriers to reforms.

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1. Introduction

In the past decade, there has been growing interest in reducing health inequities nationally and globally by addressing the social determinants of health (SDH) through the implementation of policies aimed at reducing disparities among populations and in turn improving overall population health. In 2003, the World Health Organization (WHO) released a landmark report titled “The Determinants of Health: The Solid Facts” which reaffirmed the detrimental effects poor social environments have on the health status

of individuals and groups. The report highlighted the research evidence which concludes that medical health care alone is not sufficient to remedy the detrimental effects of poor social environments. Instead, government policies which promote greater health equity (HE), often referred to as “healthy public policies,” are essential. Despite this acknowledgment, efforts to persuade governments to implement healthy public policies have had limited success and inequities in health continue to grow (Braveman et al., 2011; CSDH, 2008; Marmot, 2005; OECD, 2011; Wilkinson and Marmot, 2003).

In this paper we report the findings from a systematic literature review designed to investigate the state of SDH and HE (SDH/HE) policy analysis research. The objectives were to: (1) identify barriers to SDH/HE issues reaching the government policy agenda (the use); (2) evaluate the characteristics of peer-reviewed research articles that utilize common policy analysis theories (the misuse);

* Corresponding author. Centre for Health Economics and Policy Analysis, CRL Building, 282, McMaster University, 1280 Main Street West, Hamilton, Ontario L8S 4K1, Canada.

E-mail addresses: embretmg@mcmaster.ca, markembrett@hotmail.com (M. G. Embrett).

and, (3) determine the extent to which the SDH/HE literature utilizes common policy analysis theories (the non-use). A systematic review was performed to identify scholarly literature that examines SDH/HE issues by using policy analysis concepts which focus on the early stages of the policy formation process (problem definition and agenda setting). We begin with a brief background on the state of SDH/HE literature and policy adoption. We then elaborate on the methods used to conduct the systematic review and provide justification for focusing on problem definition and agenda setting. Findings are presented followed by a discussion of their implications and our conclusions.

2. Background

Health equity is often defined as the absence of systematic disparities in areas of health between more and less advantaged social groups (Braveman and Gruskin, 2003). The systematic disparities associated with circumstances that place some groups at a further disadvantage in terms of achieving health or having opportunities to be healthy is referred to as health inequities. Social, political and economic conditions in which people are born, live, work, play and socialize are known as the social determinants of health (SDH) (CSDH, 2008). These conditions have been shaped by distributive public policies that allocate financial, human and physical resources at global, national and local levels (Braveman and Gruskin, 2003; Hawe, 2009; Marmot et al., 2008; Raphael, 2003). The SDH contribute substantially to creating and perpetuating health inequities, which in turn impact differences in health status across populations. “Healthy public policies” are designed to reduce the disparities between groups by ensuring that social, economic and political conditions do not indirectly disadvantage any particular group. The success or failure of any healthy public policy initiative may be measured in terms of HE gaps between the worst off and the rest of a given population and throughout the health gradient (Baum et al., 2009; Costa-Font and Hernández-Quevedo, 2012; Graham, 2009).

Research on HE across the globe and the link to poor health outcomes are prevalent in the scholarly literature (Almeida-Filho et al., 2003; Navarro, 2009; Navarro et al., 2006). Despite this growing body of evidence and the plethora of recommendations by many experts advocating for governments to adopt policies that address longstanding inequities, very little has been done through the adoption of healthy public policies (Bell et al., 2010; Graham, 2004, 2009; Marmot et al., 2008; Petticrew et al., 2004; Raphael, 2009).

Our preliminary review of the literature indicated that policies to improve SDH/HE have either not made it onto government policy agendas or that politically acceptable policy options have not been formulated. In order to examine why these issues have not been adequately addressed in public policy it is important to study them with an appreciation of the broader political context and using a policy analysis lens. Policy analysis is central to health reform because it helps us understand both retrospectively the outcomes of past policy and prospectively the prospects for future policy adoption (Walt et al., 2008). It can also give context to the structural and functional aspects of ideas, interests and institutions that influence and may present barriers to policy adoption. The focus of much of the SDH/HE policy literature is on advocacy and criticism around the lack of adoption of policies that could improve population health outcomes. However, few SDH/HE researchers have examined why healthy public policies have not been adopted and implemented from a political and theoretical policy analysis process perspective. This is problematic since policy cannot be truly understood without knowing the underlying mechanisms and processes (Exworthy, 2008).

Policy implementation is often seen as the penultimate stage of the policy process but many factors contribute to how a problem is defined, whether a policy issue ever makes it to the government policy agenda, and whether acceptable policy options are ever formulated, long before policy adoption and implementation becomes a possibility. Although often oversimplified the policy process is a concept that can be pragmatically viewed as sequential phases that begin with an issue being defined as a problem (Problem Definition) and that then gets placed on the policy agenda for potential government action (Agenda Setting) (Sabatier, 2007a). The subsequent stages are typically described as being policy formulation, decision making, implementation and finally, evaluation (Burststein, 1991; Howlett et al., 2009; Stone, 1989). This stages heuristic has limited applicability because it describes policy making as a linear process, when it is often random and erratic, also because it also lacks causal drivers for policy progression. However, benefits of using it as a lens, include the ability to focus a research question within specific stages, which does not require the assumption that the entire process is linear. The approach of the current study is to focus aspects of problem definition and agenda setting.

There is little evidence found in the literature that suggests SDH/HE issues routinely move beyond these initial stages. One possible explanation for the absence of SDH/HE policies is that the issues have been ill defined and have therefore not made it onto the policy agenda in order for policy options to even be formulated. In order to explain why a policy issue has or has not progressed to the policy agenda it becomes necessary to apply policy analysis theory that addresses the underlying mechanisms of the policy process.

The problem definition phase begins when a problem is framed in a manner that identifies it as a public matter that is amenable to policy action (Burststein, 1991; Houston and Richardson, 2000; Rein and Schon, 1996; Stone, 1989). Framing issues in this way is extremely difficult and considered by some experts to be a “major political accomplishment” (Kingdon, 1984, p. 121) given that there are typically other competing definitions of a problem being promulgated. Effective framing of an issue may be achieved through deliberate use of language and symbols that highlight the harms and/or benefits of the policy option or current policy consequences in a causal way (Rochefort and Cobb, 1993). These causal stories are often told using strategic language by groups with vested interest in a proposed solution. If suitably framed, the probability of an issue progressing onto the policy agenda is greatly enhanced. Moreover, the framing of a problem can in and of itself advance some policy solutions while eliminating others.

The objectives of this study are achieved through a systematic review of the SDH/HE scholarly literature and an analysis of the resulting articles. Commonly used concepts that traverse various policy analysis theories, such as those cited above, and others relating to the initial stages of the policy process, are used to identify relevant SDH/HE literature that have examined issues from a policy analysis perspective. The terms selected exemplify the most prominent and important concepts used in the health policy analysis literature (for a more extensive description of a variety of policy analysis theories see: Baumgartner and Jones, 2012; Birkland, 1998; Hacker, 1998; Howlett, 1991, 2012; Hutchison et al., 2001; Kingdon, 1984; Mulvale et al., 2007; Sabatier and Jenkins-Smith, 1993; Sabatier and Mazmanian, 1980; Sabatier, 2007b; Stone, 1989).

3. Methods

3.1. Search strategies

The search strategy was informed by: the study's aims; previous systematic reviews using qualitative data (Donald et al., 2005; De

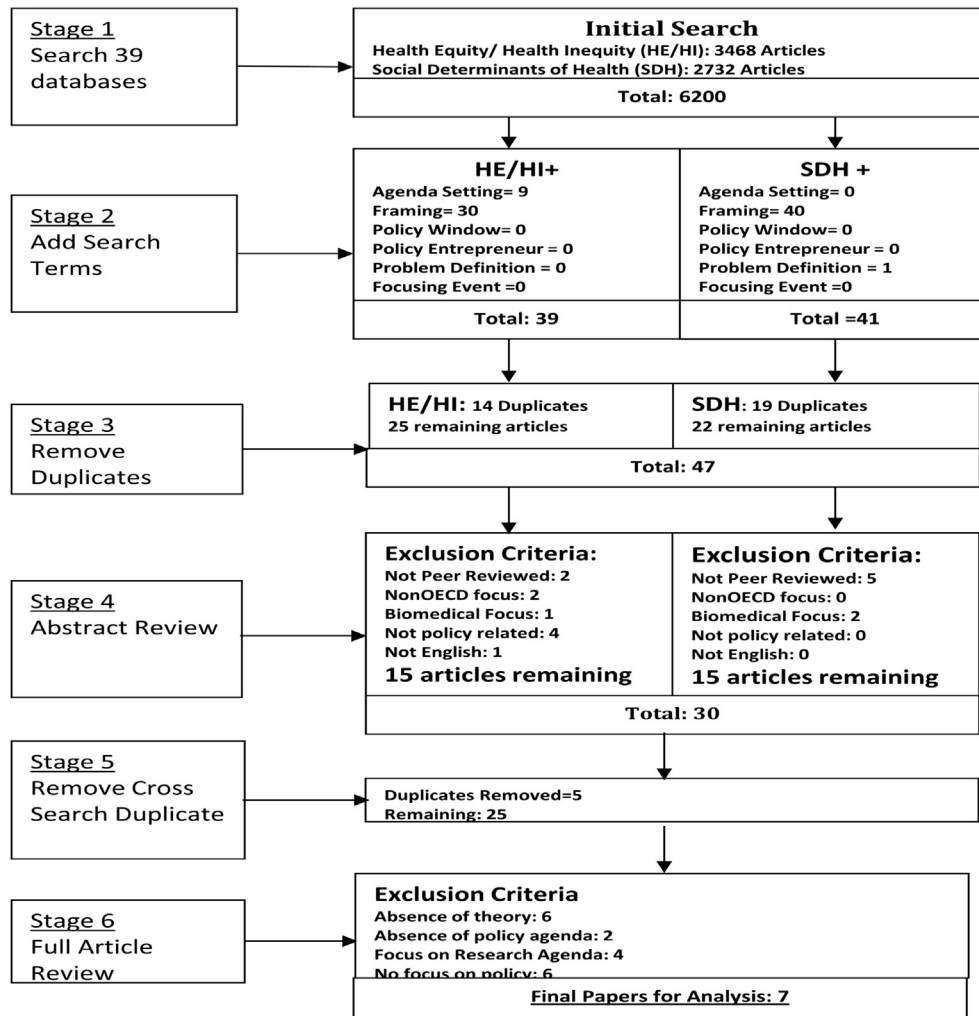


Fig. 1. Literature review.

Pinho Campos et al., 2011); and best practice recommendations in the research literature (Hannes and Macaitis, 2012; Moher et al., 2009). Thirty-nine databases were searched in June 2012 including JScholar, Medline, Pubmed, Web of Science, ASSIA, Canadian Research Index, Econ Lit, ERIC, PAIS international, ProQuest Political Science, Proquest Nursing and Applied Health Source Information, PsychInfo, Sociological abstract, Worldwide Political Science abstracts and various other smaller databases that were incorporated within the ProQuest database. Remaining databases can be found on the ProQuest website (<http://search.proquest.com>). Two main search terms, “social determinants of health” and “health equity” were each combined with commonly used policy analysis terms that are relevant to the early stages of the policy cycle (Howlett et al., 2009; Kingdon, 1984; Sabatier and Jenkins-Smith, 1993; Stone, 1989). The terms used were “agenda setting”, “problem definition”, “policy entrepreneur”, “policy window”, “focusing event”, and “framing” and they were searched for in the articles’ title, abstract and key words.

3.2. Inclusion/exclusion criteria

There were five criteria for a research article to be included in this systematic review. The article had to: (1) be peer-reviewed; (2) be published since 2002; (3) be written primarily about one or

more member countries of the Organization for Economic Cooperation and Development (OECD); (4) link a SDH/HE issue with the use of a policy analysis theory; and, (5) be accessible in English. The ten-year time frame is expected to include the most recent research that has analyzed SDH/HE policy issues.

The search was limited to peer-reviewed articles that had one or more OECD countries as the primary focus because there is evidence that demonstrates growing health inequities in OECD countries (OECD, 2011) and these wealthy countries are most likely to consider redistributive policies that address SDH/HE issues (Navarro et al., 2006). Given the goals of the study, included articles were limited to those that addressed SDH/HE related public policies; therefore papers that focused on specific medical/clinical interventions were excluded.

4. Results

The results of the search strategy identified 6200 peer-reviewed articles. This included 2732 articles from the search for the term “social determinants of health” and 3468 articles for the “health equity” terms. These results demonstrate the magnitude of SDH/HE papers in the scholarly literature. When these two sets of terms were combined with the selected policy analysis terms the number of articles meeting the search criteria were dramatically reduced.

Table 1

Characteristics of included articles.

Author	Theory (concepts)	Location	SDH issue	Policy phase	Policy barrier/challenge	Conclusions
(Anderko, 2010)	Public health framework (Problem definition, technical feasibility, political will)	Global	Public health Poverty	Problem definition	Medical focus of current initiatives Technical feasibility of long term SDH goals Life course perspective of SDH issues. Dominance of other policies	Shift in framing the issue from a biomedical “treat and cure” approach to a preventative public health framework for action. Community level mobilization through participatory research will promote political will. Policy coordination is needed.
(Koh et al., 2010)	Public perception assessment Re-AIM (Public opinion/awareness)	Global	Health disparities in social economic status gradient	Problem definition	Poor dissemination of research findings Improper framing of public messages Complex causation Data problems Intersectoral challenges	The ‘idea’ of health inequities must be translated in a way that makes them viable for policy initiatives. Examination of local context for policy is important to tailor messages for specific groups and help overcome challenges in the adoption, implementation and sustainability of initiatives. Highlight the effectiveness of research intervention in a way that makes them viable for a policy action. Use RE-AIM (Reach, efficacy, adoption, implementation, maintenance) to define messages from researchers to policy makers and public.
(Shankardass et al., 2012)	Multiple streams (Political will, public awareness)	Canada	Income inequality	Problem definition	Public not aware of income inequality effect on health. Complex social, economic and political causality of health inequities due to income inequity have inhibited the development of pro-equity policies	Raise public awareness about effects of income inequality on health outcomes to increase political will.
(Gollust et al., 2009)	Public policy framework (Tarlov, 1999) (Public consensus)	USA	SDH (redistributive policies)	Problem definition	Lack of public support due to diversity in public perceptions	Segmented communication approach to by media and politicians that frame SDH messages specifically for political affiliation and social position.
(Gamble and Stone, 2006)	Multiple streams (Problem definition, framing, public awareness)	USA	Race	Policy formulation	Racial inequities have been defined as a research problem not a policy problem. Multiple causation Data problems Complexities in the political policy process.	Define racial inequities as a problem that is amendable by policy change. Political will is a catalyst for policy change. Problems need to be re defined to: (1) include causal factors linked with policy solutions; (2) move away from individual choice factors; (3) recognize the current policy environment including political power and authority; and (4) include moral judgments to promote passion and awareness.
(Clavier et al., 2012)	Public policy development theory (Howlett, 2000; Howlett et al., 2009) (Policy processes: (1) Resources [information, financial or organizational], (2) Constraints [reward, fine, persuasion]	Canada	SDH (redistributive policies)	Evaluation	SDH issues do not fit with the current aims of policy processes. Political legacies inhibit change. Intersectoral challenges Complexity of proper definition of healthy environment. Policy choice and management will remain constant unless there is change in resources	An organization/structural change is required for redistribution of public resources. Establish well defined outcome goals.

(3) Political factors [political parties, interest groups]. (Dahl and Lie, 2009)	Policy diffusion (Public awareness, political will, framing)	Norway	SDH	Government agenda	(information, financial or organizational), constraints (reward, fine, persuasion) or political factors (political parties, interest groups). Unfeasible policy options Problems not adequately linked with solutions.	Frame the problem so that the solution is linked to the cause. Include a comprehensive contextualized solution in any definition of a problem to facilitate policy action.
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For example, no papers were identified when either term was combined with “policy window”, “policy entrepreneur” or “focusing event”, only one paper was identified using the term “problem definition”. The keyword “framing” identified 70 out of the total of the 80 papers that were found before duplicates were removed. Forty-seven articles remained after duplicates were removed. This number was reduced to 30 after the abstract review, as articles that did not meet the inclusion criteria were removed. The six stages of the literature search process are illustrated in Fig. 1.

4.1. Organizing the findings

When the articles from the SDH search were compared with those from the HE search five articles were identified as duplicates. This left a total of 25 articles for full article review. All 25 articles were subjected to a comprehensive review and bibliographies were checked for relevant literature. However no additional articles were identified for inclusion. At this point articles were reviewed to determine if they examined SDH/HE policy initiatives using a policy analysis theory. Papers were excluded if no policy analysis theory or policy initiative could be identified, or because the article focused on a research agenda rather than a policy agenda. This stage resulted in a total of 18 additional articles being excluded. Only seven articles qualified for inclusion in the analysis.

4.2. Data extraction

We followed an inductive qualitative content analysis approach to data extraction that synthesized the analysis of each article that met final inclusion criteria (Elo and Kyngäs, 2008). Data extraction was done by one author (ME) and verified by the other (GR). The following was systematically extracted from the articles: policy concept/theory used for analysis, geographical location analysis, SDH/HE issue being reviewed, stage of the policy cycle, policy challenges facing SDH/HE issue progression through the policy cycle, and conclusions reached by the articles' authors. These characteristics of the articles are displayed in Table 1. The results are sectioned to address each of the three study objectives.

5. The use of policy analysis theory: identifying policy challenges

The application of policy theory in the seven articles in the final stage of the review are categorized by policy stage and the barriers identified. The majority of retrieved papers were found with “framing” as the keyword, therefore it is not unexpected that the analysis presented in the articles focus on the problem definition stage of the policy cycle. Specifically, five of the articles describe problem definition challenges, one policy formulation challenges and one provides an example of ineffective implementation.

5.1. Problem definition/agenda setting

SDH/HE issues do not receive as much policy attention as expected due in large part to the following five main challenges: (1) multiple causation between social conditions and health outcomes; (2) lack of technical feasibility of policy solutions; (3) life course perspective of policies that do not have immediate impact; (4) dominance of other policies (e.g. biomedical solutions); and, (5) difficulty obtaining data that relate social conditions to health outcomes. These challenges have made it difficult for: a problem to be successfully framed in a SDH/HE supportive manner; acceptable policy options to be developed; the public to become adequately aware of the problem and/or the potential solutions; and, policy makers to agree on a politically acceptable solution to address

them. Furthermore, there are conflicting recommendations within the five articles that propose how to move forward from framing to agenda setting and beyond.

Several studies focused on the need to raise public awareness in order to generate political will for change. They attribute the lack of public awareness of SDH/HE issues to poor efforts in disseminating appropriate research, and framing the inequity in manner that makes it a public problem viable for policy initiatives. Framing SDH/HE problems as a public issue is a challenge because causation is difficult to determine and possible solutions are often simplified to medically orientated approaches. The recommendations from some of the remaining articles challenge the necessity of increasing public awareness as a prerequisite to placing issues on the agenda. Without public awareness, these authors suggest political will to consider policy options will not develop.

Dahl and Lie (2009) reviewed how policy writers in Norway redefined policy issues so that SDH/HE supportive solutions to addressing the issues were included. This represented a significant development in Norwegian SDH/HE policy. Using Whitehead's policy diffusion theory, they focused on how SDH/HE issues were defined and proposed that appropriate framing of the problem in government reports helped move the issues through the initial steps in policy making process. According to the theory, issues are often first considered with political indifference until framed in a way that is amenable to policy, this moves the issues to a mood of political concern, and when solutions are accepted a will to take action develops. In the next stages, isolated initiatives progress to structured developments and finally a comprehensive coordinated policy develops (Whitehead, 1998).

5.2. Policy formulation/implementation

Gamble and Stone (2006) and Clavier et al. (2012) both describe instances of SDH/HE issues making it onto the policy agendas but failing to be implemented. Gamble and Stone highlight the difficulty in formulating SDH/HE policies that address the multiple causal factors contributing to racial inequities and suggest that gathering causal data is the primary inhibitor to policy development. They describe various efforts of the U.S. government to remedy racial health inequities, which demonstrates SDH/HE placement on the agenda; however the government chose not to take policy action because the no solution was evident. Instead the response was to provide additional resources to investigate causes of the inequities. This resulted in more government documents that either provided evidence of the problem but offered very few solutions, or advocated for solutions without evaluating the feasibility of them. Neither type of report has contributed significantly to policy change.

Clavier et al. (2012) describe the progression of a SDH/HE initiative into the evaluation phase of the policy process. However their analysis reveals that the policy failed to reform resource distribution to SDH/HE initiatives because the policy procedures and community decision makers did not adapt to the changes to resource allocation recommendations. The authors then use a variety of policy tools to explain why no new initiatives to address SDH/HE problems were implemented. Although their article did not focus on agenda setting per se, their application of procedural policy analysis theory demonstrated the difficulties of distributive policy reform in the absence of a change in outcome objectives, restructuring incentives, management, follow-up and support.

6. The misuse of policy analysis theory

The seven articles analyzed in this study provide a substantive contribution to the literature in that they provide examples of how

policy analysis theory may be used to help explain the evolution (or stagnation) of a proposed SDH/HE policy initiative and provide insight into barriers to future policy adoption. In addition, they also identify weaknesses with respect to how policy analysis theory is sometimes applied. None of the seven articles provide a comprehensive examination of the role that social, economic or political environments play in agenda setting. None of the articles examine how the complex relationships between government institutions, interest groups or political ideas effect the definition, formulation or adoption of policy options. The majority of the studies analyzed tended to focus on a narrow aspect of the framework or theory rather than taking a more holistic view. For instance, several articles highlighted the importance of the influence of public awareness of a particular SDH/HE issue and the challenges associated with developing public consensus on both the definition of the problem as well as the best possible solution due to varying opinions between groups with different political ideology and social position. Although public awareness and political will are two common components of policy theory, the influence of public awareness on policy uptake is often not essential. Two of the three studies that demonstrated that desired policy options made it onto or beyond the agenda setting stage challenge the necessity of public awareness. While public awareness may be an important component in building political support, focusing on this single element runs the risk of underemphasizing the role of other factors that are critical to getting SDH/HE issues on the policy agenda. A more comprehensive application of theories and frameworks may produce more insightful analysis of SDH/HE issues in terms of identifying barriers to adoption of various healthy public policies.

Furthermore Tarlov's theory, applied by Gollust et al. (2009), propose that culture, values, needs (problems with achieving those needs), and knowledge (research and experience) should all be considered in the analysis of public policy. When these conditions align, public consensus builds along with public awareness. Dahlgren and Whitehead (2007), applied by Koh et al. (2010), design a holistic model which is built to criticize frameworks that focus on single policy factors. They incorporate policy inputs, alternatives, and health and social consequences into the analysis of policy initiatives. Although these theories argue that raising public awareness is a starting point for policy action, both also recognize it is not a sole determinant of policy change. By focusing on public opinion Gollust et al. (2009) and Koh et al. (2010) are not utilizing the more analytically useful components of their respective theories in their analysis. Shankardass et al. (2012) use the multiple streams theory as a foundation for analysis but do not link their results back to the theory in their discussion. This makes it difficult to interpret how raising public awareness through knowledge translation activities would bring policy options closer to the policy agenda. Especially since public opinion is "neither insignificant by any means, nor among the most prominent in the total array of sources, but just about the middle" (Kingdon, 1984, p. 65).

Results from other included studies challenge the usefulness of raising public awareness to move policy options onto the agenda. Dahl and Lie's (2009) results suggest that public awareness was not a requirement for policy options to make it onto Norway's policy agenda. Instead, using Whitehead's policy diffusion theory, they describe how the framing of SDH/HE problems as amendable through feasible policy intervention that had measurable outcomes helped position them onto the policy agenda. Further adding to the controversy over the effect of public opinion, Gamble and Stone (2006) demonstrated that heightened public awareness of racial health inequities did push the issue onto the agenda but did not result in the adoption of a healthy public policy.

7. The non-use of policy analysis theory

The most revealing finding from this systemic review of the SDH/HE literature may be the scarcity of policy analysis theory used to analyze why SHE/HE issues have not made it onto the political agenda and what conditions may enable or inhibit their progression. The first stage of this systematic review resulted in an extensive amount of peer-reviewed literature on SDH/HE with over 6200 articles found. However, when the search was combined with common policy analysis terms found throughout the policy analysis literature, and articles with low relevance were excluded, extremely few articles from the scholarly literature were ultimately identified. This disparity exposes important questions and reveals possible implications for the adoption of SDH/HE policies in the future.

Many of the 18 excluded articles (Fig. 1) did not use a recognized policy analysis theory in their background, foreground or analysis of the SDH/HE issue. Several recognize the health gaps that exist in many populations, acknowledge that the WHO policy recommendations have not been sufficient to prompt government action, and make recommendations about how to address these issues on a local, federal or global level; but they fail to base their analysis or findings on a theoretical framework. Similar to advocacy literature, none of the excluded papers defend their positions with a policy analysis theory that would explain why the issues have not been addressed, or what influences may enable the progression of policy options onto the political agenda.

8. Discussion

In this section we will discuss the results of the systematic review and the broader implications in relation to the main objectives of the study. First, we will discuss the barriers to SDH/HE issues proceeding to government policy agendas as identified in each of the seven papers and propose an alternative approach to advocacy. Second, we will provide our explanation of why policy analysis theories have not been widely applied to SDH/HE initiatives. Finally, we propose how future policy analysis research may advance the broader understanding of the benefits of policy analysis and the limitations of advocacy in the absence of policy analysis.

8.1. Challenges to healthy public policy adoption

Currently much of the SDH/HE research focuses on identifying health equity gaps and providing recommendations for reducing them, but it does not seem to fully appreciate the barriers, especially political ones, to policy adoption. For example, Marmot et al. (2008) discusses the global issues around health inequities. He calls on Health Ministers to champion efforts to reduce systematic differences in health for various groups of people with similar characteristics (race, gender, SES, geographical) because they are avoidable through reasonable, achievable policy action. Simply, these recommendations focus too much on the 'what to do' rather than the 'how to do it'. Policy analysis is required to explore reasons underlying this gap and improve the probability of policies even being seriously considered for implementation. Our findings support the assertion that SDH/HE issues are not being sufficiently analyzed through a policy lens, perhaps because of a lack of appreciation among many SDH/HE researchers of the essential role of political context in policy making and that policy analysis may help to identify barriers to policy adoption.

8.2. Building on the rare examples of SDH/HE policy analysis theory

The studies analyzed in this review provide a foundation for an underserved area of health policy analysis to build upon. Other

areas of health policy analysis, such as national health insurance, use various components of policy theories to explain the economic, social and political influences on policy issues in various stages of the policy cycle (Hacker, 1998). In this sense, other researchers can address the weaknesses and use the strengths of the seven analyzed papers to explain the policy development and further identify causal mechanisms that may promote or inhibit SDH/HE issues progression onto the policy agenda through to evaluation. For example, the analysis by Dahl and Lie (2009) could be applied to other countries for comparative analysis to explain the presence or absence of government will to take action on SDH/HE policies. Furthermore, the findings from Clavier and colleagues as well as Gamble and Stone, provide valuable insight into the complex interplay of power, politics and practices by demonstrating how issues, once on the agenda do not always progress to implementation, and if even if they do, implemented policies are not always successful in achieving the desired solution. Both conclusions suggest that in order for healthy public policies to be successfully adopted and implemented simply raising public awareness to generate political will is insufficient. Linking specific problems to policy solutions, improvement of political environments to encourage intersectoral cooperation and an increase in administrative capacity to implement change is required.

8.3. The nonuse policy analysis theory

Several possible explanations for the limited use of policy analysis concepts and theories in SDH/HE research have emerged from this study. First, HE as an ethical concept with normative implications is a nonstarter for health policy analysts since the term implies unfairness in the current state of distributive policies. To claim something is inequitable is to take a moral stance and place judgment and blame on specific individuals, groups, organizations and/or institutions. Therefore, HE is a concept that, in order to analyze appropriately requires the application of ethical concepts or framework. Although becoming more prevalent in health service research (Kenny and Giacomini, 2005), there is general absence of ethical approaches and concepts in policy analysis theory (Hoedemaekers, 2003) which has been partially attributed to the threat such approaches have on the professional and political interests of both the analysts and the policymaker (Amy, 1984). This threat may loom larger in public policy research due to the number of political actors involved in a variety of jurisdictions and at various levels of government. Further development of ethical concepts and integration into policy analysis theory may be required for these approaches to be more suitable to analysis of redistributive health equity issues in the social determinants of health.

Second, the lack of policy analysis theories in SDH/HE research may also be attributed to the prominence of evidence used as the basis for the recommendations of policy change. Since the inception of evidence based medicine, the recognition to make policy decisions more transparent and explicit has grown and led to the study of utilization of research knowledge in other areas of healthcare (Lavis et al., 2003; Upshur et al., 2001). Much of the focus, however, has remained on the role of scientific evidence in decision making, and less attention has been paid to other forms of information that enter the policy making environment (Holmes et al., 2006; Upshur et al., 2001). Identifying conditions under which research evidence is mostly likely used in policymaking is critical to its maximizing its influence. Tailoring messages for affected audiences, involving stakeholders (including policymakers) in the research process, and having accountable receptors to the findings are examples of conditions which promote the use of evidence (Lavis et al., 2002). his reliance on the evidence

of the importance of SDH/HE demonstrates a lack of appreciation for the fact that evidence alone is rarely sufficient to achieve policy change.

The complexity of health equity as a distributive issue may exacerbate the hesitancy of policy analysts to approach these problems. Policymakers are also well aware of SDH problems but prefer to avoid investigating the complex policies needed to address them (Baum et al., 2013). Exworthy (2008) presents explanations why researchers have difficulty analyzing SDH/HE issues and describes seven associated challenges including multiple causations, intersectoral action, life course perspective, complex causation, data problems, effects of globalization, and the dominance of other policies (i.e. medical care policies). As illustrated in Table 1, all challenges except globalization were also identified in this study. Additional challenges to healthy public policies found in the current study include poor dissemination, ineffective issue framing (for example no causal link between problem and solution), public awareness, political legacies, and political will. An avenue for future research may be to address these challenges by employing a conceptual model that contextualizes the policy issue and focuses on the specific meanings of power, politics, and practices in order to describe similarities and differences in policy patterns between initiatives.

9. Conclusion

Advocacy for healthy public policies has proliferated over the past decade. Despite this, few healthy public policies have been adopted and health inequity in many developed countries continues to grow. Although policy advocacy may raise awareness, it can also have the opposite intended effect by exacerbating political conflict and extending public policy debates (DeLeon and Weible, 2010). Our study contributes to the SDH/HE literature by identifying the need for greater use of policy analysis and related theories in the study of SDH/HE issues. A firm understanding of the diversity of current distributive policies in their existing political, social and economic settings will provide context for future analysis. What seems clear from the SDH/HE literature is that there is a general lack of appreciation for the role of policy analysis and a misguided belief that advocacy based on evidence alone is sufficient to move an issue onto the policy agenda. Instead, policy options often arise through a change in social or political environment that leads to a policy window that provides an opportunity for political actors to advance it onto the agenda through strategic framing. Many policy options, do not find a place on the policy agenda because this opportunity does not arise or more pressing issues receive political attention instead. The identity of political actors, such as leaders, interest groups, and various professionals, as well as an understanding of their respective ideologies, available resources, and potential opportunities to influence the policy agenda during opportunities, such as after focusing events, are all important elements to examine in an agenda setting analysis (Birkland, 1998; Lieberman, 2002; Pierson, 1993). The role of these actors within the complex interactions of various political, economic and social institutions, and the effect of dominant political ideas is also helps explain the success, failure or promise of a policy option (Marmor and Wendt, 2012; Walt et al., 2008).

A sizable gap in the policy analysis literature exists for policy analysts and scholars to utilize the potential of policy analysis theory in the study of these complex issues. Although policy analysis is neither sufficient or necessary for policy adoption it is reasonable to expect that without a firm understanding of the factors affecting the progression of a policy issue/problem onto the policy agenda and beyond it is highly unlikely that we will see any substantial increase in the adoption of healthy public policies

which have been prominently advocated for in government, public and academic literature. Partially due to the lack of incorporation of policy analysis theories, policy related reasons for the absence of healthy public policies and the growth of inequities remain unclear. Application of policy analysis theory may not lead to adoption but it may explain how SDH/HE policy options develop, why they did (or did not) develop, and what the consequences of their presence (or absence) are. Such a retrospective explanation may help uncover prospective strategies for how to move the issue forward. The challenges presented in this article could be directly addressed with the holistic application of policy theories that have been used to explain the how and why of health policy development, processes and outcomes in areas of healthcare structure, reform, delivery, and funding.

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