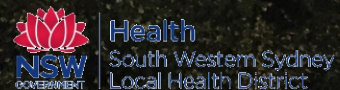




# Evelyne de Leeuw

*Director, Centre for Health Equity Training, Research and Evaluation CHETRE*

Research and policy beyond 'knowledge translation'



# Outline

- **The Nexus**
- **Policy, politics**
- **Theories of the policy process**
- **(break)**
- **Our **only** tool: language**
- **Exercise**

The nexus

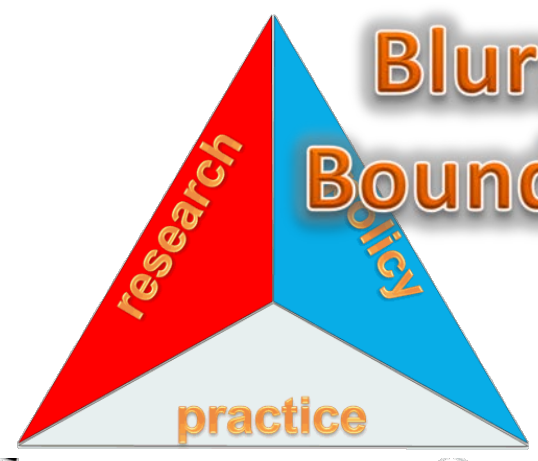


# The nexus between research, policy, praxis

Institutional  
Design



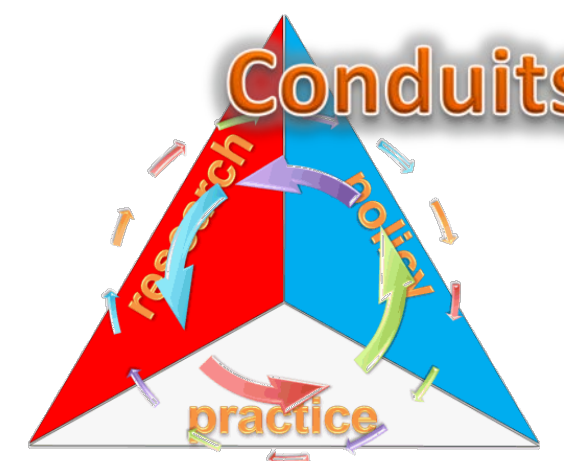
Blurring  
Boundaries



Utilitarian  
Evidence



Conduits



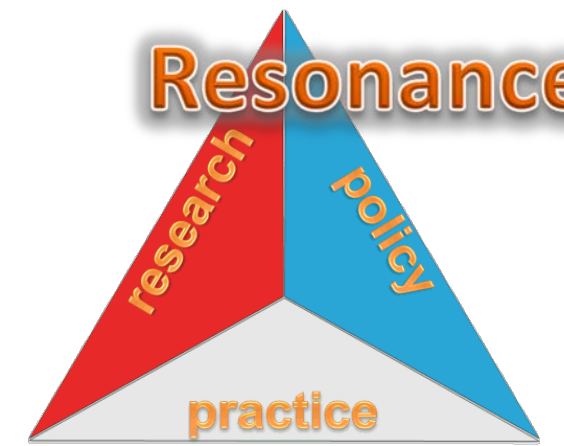
Alternative  
Evidence



Narratives



Resonance



Politics

# SUN TSU

## THE ART OF WAR



*Know the enemy*

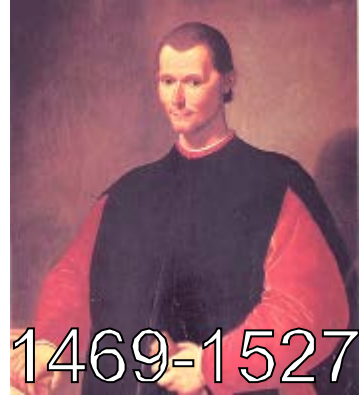
*Know the terrain*

*Strike decisively*



NICCOLO MACHIAVELLI

IL PRINCIPE (THE PRINCE)



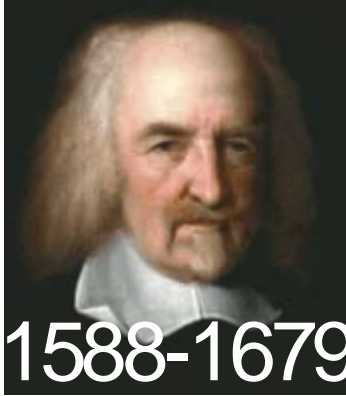
*The fox and the lion*

*Maintain your objective*

*Strike decisively*

# THOMAS HOBBES

## LEVIATHAN



*Man is selfish*

*The State creates justice*

*Monopoly on violence*

# HAROLD LASWELL

## WHO GETS WHAT



*Psychopathology*

*Propaganda*

# CARL VON CLAUSEWITZ

ON WAR / VOM KRIEGE



*War is nothing but the  
continuation of politics  
with other means*

(also attributed to Otto Graf von Bismarck)



## Theories of the Policy Process

# My Journey



HEALTH PROMOTION INTERNATIONAL  
© Oxford University Press 1996

Vol. 18, No. 1  
Printed in Great Britain

## Healthy Cities: urban social entrepreneurship for health

EVELYNE DE LEEUW  
World Health Organization Collaborating Centre for Research on Healthy Cities,  
Universiteit Maastricht, PO Box 616, 6200 MD Maastricht, The Netherlands

**SUMMARY**  
Social entrepreneurship is key to the success of health promotion and Healthy City development. An overview of entrepreneurial skills is provided, and a policy change model in which social entrepreneurs play a key role is described. The model has been tested in a selection of 10 European, officially WHO-designated, Healthy Cities.

*Recognition by the entrepreneur of the components of the model, and subsequent strategic action, indeed influenced urban policy agendas. However, the two cities that were most effective in doing so also had institutionalized their entrepreneurial capacities. This seems to be the next challenge in health promotion.*

**Key words:** health policy; Healthy Cities; social entrepreneurship

**INTRODUCTION**  
Social entrepreneurs will be vital for the future development of health promotion, as they offer a way of tackling the social determinants of health and disease through community-based action (Catford, 1998). Social entrepreneurship therefore, is considered an essential part of Healthy City development. In this article, we will identify characteristics of the urban social entrepreneur for health, and assess whether such entrepreneurs in a sample of Healthy Cities have been successful in opening windows of opportunity towards policy innovation. In addressing the latter question, we will use the model provided by Kingdon (1995), identifying components of the policy development 'spiral'. An inevitable inference from our findings will deal with the question whether social entrepreneurship may be institutionalized in order to make drives towards innovation sustainable and less dependent on individual capacities.

**SOCIAL ENTREPRENEURS**  
Social entrepreneurship is considered an important ingredient of modern policy initiation. Catford (1997) has described the social entrepreneur as a person that is capable '... to analyse, to envision, to communicate, to empathize, to ethically, to advocate, to mediate, to enable and to empower' a wide range of disparate individuals and organizations. In order to effectively (and efficiently) act as Catford prescribes, a social entrepreneur needs to direct scarce resources towards activities with the highest potential gain. Entrepreneurship seems to be a by-product of the 1990s. Numerous studies have identified characteristics of the entrepreneurial role in commercial organizations. Such entrepreneurs are typically considered leaders in stable environments. However, the social entrepreneur by definition operates in community environments that are dynamic and to some extent unpredictable. Sebky and Smith (1994) describe the assumptions

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doi:10.1093/hpi/27.2.105  
Advance access publication 27 April 2018

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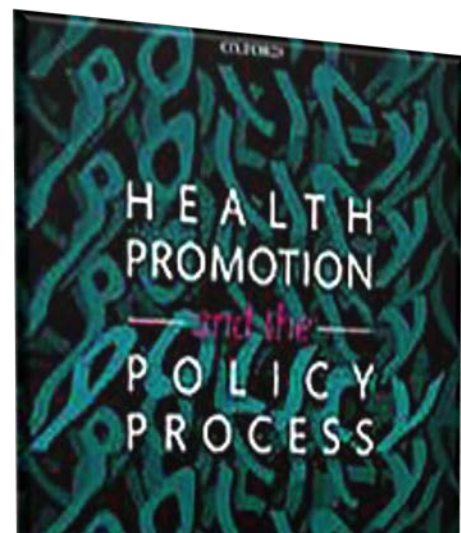
## Local health policy development processes in the Netherlands: an expanded toolbox for health promotion

M. HOEIJMAKERS<sup>1,2\*</sup>, E. DE LEEUW<sup>3</sup>, P. KENIS<sup>4</sup> and N. K. DE VRIES<sup>1</sup>  
<sup>1</sup>Department of Health Promotion and Education, University Maastricht, Maastricht the Netherlands, <sup>2</sup>School of Health and Social Development, Deakin University, Melbourne, Australia and <sup>3</sup>Department of Organization Studies, Tilburg University the Netherlands  
<sup>\*</sup>Corresponding author. E-mail: [margon.hoeijmakers@kail.nl](mailto:margon.hoeijmakers@kail.nl)  
<sup>†</sup>Presently working at RIVM—National Institute for Public Health and the Environment, the Netherlands.

**SUMMARY**  
Although much research has been done on the existence and formation of risk and issue based health policies, there is only little insight in health policy development processes in a broader context. This hampers intervention in these policy processes to adequately develop integrated and effective health policies. Legislation in the Netherlands requires municipalities to develop and implement local health policies. These policies are supposed to aim at the promotion of health across sectors and with a strong community involvement. Health policy development processes have been studied in four Dutch municipalities. For each case, we identified a range of stakeholders and monitored the change in stakeholders of their characteristics over 1 year. In addition, for each case, these overlapping maps of networks were made addressing communication and collaboration actions within the defined set of stakeholders. We point out a number of barriers which impede integrated policy development at the local level: the importance given to local health policy, the medical approach to health development, the organizational self-interest rather than public health concerns, the absence of policy entrepreneurial actors. Furthermore, this article advocates the use of complementary theoretical frameworks and the expansion of the methodological toolbox for health promotion. The value of stakeholder and network analysis in the health promotion domain, at this stage, is two-fold. First, mapping relevant actors, their positions and connections in networks provides us with insight into their capacity to participate and contribute to health policy development. Second, these new tools contribute to a further understanding of policy entrepreneurial roles to be taken up by health promotion professionals and health authorities in favour of the socio-environmental approach to health. Notwithstanding the value of this first step, more research is required into both the practical application as well as in the theoretical connections with, for example, Multiple Streams theory.

**Key words:** health policy processes; health promotion; network analysis

**INTRODUCTION**  
In the Netherlands, local government is required by national law to develop health policy at the municipal level. Very few municipalities succeed in this mission. In this article, we demonstrate why policy development at the local level fails.



Evidence & Policy • vol 4 • no 4 • • • • © Policy Press 2018  
Print ISSN 1744-2048 • Online ISSN 1744-2056 • <https://doi.org/10.1093/eap/epz017>  
Accepted for publication 09 June 2018 • First published online 20 August 2018

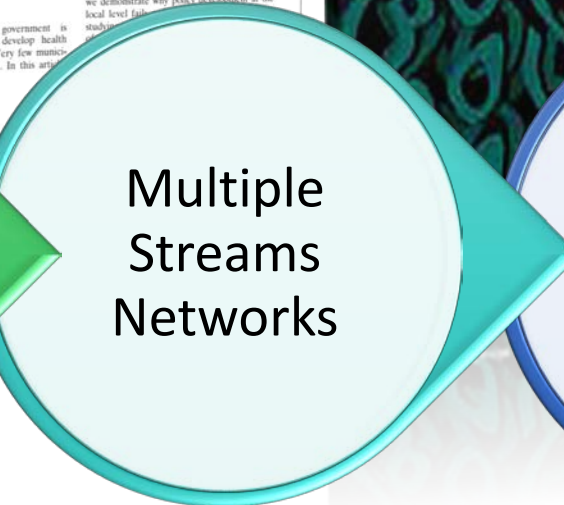
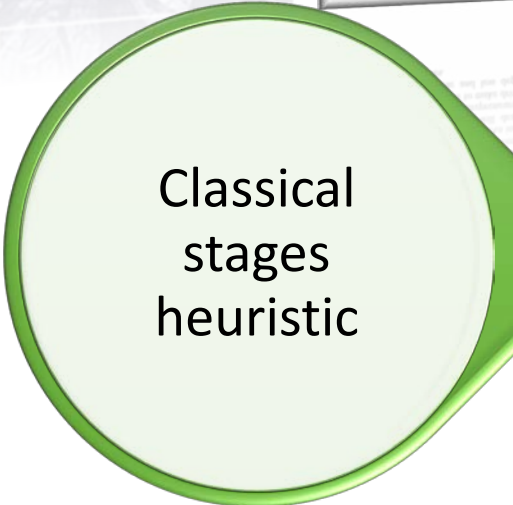
debate

## Overlaying structure and frames in policy networks to enable effective boundary spanning

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Centre for Health Equity Research, Training and Evaluation UNSW, Division of Population Health South Western Sydney Local Health District, a member of the Ingham Institute, Australia

Jennifer Browne, j.browne@students.latrobe.edu.au  
Deborah Gleeson, d.gleeson@latrobe.edu.au  
La Trobe University, Australia

The literature on the evidence-policy nexus has been dominated in recent years by technocratic approaches such as 'knowledge translation'. Attention is beginning to return, however, to political science for its insights into the distribution of power, which are key to understanding how policy is made, particularly in the health sphere. Policy network theory, which suggests that policy outcomes are shaped by the interactions between actors in a network, points to the configuration of actors as an important focus of study. However, policy outcomes also depend on the agency of 'network' actors who use language to frame issues in certain ways in order to create 'policy networks' and 'policy frames' that have each received attention, there is a need to develop an approach to aligning network structure and frames, which we tested by analysing submissions to a specific policy process. Overlaying policy networks and frames were able to identify 'boundary spanners' who could connect the network. We explain our analytic approach and the technical tools we used to encourage researchers interested in the interface between evidence and policy to use this type of analysis. This article illustrates how this approach can be used to map boundaries and span them, showing this is possible. This type of analysis, when combined with other theoretical perspectives would yield similar results.

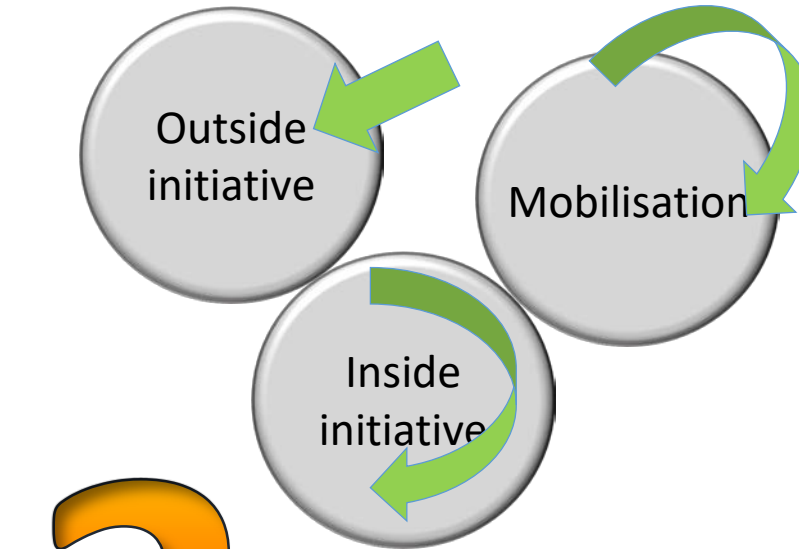
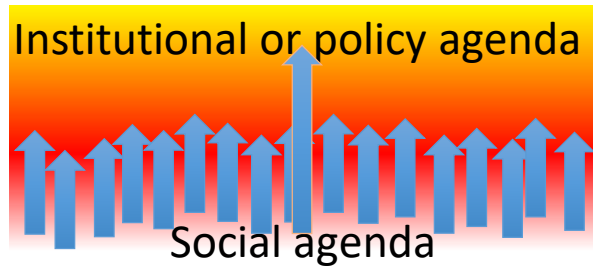


# Cobb & Elder's agendas

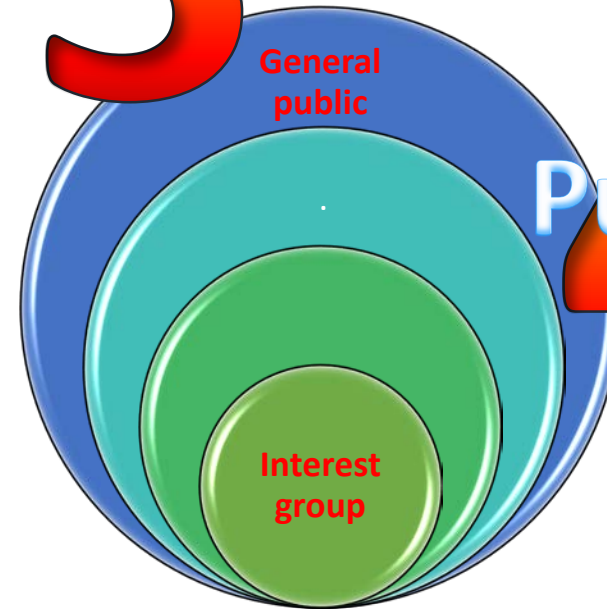
Cobb, R.W. & C.D. Elder (1983) *Participation in American Politics: the Dynamics of Agenda-Building*. The Johns Hopkins University Press, Baltimore

1  
Theory

2  
Agendas



3  
Models



4  
Publics

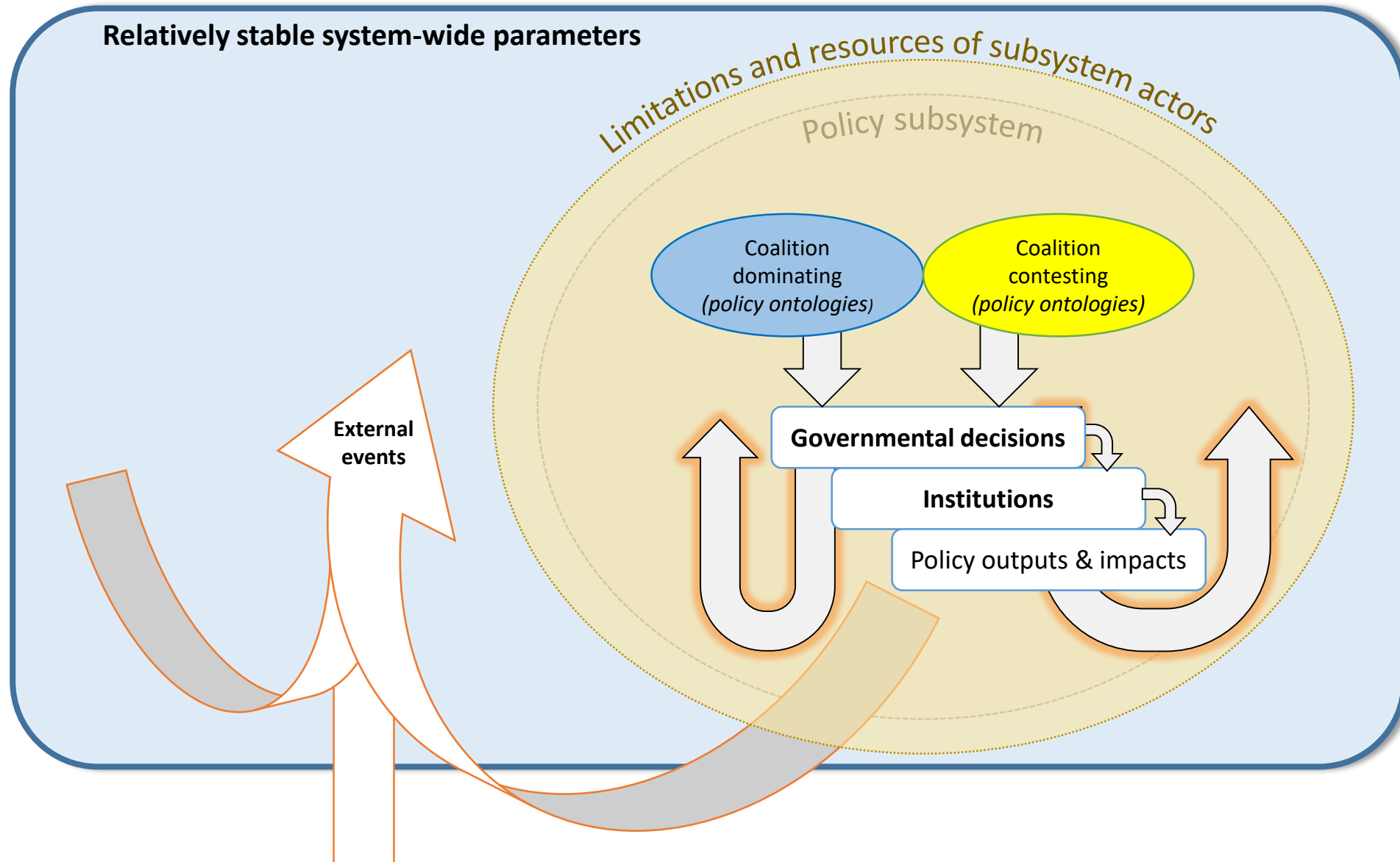
- Issue is non-unequivocal
- Issue is perceived socially relevant
- Issue is relevant to long term
- Issue is perceived non-technical
- Few historic precedents to issue

5  
Criteria



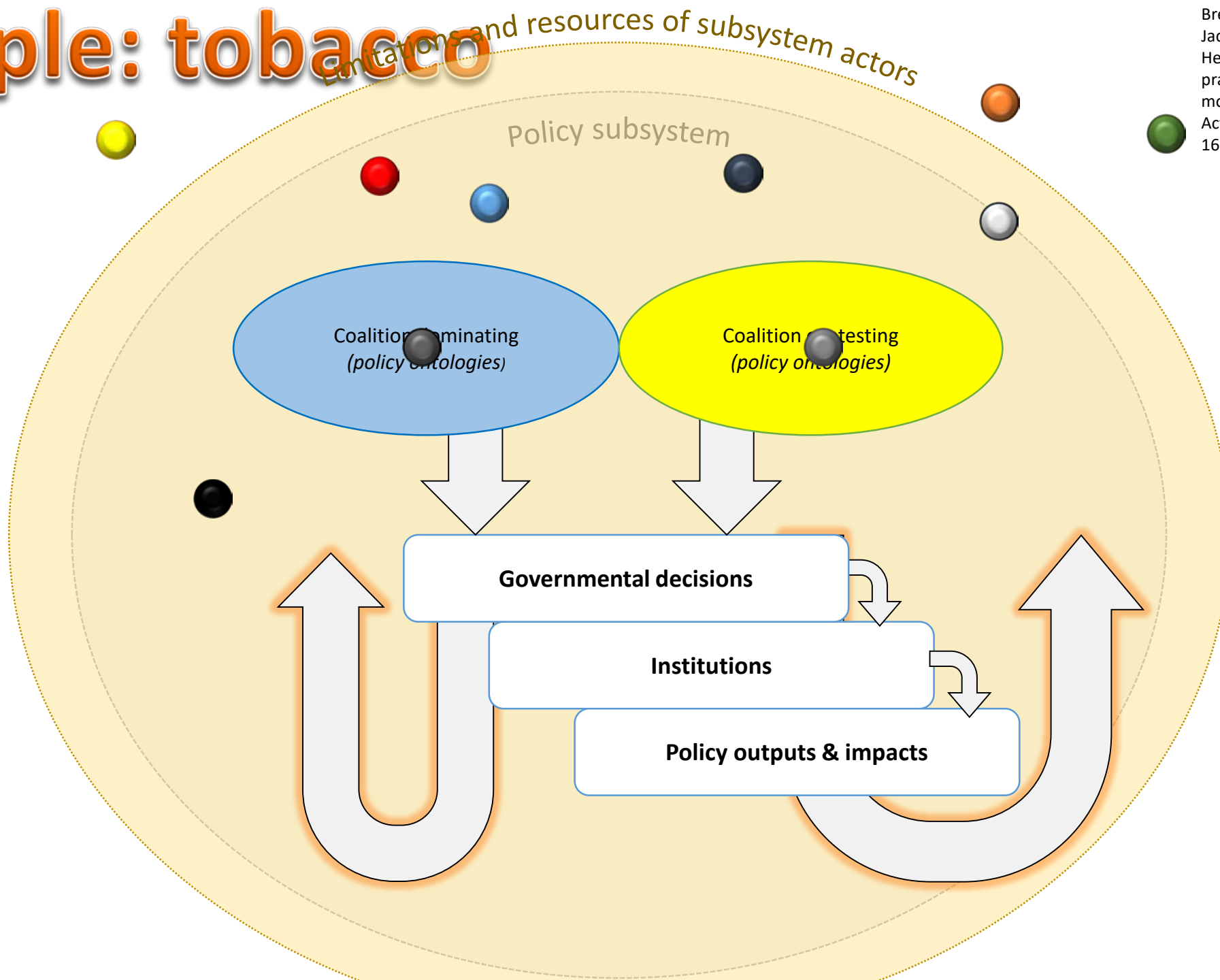
# Sabatier & Jenkins-Smith Coalitions

Sabatier, P.A. & H.C. Jenkins-Smith (1993) *Policy Change and Learning: an Advocacy Coalition Approach*. Westview Press, Boulder



# Example: tobacco

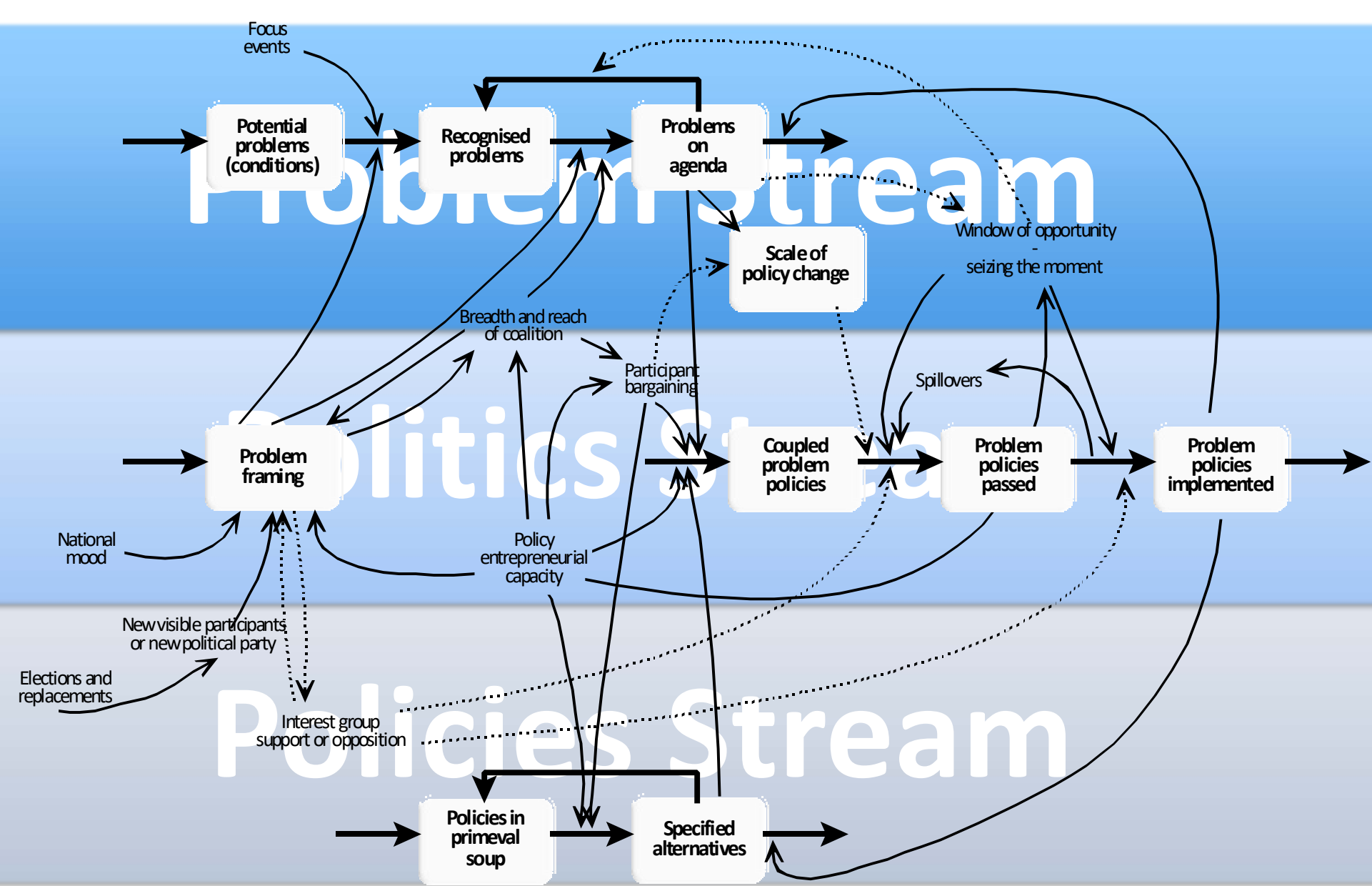
Limitations and resources of subsystem actors



Breton, E., Richard, L., Gagnon, F., Jacques, M., & Bergeron, P. (2008). Health promotion research and practice require sound policy analysis models: the case of Quebec's Tobacco Act. *Social Science & Medicine*, 67(11), 1679-1689.

# Kingdon's Streams

Kingdon, J.W., (1995) *Agendas, Alternatives and Public Policies*; second edition, Harper Collins College Publishers, New York

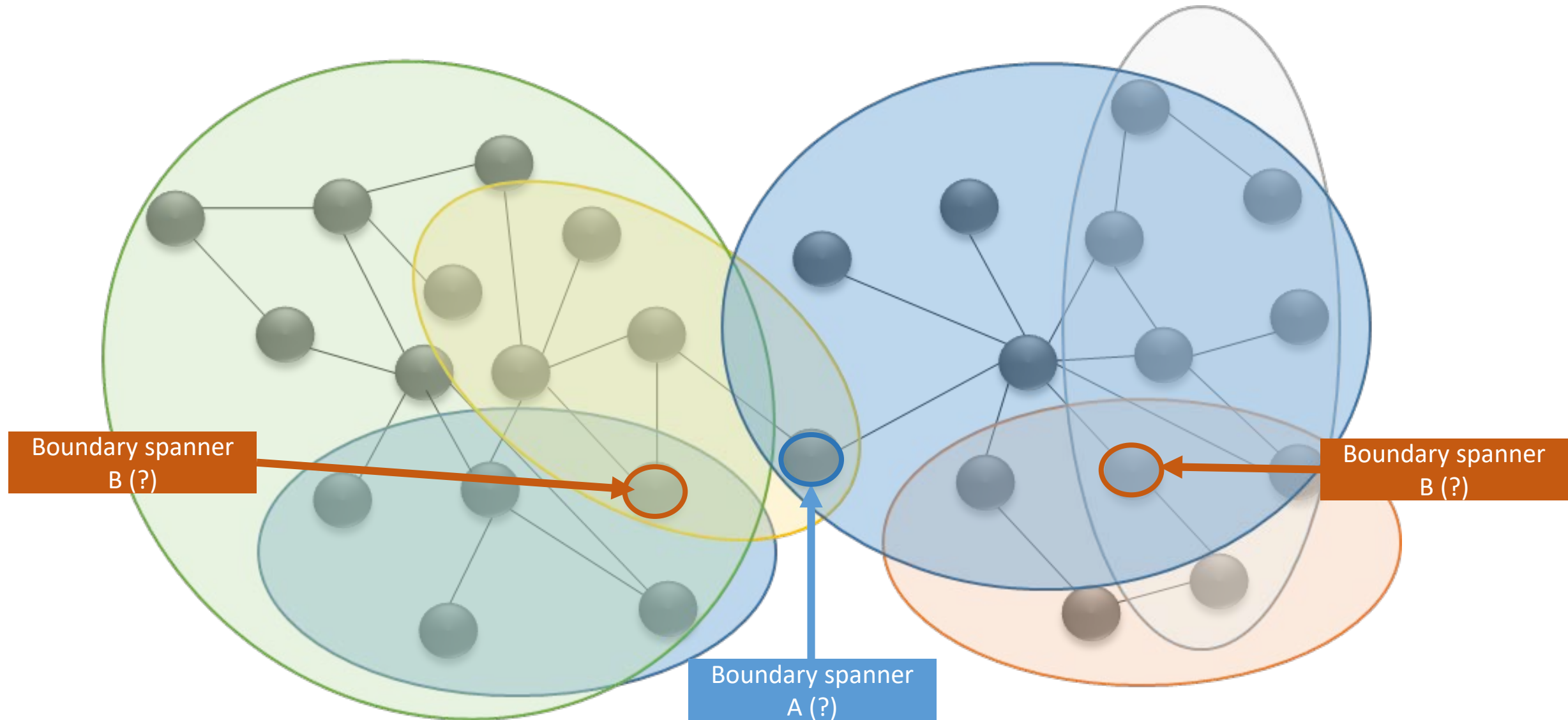


# Policy entrepreneur opens windows

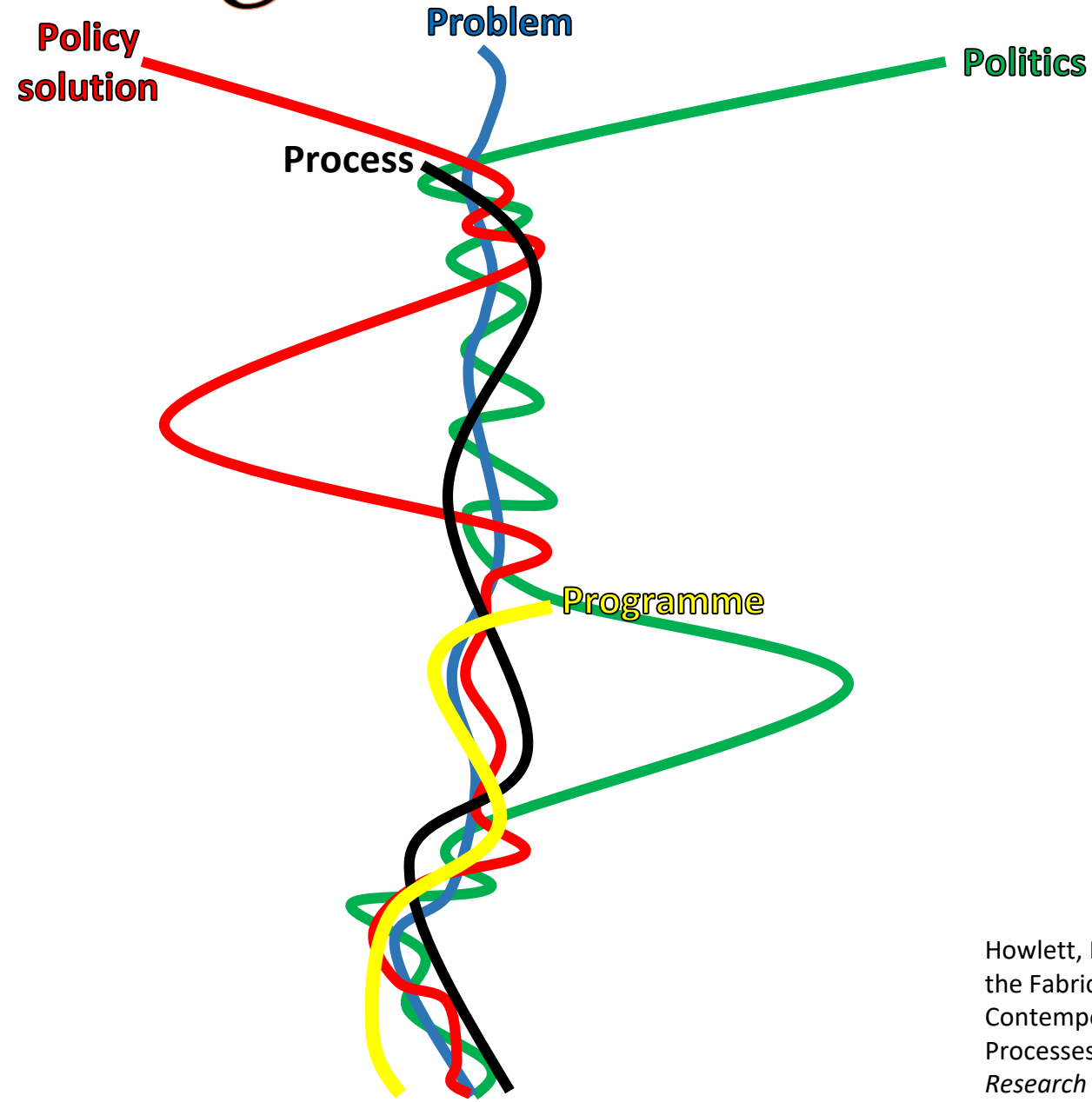


# Making equity politically sexy

de Leeuw, E., Browne, J., & Gleeson, D. (2018). Overlaying structure and frames in policy networks to enable effective boundary spanning. *Evidence & Policy: A Journal of Research, Debate and Practice*, 14(3), 537-547.

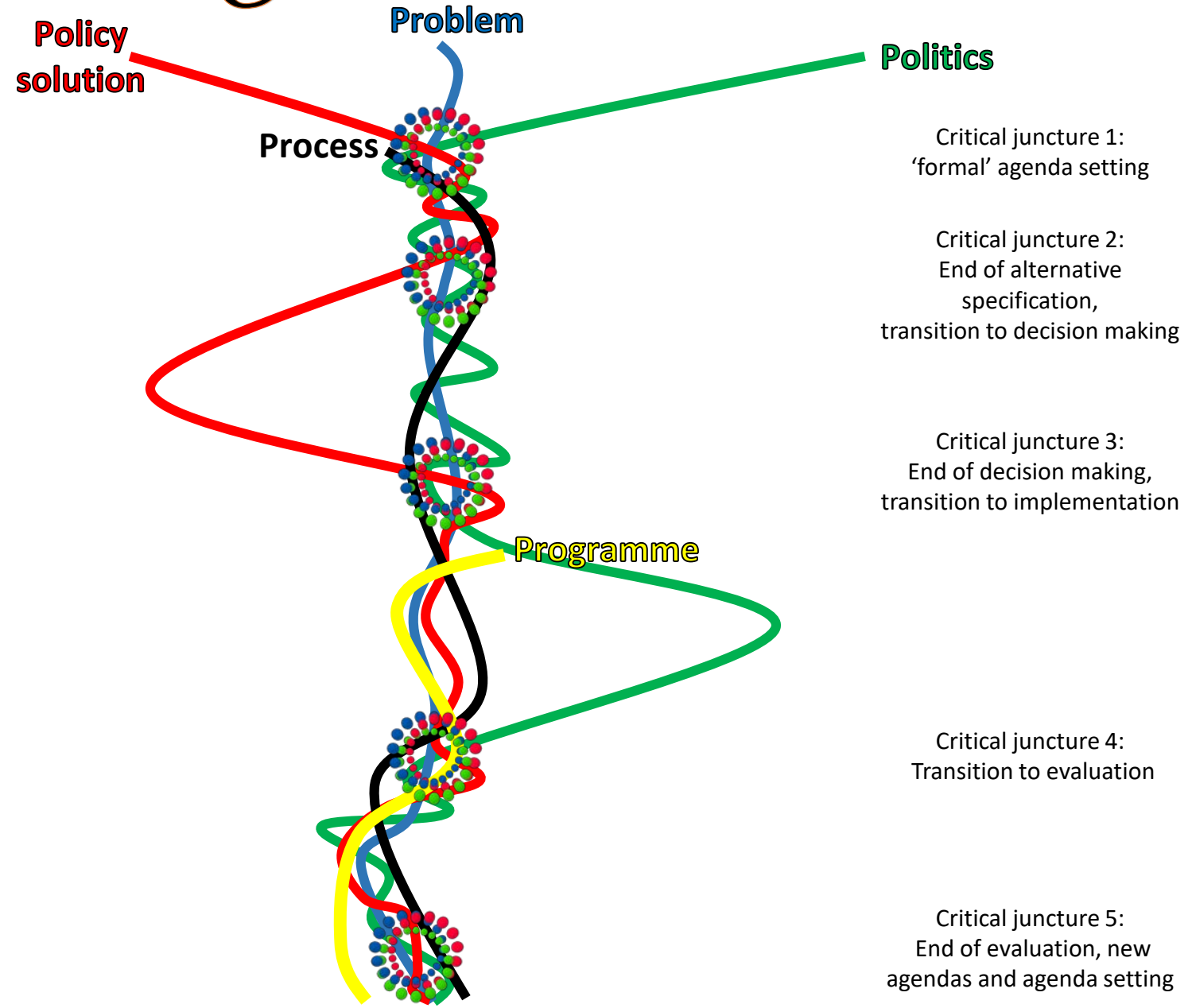


# Policy weaving



Howlett, M., McConnell, A., & Perl, A. (2015). Weaving the Fabric of Public Policies: Comparing and Integrating Contemporary Frameworks for the Study of Policy Processes. *Journal of Comparative Policy Analysis: Research and Practice*, 1-17.

# Policy knotting



Language – our only tool



WANDS,  
SPELLS  
AND  
WEASELS



**Health  
inequality**

Innovation  
Precinct

Stop  
the  
boats!

*It's bullshit*

*It's magic*

*It's political*

A standard academic text (Pierre 2000) opens with two experts offering, respectively, **five and seven different meanings for governance** (see Hirst 2000 and Rhodes 2000).

Kooiman (1999) finds ten different ways in which the term 'governance' has appeared in the literature thus far. Distinct from **corporate governance** there is '**public governance**' (Kickert 1997), of which '**local governance**' (Rhodes 1992) seems a variant. Other labels include '**new governance**' (Rhodes 1997; Pierre and Peters 2000), '**multiple governance**' (Hupe and Hill 2006), '**co-governance**' (Toonen 1990), '**institutional co-governance**' (Greca 2000), '**collaborative governance**' (Huxham 2000), '**governance networks**' (Klijn 2008), '**hybrid governance**' (Hupe and Meijs 2000), '**operational governance**' (Hill and Hupe 2009) and '**meta-governance**' (Peters 2010). The introduction to a recent overview distinguishes '**public governance**' from '**corporate governance**' and '**good governance**' and then goes on to distinguish **five subtypes** (Osborne 2010: 6–7). Later in the book one academic rails at length against the variety of definitions in play and tries (almost certainly in vain) to insist on one proper usage (Hughes 2010). No wonder Bovaird and Löffler (2003: 316) described attempts to develop the concept as like trying to 'nail a pudding on the wall'

# It might as well have been Chinese...

A STANDARD ACADEMIC TEXT (PIERRE 2000) OPENS WITH TWO EXPERTS OFFERING, RESPECTIVELY, FIVE AND SEVEN DIFFERENT MEANINGS FOR GOVERNANCE (SEE HIRST 2000 AND RHODES 2000).

KOOIMAN (1999) FINDS TEN DIFFERENT WAYS IN WHICH THE TERM 'GOVERNANCE' HAS APPEARED IN THE LITERATURE THUS FAR. DISTINCT FROM CORPORATE GOVERNANCE THERE IS 'PUBLIC GOVERNANCE' (KICKERT 1997), OF WHICH 'LOCAL GOVERNANCE' (RHODES 1992) SEEMS A VARIANT. OTHER LABELS INCLUDE 'NEW GOVERNANCE' (RHODES 1997; PIERRE AND PETERS 2000), 'MULTIPLE GOVERNANCE' (HUPE AND HILL 2006), 'CO-GOVERNANCE' (TOONEN 1990), 'INSTITUTIONAL CO-GOVERNANCE' (GRECA 2000), 'COLLABORATIVE GOVERNANCE' (HUXHAM 2000), 'GOVERNANCE NETWORKS' (KLUJN 2008), 'HYBRID GOVERNANCE' (HUPE AND MEIJIS 2000), 'OPERATIONAL GOVERNANCE' (HILL AND HUPE 2009) AND 'META-GOVERNANCE' (PETERS 2010). THE INTRODUCTION TO A RECENT OVERVIEW DISTINGUISHES 'PUBLIC GOVERNANCE' FROM 'CORPORATE GOVERNANCE' AND 'GOOD GOVERNANCE' AND THEN GOES ON TO DISTINGUISH FIVE SUBTYPES (OSBORNE 2010: 6-7). LATER IN THE BOOK ONE ACADEMIC RAILS AT LENGTH AGAINST THE VARIETY OF DEFINITIONS IN PLAY AND TRIES (ALMOST CERTAINLY IN VAIN) TO INSIST ON ONE PROPER USAGE (HUGHES 2010). NO WONDER BOVAIRD AND LÖFFLER (2003: 316) DESCRIBED THE ATTEMPTS TO DEVELOP THE CONCEPT AS LIKE TRYING TO 'NAIL A PUDDING ON THE WALL'

# Rhetoric: strong in politics and health



Wikipedia article page for "Rhetoric of health and medicine".

WIKIPEDIA  
The Free Encyclopedia

Main page  
Contents  
Featured content  
Current events  
Random article  
Donate to Wikipedia  
Wikimedia Shop

Interaction  
Help  
About Wikipedia  
Community portal  
Recent changes  
Contact page

Tools  
Print/export  
Create a book  
Download as PDF  
Printable version

Languages

## Rhetoric of health and medicine

From Wikipedia, the free encyclopedia

This article's **tone** or **style** may not reflect the encyclopedic tone used on Wikipedia. See Wikipedia's [guide to writing better articles](#) for suggestions. (March 2014)

The **rhetoric of health and medicine** refers to both the study and application of persuasive language and symbols in health and medicine.<sup>[1]</sup> It is an interdisciplinary subfield of rhetoric, with practitioners hailing from disciplines such as [English studies](#), [communication studies](#), and [health humanities](#). Academic researchers in this field use a wide variety of research methods. Some researchers work closely with health care professionals, serving as co-investigators on grant-funded medical research projects or as coauthors on research-related documents. These researchers' tasks may include studying audience response to specific health-related messages or conducting usability testing on health information systems.<sup>[2]</sup> Other researchers take a broader critical approach that is more aligned with [health humanities](#). As rhetorical critics, such researchers can offer distinctly non-medical perspectives on topics such as power and inequality in the context of health care communication.<sup>[3]</sup> In addition to exploring these areas of academic focus, students in the rhetoric of health and medicine can also find professional opportunities in [medical writing](#). These professionals write, edit, and develop materials about subject matter related to [medicine](#) and [health](#).<sup>[4]</sup> They might also help health professionals write documents, or they might advocate for the public by explaining complicated health issues in language that non-experts can understand.<sup>[5]</sup> The documents that medical writers create might include educational handouts for patients, legislative reports for government agencies, grant proposals for research scientists and institutions, or promotional literature for the [pharmaceutical industry](#).<sup>[6]</sup>

### Contents [hide]

- 1 History of the field and key scholars
- 2 Research topics
  - 2.1 Pharmaceutical rhetorics
  - 2.2 Rhetoric of mental health
  - 2.3 Patient narrative
  - 2.4 Rhetorics of alternative medicine
  - 2.5 Patient-physician communication
- 3 Professional opportunities
  - 3.1 Service
  - 3.2 Advocacy
- 4 Rhetorical concepts
  - 4.1 Metaphor and analogy
  - 4.2 Kairos
  - 4.3 Stasis
- 5 References
- 6 External links

### History of the field and key scholars [edit]

The rhetoric of health and medicine is tied to the emergence of [rhetoric of science](#) in the early 1970s and 1980s.<sup>[7]</sup> Contemporary theorists such as [Kenneth Burke](#), [Michel Foucault](#), [Thomas Kuhn](#), [Bruno Latour](#) and [Steve Woolgar](#), laid the theoretical groundwork for this early interest in the persuasive dimensions of scientific language. In the 1990s, the rhetoric of health and medicine emerged more clearly as a subfield distinct from [rhetoric of science](#). This development came about through the work of scholars like Celeste Condit who raised questions about the historical and rhetorical dimensions of issues like [abortion](#) and [genetics](#). The field also saw the rise of disability studies and illness narratives, with [Lennard Davis](#)'s *Enforcing Normalcy: Disability, Deafness, and the Body*; [Arthur Frank](#)'s *Wounded Story Teller: Body, Illness, and Ethics*; and [Steven Epstein](#)'s *Impure Science: AIDS, Activism, and the Politics of Knowledge*. In the early 21st century, scholars began to pay increasing attention to various topics in the rhetoric of health and medicine. J. Blake Scott's 2003 book *Risky Rhetoric: AIDS and the Cultural Practices of HIV Testing* used contemporary and classical rhetorical theories to explore health policy around HIV testing and prevention. In 2005, Judy Segal's *Health and the Rhetoric of Medicine* gained recognition for its use of key rhetorical principles to explore health conditions and medical solutions. In 2010, Lisa Keränen's *Scientific Characters: Rhetoric, Politics, and Trust in Breast Cancer Research*

# Rhetoric: political strategies...

...in March 2003, *The New York Times* reported on a memo prepared by a Republican Party strategist discussing the party's approach to the environment. The memo offered the following advice:

- *The term “climate change” should be used instead of “global warming” because “while global warming has catastrophic connotations attached to it, climate change suggests a more controllable and less emotional challenge.”*
- *“Conservationist” conveys a “moderate, reasoned, common sense position” while “environmentalist” has a “connotation of extremism.”*
- *“Be even more active in recruiting experts who are sympathetic to your view and much more active in making them part of your message” because “people are more willing to trust scientists than politicians”*

# Politics, rhetoric & symbolic representation

🗨️ Symbolic representation is the essence of problem definition in politics.

🗨️ A symbol “is anything that stands for something else...The meaning of a symbol is not intrinsic to it, but is invested in it by the people who use it.”

🗨️ Symbols are political devices

🗨️ They shape

“our perceptions and suspend[s] skepticism”

🗨️ Means of influence and control





# Rhetoric: four core forms



## Narratives



## Synecdoches



## Metaphors

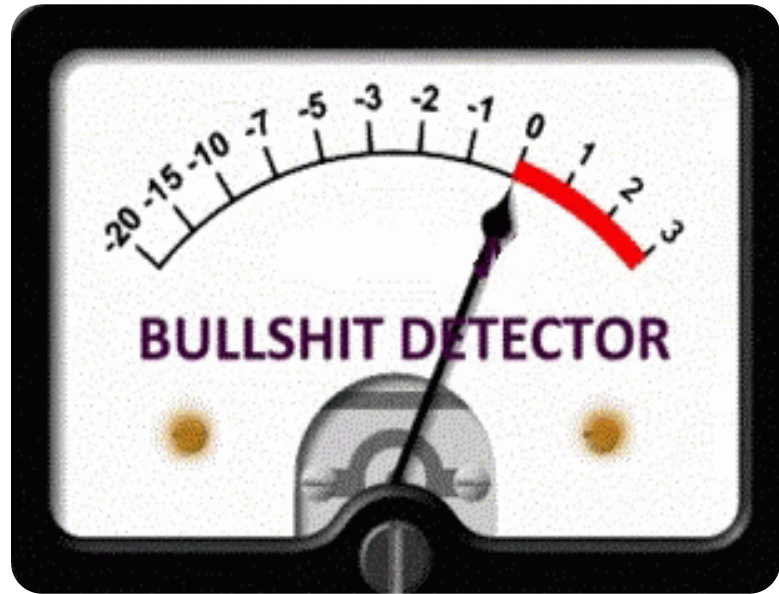


## Ambiguity

...a figure of speech by which a part is put for the whole (as *fifty sail* for *fifty ships*), the whole for a part (as *society* for *high society*), the species for the genus (as *cutthroat* for *assassin*), the genus for the species (as *a creature* for *a man*), or the name of the material for the thing made (as *boards* for *stage*)

...a word or phrase for one thing that is used to refer to another thing in order to show or suggest that they are similar

1. doubtful or uncertain especially from obscurity or indistinctness <eyes of an *ambiguous* color>
2. capable of being understood in two or more possible senses or ways <an *ambiguous* smile> <an *ambiguous* term> <a deliberately *ambiguous* reply>



# Rhetoric: the importance of bullshit



Bullshit



## On the reception and detection of pseudo-profound bullshit

Gordon Pennycook\* James Allan Cheyne† Nathaniel Barr† Derek J. Koehler†  
Jonathan A. Fugelsang†

### Abstract

Although bullshit is common in everyday life and has attracted attention from philosophers, its reception (critical or ingenuous) has not, to our knowledge, been subject to empirical investigation. Here we focus on pseudo-profound bullshit, which consists of seemingly impressive assertions that are presented as true and meaningful but are actually vacuous. We presented participants with bullshit statements consisting of buzzwords randomly organized into statements with syntactic structure but no discernible meaning (e.g., “Wholeness quiets infinite phenomena”). Across multiple studies, the propensity to judge bullshit statements as profound was associated with a variety of conceptually relevant variables (e.g., intuitive cognitive style, supernatural belief). Parallel associations were less evident among profundity judgments for more conventionally profound (e.g., “A wet person does not fear the rain”) or mundane (e.g., “Newborn babies require constant attention”) statements. These results support the idea that some people are more receptive to this type of bullshit and that detecting it is not merely a matter of indiscriminate skepticism but rather a discernment of deceptive vagueness in otherwise impressive sounding claims. Our results also suggest that a bias toward accepting statements as true may be an important component of pseudo-profound bullshit reception.

### 2 Pseudo-profound bullshit

The Oxford English Dictionary defines bullshit as, simply, “rubbish” and “nonsense”, which unfortunately does not get to the core of bullshit. Consider the following statement:

“Hidden meaning transforms unparalleled abstract beauty.”

Although this statement may *seem* to convey some sort of potentially profound meaning, it is merely a collection of buzzwords put together randomly in a sentence that retains syntactic structure. The bullshit statement is not merely nonsense, as would also be true of the following, which is not bullshit:

“Unparalleled transforms meaning beauty hidden abstract”.

The syntactic structure of a), unlike b), implies that it was constructed to communicate *something*. Thus, bullshit, in contrast to mere nonsense, is something that implies but does not contain adequate meaning or truth. This sort of phenomenon is similar to what Buekens and Boudry (2015) referred to as *obscurantism* (p. 1): “[when] the speaker... [sets] up a game of verbal smoke and mirrors to suggest depth and insight where none exists.” Our focus, however, is somewhat different from what is found in the philosophy of bullshit and related phenomena (e.g., Black, 1983; Buekens & Boudry, 2015; Frankfurt, 2005). Whereas philosophers

- 🕒 No obvious connection to reality
- 🕒 No real conceptual value
- 🕒 But the bullshitter has an agenda...

Sokal, A. D. (1996) Transgressing the boundaries: Toward a transformative hermeneutics of quantum gravity. *Social text* (46/47) 217-252

# Rhetoric: the importance of magic



## Abstract

This article examines the phenomenon of 'magic' concepts – those key terms which seem to be pervasive among both academics and practitioners. Within that category our focus is on 'governance', 'accountability' and 'networks'. Our prime purpose is to map their meanings and how they are used. Following an analysis of a wide range of literature – both academic and practitioner – we find that these concepts have properties in common which help promote their popularity. A high degree of abstraction, a strongly positive normative charge, a seeming ability to dissolve previous dilemmas and binary oppositions and a mobility across domains, give them their 'magic' character. Limitations are also identified. Magic concepts are useful, but potentially seductive. They should not be stretched to purposes for which they are not fitted.

## Key words

Accountability, discourse, governance, government, networks, political language, rhetoric, transparency

## TALKING ABOUT GOVERNMENT

### The role of magic concepts

Christopher Pollitt and Peter Hupe




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 Routledge  
Taylor & Francis Group

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© 2011 Taylor & Francis  
<http://www.tandf.co.uk/journals>  
DOI: 10.1080/14719037.2010.532963

*Magic concepts are:*

-  Broad in scope and valency
-  Normatively attractive
-  Suggesting consensus
-  Marketable

# Rhetoric, politics and advocacy



**Accomplish “political commitment, policy support  
social acceptance and systems support”**



**Act on behalf of the marginalised**



**Empower and enable**

**‘the marginalised to speak for themselves’**



**Subversive activity (?)**



***Change***

# Rhetoric and activism



Activist scholarship



Scholarly activism



Radical



Issue limited,



and often disease focused

## Healthy Cities deserve better

It seems a significant moment in the life of Healthy Cities that The Lancet published a Commission on the accomplishments of that very movement (June 2, p 2079).<sup>1</sup> But, oddly, there is a strong disconnect between the materials presented and analysed by Yvonne Rydin and colleagues in the Commission and the realities of the international Healthy Cities movement.

In essence, the five case studies do not add substantially to the problem analyses found in comprehensive texts on urban health.<sup>2</sup> In the introduction to the Commission, there is explicit reference to the international Healthy Cities movement started by WHO, first in Europe and the Americas, and with increasing popularity around the world. What sets this Healthy Cities movement apart from other urban health initiatives is an unequivocal commitment to a set of values that would govern health development in the urban context.<sup>3</sup>

These values (relating to community development, equity, social inclusion, intersectoral management, and policy development) explicitly refer to the fact that urban health development is everyone's business. The Commission's analyses seem to look at Healthy Cities through an entirely different lens, applying a frame of reference that is grounded in a biomedical and pathological paradigm of health, rather than a sociological and ecological paradigm. For that reason, the Commission's recommendations do not seem to add much to the operational basis and ambitions of the thousands of Healthy Cities around the world. Community leaders, political representatives, and urban social and policy entrepreneurs need hands-on, politically astute research for change. Corburn<sup>4</sup> has shown that such research should rely on community engagement much more than on the academic enterprise.

The Commission suggests that "complexity science" would provide answers. I and others have argued elsewhere<sup>5</sup> that the deliberate and conscientious application of political theory to complex issues in health promotion and urban health would generate precisely the insights the Healthy Cities review years for: who plays which game with whom? For what purpose? What is the role of "those affected"—the communities that feel disempowered by intangible structures and institutions, or communities that have the potential and opportunity to be truly engaged? Which arguments, what evidence, shaped by whom, enters the policy discourse at which point and for what reasons?

These might look like exciting new questions, opening up new vistas beyond "stakeholder self-reflection", as advocated in the Commission. Lamentably, they are not new at all. They have been among the standard repertoire of social scientists since the early 1990s. Perhaps the first complexity to address is that of even better communication, equitably, across disciplines and practice areas. This will, I feel, contribute to shaping Healthy Cities more than anything else.

I declare that I have no conflicts of interest.

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- 1 Rydin Y, Bleahu A, Davies M, et al. Shaping cities for health: complexity and the planning of urban environments in the 21st century. *Lancet* 2012; **379**: 2079-108.
- 2 Galea S, Vlahov D. Handbook of urban health. New York: Springer, 2005.
- 3 Tsouros A. City leadership for health and sustainable development: the World Health Organization European Healthy Cities Network. *Health Promotion Int* 2009; **24** (suppl 1): i4-10.
- 4 Corburn J. *Toward the healthy city: people, places, and the politics of urban planning*. Cambridge, MA: MIT Press, 2009.
- 5 Breton E, de Leeuw E. Theories of the policy process in health promotion research: a review. *Health Promotion Int* 2011; **26**: 82-90.



# Exercise

- **Take your abstract**
- **Rewrite in policy rhetoric**
- **Rewrite in policy advocacy words**
- **Turn into 'elevator pitch'**

Bottom line:





