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Debate

Creating 'healthy built environment' legislation in Australia; a policy analysis

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Summary

Influencing healthy public policy through health advocacy remains challenging. This policy analysis research uses theories of agenda setting to understand how health came to be considered for specific mention in legislation arising from land-use planning system reform in New South Wales, Australia. This qualitative study follows critical realist methodology to conduct a policy analysis of the case. We collected data from purposively sampled in-depth interviews ($n = 9$), a focus group and documentary analysis. We used three classic policy process (agenda setting) theories to develop an analytic framework for explaining the empirical data: Multiple Streams; Punctuated Equilibrium Theory and Advocacy Coalition Framework. The reform process presented a window of opportunity that opened incrementally over a 2 year period. The opportunity was grasped by individual policy entrepreneurs who subsequently formed a coalition of healthy planning advocates focused on strategically positioning 'health' as legislative objective for the new system. The actual point of influence seemed to appear suddenly when challenges to a perceived economic development agenda within the reforms peaked, and the health objective, see as non-threatening by all stakeholders, was taken up. Our analysis demonstrates how this particular point of influence followed sustained long-term activity by health advocates prior to and during the reform process. We demonstrate a theory-driven policy analysis of health advocacy efforts to influence an instance of major land-use planning reform. The application of multiple policy process theories enables deep understanding of what is required to effectively advocate for healthy public policy.

Key words: public policy, urban planning, determinants of health, advocacy, qualitative methods

INTRODUCTION

Despite a large and growing body of evidence linking health to the built environment (Giles-Corti *et al.*, 2016), influencing urban and regional planning systems to adopt health in their policies remains challenging (Lowe *et al.*, 2014). Evidence-informed health advocacy to influence such systems is important for the creation of 'Healthy Public Policies'. Advocacy work can be enhanced by

utilizing political science knowledge and frameworks to understand better the policy-making processes and develop strategic approaches. This research presents a case study of the application of policy analysis, using core theories, to explain how health was put on the agenda of legislative reform of urban and regional land-use planning in New South Wales (NSW), Australia.

Public health policy research has signalled the importance of using theories of the policy process to improve understanding of public policy-making (Breton and De Leeuw, 2011; Smith and Katikireddi, 2013). Policy scientists are calling for reinvigorated focus on using the intersections between such theories to explain real-world instances of policy-making (Jones *et al.*, 2009; Cairney, 2013; Weible, 2014). These calls began with a focus on the 'big three' (John, 2003) theories which we utilize in this study: the Multiple Streams Approach (MSA) (Kingdon, 2011; Zahariadis, 2014); the Advocacy Coalition Framework (ACF) (Jenkins-Smith *et al.*, 2014) and Punctuated Equilibrium Theory (PET) (Baumgartner *et al.*, 2014).

In July 2011, the NSW government initiated a comprehensive review of the planning system over four stages: listening and scoping by external (to government) experts, an Issues Paper, a Green Paper and a White Paper accompanied by draft legislation. In October 2013, revised legislation (hereafter the Bill) was tabled in Parliament and although progress stalled in late 2014 planning system reform remains a government focus (NSW Government, 2016).

The Bill presented to Parliament (NSW Government, 2013) included health as a primary objective of the proposed planning act:

i. *to promote health, amenity and quality in the design and planning of the built environment*

The advocacy that led to the inclusion of health in the Bill and the wider reform process is the subject of this article. The analysis was driven by two principal questions:

- How and why did health come to be incorporated in the 2011–2013 review of the NSW planning system?
- What lessons can be learnt from this case about high level, strategic, legislative advocacy for health?

The empirical results have been published previously (Kent *et al.*, 2017). In this article, we apply theories of the policy process to understand better the empirical data to assist health professionals to be more effective advocates for healthy public policies.

In the remainder of the article, we present the overall methodological approach, followed by an articulation of the key elements of three theories of the policy process that we used for our analysis. In the results section, we unpack the mechanisms within the broader reform process that influenced the inclusion of the health objective. We conclude with insights from the analysis for healthy public policy advocacy and research.

METHODS

Research design

This qualitative study follows critical realist methodology, combining empirical data and theory (Bhaskar, 1978; Sayer, 2000; Harris *et al.*, 2015). A critical realist approach conforms closely to recent methodological calls in political science to utilize multiple theories of the policy process in research (John, 2003; Cairney, 2013). Our approach, using multiple theories to explain empirical outcomes, has been labelled 'complementary' policy analysis (Cairney, 2013). The realist approach we use has gained recent popularity precisely because it differs from both positivist approaches—deductive data analysis to test the parameters of specific theories—and constructivist approaches—inductive data collection and analysis not testing a specific theory—(Bhaskar, 1978; Sayer, 1992, 2000; Danermark *et al.*, 2002; Pawson, 2013). Realist approaches allow a third methodology, suited to complementary policy analysis, that combines, iteratively, inductive and deductive analysis to develop explanations of what happened, for who, and under what circumstances. We initially collected and analysed data using 'new institutionalist' categories that have consistently been shown to underpin the essential characteristics of sub-systems involved in public policy: actors, structures and ideas (Howlett *et al.*, 2009; Cairney, 2011; Harris *et al.*, 2015). We then took that analysis and reinterpreted it using relevant constructs from the three core policy process theories.

A particular aspect of our analysis has been teasing out the mechanisms that caused the policy to be changed—i.e. that precipitated the inclusion of health as an objective of the Bill. Crucially these mechanisms are usually hidden, sensitive to variations in conditions and causally linked to the occurrence of events or outcomes (Sayer, 1992).

Data collection and empirical analysis

Primary data arose from interviews in 2014 and 2015 with nine purposively sampled stakeholders (Rubin and Rubin, 2011) who were influential in the review process (see Table 1). Participants were knowledgeable about the reforms and/or the health input into the reforms; willing to be interviewed and representative of a range of potential points of view. Three potential participants

Table 1: Description of the informants and members of the focus group

Informant	Position description	Points engaged in the legislative review process
Community informant 1	Leader of large community coalition formed to lobby during the review process	Green and White Papers
Community informant 2	Environmental lawyer in a community legal centre	Each stage
Health informant 1	Minister of Health	Each stage
Health informant 2	Senior position—Ministry of Health	Each stage, more actively following Green Paper
Health informant 3	Chair of the Ministerial Taskforce on Health Prevention	Directly following Green Paper (at one point only)
Planning informant 1	Planning consultant and employed facilitator to the HPEWG	Each stage
Planning informant 2	Planning consultant and previous director at the Department of Planning	Each stage
Planning informant 3	Planning consultant and previous director at the Department of Planning	Green and White Papers
Planning informant 4	Planning consultant and advisor to the Planning Minister	Each stage
Focus group	Healthy planning experts: state government, academic, non-government organization	Each stage

refused to be interviewed. The interviews were complemented by a focus group, with three members of 'Healthy Planning Expert Working Group' that formed during the reform process.

Eight interviews and the focus group were conducted as a conversation of up to 90 min with reference to the three new institutionalist concepts: structures (rules and mandates governing practice), actors (stakeholders and networks) and ideas (the content of policy). The interview with the NSW Minister for Health was a 15 min unstructured conversation covering core issues raised from previous interviews.

Documentary sources were reviewed for insights about the inclusion of health in the review as well as supporting evidence for the core findings from the interviews. These documents included Hansard recordings of parliamentary proceedings relevant to the review, and government documents accessed through open access to information processes (including emails, internal reports and minutes of meetings).

Interview and focus group data were analysed using the actors, ideas and structures framework as initial codes using QSR NVIVO software and intentionally avoiding additional theoretical constructs. The documentary sources were searched for relevance to the research questions, and the data that had emerged from the interviews. Once the theories of the policy process were chosen (see later), we mapped the core theoretical constructs identified in these theories against the original coding.

PH led the research, PH and JK collected the data and PH led the analysis, which was developed and written up collaboratively with the research team. The research was supported by a multi-disciplinary reference group of professionals from government, non-government agencies and universities. Research ethics approval was obtained from the lead author's instituition (2014/802).

Theoretical perspectives

We compared theories for their ability to explain the empirical data (Bhaskar, 1978; Danermark *et al.*, 2002). Given the planning reforms were an instance of (legislative) agenda setting, theories of agenda setting and policy change were the primary focus.

We used the most recent compendium of theories of the policy process (Sabatier and Weible, 2014) to identify three core theories for relevance to our initial empirical findings: the MSA (Kingdon, 2011; Zahariadis, 2014); PET (Baumgartner, 2013; Baumgartner *et al.*, 2014) and the ACF (Jenkins-Smith *et al.*, 2014).

Table 2 explains the essential elements of each theory for our policy analysis. The final row presents the specific analytic questions we applied to the empirical data. Each theory rests on understanding that rational behavioural explanations are of limited value to fully explain the policy process. Each is built on a foundation of the policy-making process as complex, largely incremental and non-linear, undergoing long periods of stasis punctuated by change. Each provides useful, nuanced, insight

Table 2: Core insights and implications from each theory for the analysis [adapted from Cairney and Heikkila (Cairney and Heikkila, 2014) with detail from theory specific literature]

	MSA	ACF	PET
Actors	Policy entrepreneurs—skilled at attaching policy problems to solutions, coalition builders. Policy-makers—operating under significant time constraints which limit attention	Policy actors who form coalitions, act strategically, learn based on levels of conflict, degrees of openness and shared norms. Principal (central and engaged) and auxiliary (peripheral and less engaged) actors	Power is held by a policy monopoly responsible for policy-making in a specific area, whose responsibility is supported by a powerful image or idea connected to core political values and simply communicated. The opening up of the system to new actors—policy communities and specific issue networks—can alter the image of the policy (or policy monopoly) creating the opportunity for major change
Model of the individual	People as boundedly rational; focus on ambiguity; limited attention span	Boundedly rational; emphasis on individuals motivated by beliefs	Boundedly rational: particular emphasis on limited attention span
Ideas or beliefs	Policy solutions amended over time to become acceptable. Ideas fight for space to be recognized as acceptable and salient	Belief systems drive policy actor behaviour	Monopolies frame widely supported policy images; new images can be proposed and create opportunities for change
Institutional rules	Ambiguity creates dynamic, complex and chaotic nature of political life	Sub-system focus: sub-system characteristics based on policy beliefs within relatively stable parameters (attributes of a policy problem, fundamental socio-cultural values, constitutional structures); short-term constraints and resources available to sub-system actors and degree of consensus required for major policy change	Political Institutional structures create a negative feedback dynamic that usually works against any impetus for change
Wider conditions	Public mood, pressure groups, high administration turnover, time spent on an issue, (lack of) clarity over preferences and processes for change	External (endogenous) influences (e.g. public opinion, socio-economic conditions) create opportunity for change	Stable parameters through policy monopolies. A policy monopoly is opened up to further scrutiny in the macro-policy arena, making major change possible
Timing of change	Gradual long-term incremental influence to soften up system, then sudden agenda change. Who pays attention to what and when is critical	Long-term stasis, with minor and major changes occurring through changes in belief systems	Long-term stability and incrementalism punctuated by sudden major change
Core implications for policy analysis (agenda setting, policy change focus)	Windows of opportunity temporarily open for ideas to be seen as acceptable and salient. Ideas fight for space in conditions of ambiguity and chaos. Entrepreneurs soften up the system for change, are ready for the window, then seize the opportunity to attach the problem to a solution	Core belief systems create stable, dominant, coalitions over time. Competition between coalitions over core beliefs and ideas	[limited] attention to ideasPolicy monopolies opening or closing to wider policy communities and issue networksIdeas presented that conform to or challenge those of the current policy monopoly
Resulting policy analysis questions (for the reforms)	*What/who opened the window of opportunity for the health agenda? What actors or individuals were involved to influence the reforms?How were ideas positioned?*	*What were the belief systems among networks? Who was the dominant network and what belief systems did this coalesce around? How did the health agenda intersect with this competition between beliefs?*	*What were the policy groupings and how did these influence the reform process and the health agenda within this? How was health presented as an idea to allow change to occur?*

to positioning the idea of health onto the policy agenda through the actions of multiple stakeholders operating over time and within complex policy systems.

RESULTS

The results begin by focusing on the reforms as a window of opportunity. We then focus on the various stakeholders involved and their role as entrepreneurs, coalitions and policy-makers. Next, we examine beliefs and motivations, concluding with an analysis of how competition between various actors opened up the opportunity for influencing the reform agenda.

The reforms as a window of opportunity for health advocacy: problems, policy and politics

The 'streams' within MSA explain how the reform process became a window of opportunity for health advocacy. Kingdon's (Kingdon 2011) three streams lay the groundwork for the rest of the analysis.

The problem stream consists of issues policy-makers, and in some instances the broader public, want addressed. This stream opened up because the reforms were an election commitment for the new government:

> *There was wide-spread agreement that the existing planning system and legislation was no longer fit for purpose…The government was elected on the platform of restoring accountability and trust in the planning system.*

Community informant 2

Health's relevance as an issue to be addressed in the planning system's reform increased incrementally over time. Health was not on the agenda at the beginning of the reform process when issues for consideration were being developed for the government and was minimally considered in the Green Paper. It appeared as an explicit issue in the White Paper and became an objective in the Bill presented to parliament. The policy stream has been described as the policy primeval soup where ideas compete for acceptance, evolving over time as they are presented, modified and reconsidered [(Kingdon, 2011), p. 127]. The following somewhat flippant statement illustrates this sometimes serendipitous evolution:

> *A lot of things kind of got shoe-horned in in the end when it might have just been someone just went and had a chat with [the Minister] and said, 'We should put healthy environments in'.*

Planning informant 4

Such a meeting did occur late in the reform process, at a point when the economic development 'image' (as explained by PET) of the reforms was being challenged (see later):

> *…he [the Minister for Planning] actually came and sat in a meeting around this table and said 'yeah, [a health objective] sounds good', so that's how simple these things can be really…*

Health informant 1

Rather than being an isolated point of influence involving specific individuals, the meeting was actually the product of many influences and dynamics that occurred before and during the reform process. Work to connect health and planning had been occurring for nearly a decade in NSW prior to the reforms. Without this groundwork, informants noted, the opportunities presented by the reform process may have been missed. For instance, health-focused informants stressed the importance of the previously developed 'skin in the game' for beginning the crucial process of 'softening up the system' such that health issues, framed as an objective were, eventually, seen by the government and industry as acceptable.

The politics stream consists of three elements: the 'mood' of the public, monitored by politicians; pressure group campaigns and administrative turnover [(Zahariadis, 2014), p. 34]. The public mood was, late in this case, an important factor that opened the government to the usefulness of the health objective, given that the reforms were, at that point, being challenged in the community and in parliament. Monitoring community opinion polls, for example, led policy-makers to focus on density, which in turn allowed health to be acceptable politically:

> *[Polling suggested] the number one issue was transport and the amount of time people are spending on roads. Then our argument became, if you have greater density and you have playing fields and things near you, because of this density developers can actually afford to build new swimming pools and other facilities and amenities. Then it's good for you.*

Planning informant 3

Entrepreneurs and the formation of coalitions

Without recognition of the reform process by several individuals and their respective organizations as a window of opportunity, the likelihood is that the health objectives would never have entered the reform agenda. Bringing ACF and MSA theories together, both entrepreneurs and coalitions help explain how the window of opportunity was recognized and then used. Coalitions are groups of actors sharing belief systems and coordinating actions around these beliefs (Weible and Sabatier, 2006). Entrepreneurs are individuals who attempt to influence

policy change (Kingdon, 2011). Connecting the two, coalitions form when entrepreneurs frame issues in a way that encourages a group with similar beliefs to form around that issue [(Cairney, 2011), p. 273]. Several core groupings of entrepreneurs and coalitions emerged during the reform process. We describe four later.

NSW Healthy Planning Expert Working Group

The 'NSW Healthy Planning Expert Working Group' (HPEWG) was the coalition that seized health's window of opportunity. The group was a mix of agencies from within and external to government, and crucially membership went beyond the health sector. There were many agencies from different disciplines, sectors (non-government, government and academic) and areas of interest. This diversity was crucial to spreading the message about health through the (often disconnected) work of the agencies that made up the group. The core members of the group displayed characteristics of policy entrepreneurs (Mintrom and Norman, 2009)—see Box 1.

For advocacy purposes, the strength of the group lay in its broad membership making collective decisions while respecting that each agency may also have a particular position about the relevance of health for the reforms (articulated in individual agency submissions—see (Harris *et al.*, 2016). Early in the formation of the group, it was agreed that the principal desired outcome was the inclusion of a healthy planning objective in the legislation. This goal helped to fuse a core 'coalition belief' (Cairney, 2011) for effectively influencing the reforms.

Property development industry

The property development industry was very influential in the policy reforms. Individual industry representatives were identified by informants as close to the Minister for Planning. This was confirmed by our documentary analysis which showed that part of the property development industry invested money and time in lobbying government throughout the reform process.

Better planning network

The Better Planning Network was a grass roots community network that began as a casual alliance of organizations who felt the government was paying lip service to the community participation element of the reforms by exclusively pushing an agenda of economic growth. The group rapidly grew into a network of over 470 members representing existing yet previously disparate community organizations. They operated at three levels: community awareness raising and education, engaging the media and direct lobbying. In March 2014, their message was influential on the politics within Parliament, the point at which the reforms were taken off the table:

> *The credit in pointing out the holes in this Government's planning reform lies not in this Chamber…but in the community. The Better Planning Network and the hundreds of conservation, resident and heritage groups around the State came together and said this Government has spectacularly failed to meet its commitment to return planning powers to the community.*

Hansard—Greens Member of Parliament David Shoebridge 26th March 2014, NSW Legislative Council.

'Coalition of the willing'—a powerful pro-reform 'policy monopoly'

Our documentary analysis showed that a powerful group formed—described by the informant from the Better Planning Network as the 'coalition of the willing'—to help the government progress the reform agenda. This coalition had the hallmarks of PET's characterization of a 'policy monopoly' and was formed to support the progress of the reforms in the face of growing external opposition. This included a range of representatives from across industry, academia, government and non-government agencies who despite some differences of emphasis supported the general intent of the proposed legislation. The documents show that this group had strong advisory relationships and regular contact with the Department of Planning and Planning Minister.

Policy-makers

Policy-makers are identified in MSA as actors who juggle various issues and are ultimately gate-keepers determining which issues make it into policy. Both ACF and PET describe policy-makers (as a group) inhabiting specific subsystems that, for the most part, support the policy *status quo* and who, for change to occur, must be challenged.

The Minister for Planning and the Department of Planning

The Minister for Planning was recognized as crucial in shaping the reforms. He was described as being the driver of the reforms in terms of content and process. As well as the evidence of the importance of the one to one meeting with him, the overall importance of his role was summed up as:

> *The Minister's view prevails in the end. Somebody has to cut through.*

Planning informant 3

Box 1: Policy entrepreneur characteristics of the leaders of the Healthy Planning Expert Working Group, supported by focus group quotations [following Mintrom and Norman (Mintrom and Norman, 2009)]

- 'Displaying social acuity' by recognizing the reforms as an opportunity to position a health agenda

We had the opportunity. We had the evidence. We had an established knowledge broker with relationships. So it was really an ideal opportunity to do something with. Then we did a whole bunch of things to translate that into action.

- 'Defining the problem' of including health in the reforms as requiring wide support amongst varied stakeholders

We extended the invitation broadly, deliberately to try and get as many different agencies involved as possible...The idea was that we were establishing formal process to spread the opportunities for health to be considered.

- 'Building teams' by effectively working with varied stakeholders to develop the Expert Working Group as a coalition

I think in terms of just group dynamics that whole history of refining the message led to greater ownership of the group. I think people enjoyed going, to be honest. I really do.

- Working within incrementalism

It [The work] incrementally evolved to try to look for the opportunities when they arose...the government was trying to do something that was a significant piece of work for them in terms of trying to change this act. It's not an easy task. They weren't exactly sure of the process and so the process was going to evolve. We'd respond to the opportunities as they arose.

The Department of Planning was responsible for managing the reform process: e.g. organizing meetings and consultations, preparing discussion papers and reviewing and synthesizing feedback and drafting legislation. Within the Department, there was a small group of long serving officers who had recognized the importance of planning for health outcomes for several years and supported the healthy planning agenda. Others were described as being either disengaged or oppositional:

> *Look, we've been trying to get health much better embedded in the planning system for—I don't know—maybe ten years...It was just another battle again to get it into the reforms...but there was still not the understanding from many in high levels of planning, because they couldn't see it as an important issue, they just didn't get it.*

Planning informant 2

Minister of Health and Ministry of Health

The Minister of Health reported playing a crucial, long-term, role within the government. This involved consistently pushing health as useful for the reforms, as well has having strong ongoing working relations with the Minister for Planning. Another respondent confirmed her influential role late in the reform process.

The Ministry was part of, but not core to, the health coalition. The focus group and health informant 2 suggested the Ministry played a largely internal role within the policy workings of government to support the idea of including health in the reforms.

Belief systems

The ACF emphasizes belief systems as the ultimate driver of policy (Jenkins-Smith *et al.*, 2014). 'Deep core' beliefs concern values that cross policy systems and specific policy areas. 'Policy core' beliefs are fundamental policy positions bounded by scope and topic to specific policy sub-systems. 'Secondary beliefs' deal with specific instrumental means (e.g. funding and implementation) for achieving desired outcomes. Detailing specific belief systems helps to unpack why the reform process opened an opportunity for the health objective.

The deep core and secondary beliefs became crucial for the reforms, notably, and to which we return, beyond any health issues. The deep core driver for the government was to redesign the planning legislation to

support the economic growth of the state [see (Kent *et al.*, 2017)]. This, it was explained, ultimately became the Achilles heel for the government's reform process when this core belief was challenged by other groups and coalitions, as predicted by both PET and ACF:

> *the downplaying of public involvement. . .watering down the environmental protection provisions, and we wonder why the Greens and Better Planning Network mobilised and won out.*

Planning informant 1

Softening up the system to make 'health' acceptable for the reforms

For an issue to gain policy traction, it must be acceptable in terms of stakeholders' values (Zahariadis, 2014). Value acceptability was crucial to the success of the health agenda in the reform process, where none of the stakeholders felt the health objective challenged their own agenda. Recognizing the importance of health's value-neutrality, healthy planning entrepreneurs began to canvass widely across stakeholder groups. One entrepreneur, for example, described canvassing up to 100 influential agencies, including industry, for confirmation that the inclusion of health was acceptable. Others described attending public meetings—often also attended by the Minister for Planning—to consistently suggest that health should be a legislative objective. Such actions 'softened up the system' (Kingdon, 2011) to support the health objective. Eventually, around the time of the previously described meeting with the Planning Minister when the legislation was being drafted, broad support was given for the health objective. For instance, business stakeholders' submissions to the White Paper included the recommendation:

> *that an internationally accepted definition of health be included as an objective in the new Act*

Business Stakeholder Top Issues Analysis 15 August 2013

Health was of low-salience relative to other issues

For issues to stay on the agenda, they must be prominent (Zahariadis, 2014). Although acceptable, health was never recognized as a fundamental issue for the reforms by the main influential non-health coalitions internal and external to the government. For instance:

> *It [healthy built environments' never was a big headline. It never has been.*

Planning informant 4

There was however strength in this low-salience. Policy entrepreneurs have been shown to be particularly successful in pushing 'low-salience' issues into policy by providing a 'policy kernel. . .that users can adopt, modify or use to inform their policy decisions in a given area' [(Koski, 2010), p. 97]. Although the health coalition remained relatively peripheral throughout the reform process, their emphasis on the 'health objective', with minimal additional detail, worked successfully as the principal advocacy argument. In line with each theory, this single focus on the health objective fitted the administrative task of drafting legislation without overburdening already overloaded policy-makers.

Shift in power leading to the opening then closing of the window of opportunity

Both ACF and PET emphasize that policy change requires the mobilization of groups external to the existing policy monopoly of powerful interests. The external challenges to the core policy image held by these interests can provide opportunities for new policy issues to enter the agenda. PET calls this a 'positive feedback loop' that opens up the possibility for major policy change. The health objective, linked by some to density (which as noted fitted the government's agenda), supported rather than challenged the core policy image of the reforms held by the government. This helps explain how competing core values and beliefs about the functioning of the new planning system—for instance between industry and community values—provided the opportunity for health to be adopted by the government as an acceptable legislative objective.

However, PET also explains how policy monopolies have the ability to exclude groups who do not promote their agenda (Cairney, 2011). The, at the time much vaunted, opening up of the reform process—based on an electoral commitment—to the wider community ironically meant that various coalitions emerged in opposition to the government's economic development oriented reform agenda. Although this opposition allowed the health objective its moment of acceptability, it ultimately tarnished the image of the reform process such that the reforms became highly politicized and, eventually, successfully challenged on the floor of parliament. The health objective, as one informant put it:

> *got caught in the cross fire of all that shit in the upper house [of Parliament]*

Planning informant 1

Following this stalling, the government, as predicted by the PET, took the reform process off the political table. This closed for a time the reform process as a window of opportunity for health advocates.

Table 3: Results with recommendations for healthy public policy advocacy

Main result	Sub-finding	Recommendations for healthy public policy advocacy
Reforms as window of opportunity	Problem	Opportunism—Be ready to recognize and exploit windows of opportunity
	Policy	Recognize the messy, evolutionary nature of the policy process
		Stay involved throughout
		Build internal expertize while waiting
		Build external links and credibility while waiting
	Politics	Monitor the evolving political priorities, processes and struggles
		Monitor existing and emerging stakeholders
Entrepreneurs and coalitions	Own actors and coalitions	Build a broad coalition of interested actors
		Agree the main goal(s)—make them clear and easily adoptable by the main stakeholders
		Accept some diversity of opinions
	Other actors and coalitions	Know the main entrepreneurs and coalitions
		Where possible, be non-threatening and co-opt their support
Policy-makers	Gate-keepers of policy sub-system/monopoly	Know:
		Who will make the final decision(s)
		Who has influence over the final decision(s)
		Who is friendly within the policy monopoly
		Who can be mobilized to support you
Belief systems	Softening up	Make your goal acceptable to the values and goals of the main stakeholders
		Take all opportunities to promote your goal privately and publicly
	Salience	Ensure your issue and goal are prominent in the policy process
		If it is not prominent, try to slip it in under the radar
Shifts in power	Policy monopoly and external (to the monopoly) networks	If necessary, challenge the policy monopoly
		Observe and utilize others' challenges to the policy monopoly and the core policy image
		Decide who to support: the monopoly or the challengers

DISCUSSION

Using three theories of the policy process to understand the interview, focus group and documentary data sources, we have shown how healthy planning advocates influenced the NSW Planning system reform process by presenting healthy built environments as an acceptable legislative objective. The seemingly sudden late inclusion of health issues in the reform agenda was built on sustained advocacy inside and outside the Department of Planning over the previous decade and strategic activities during the reform process. These actions meant that the health objective was ready to enter and impact the debate at the time when the government's preferred reforms were being challenged. However, health's window of opportunity closed when the political impasse over the reforms, which had nothing to do with the health objective, led the government to abandon the legislation.

For practice, this analysis provides evidence of and for effective healthy public policy advocacy. Table 3 later develops recommendations for practice against each of the results. Above all, long-term investment is required to develop skilled health advocates who can simultaneously soften up the policy system of interest while being ready to recognize, and act on, windows of opportunity as they open. Given policy is largely incremental, periods of stasis punctuated by specific opportunities for change, existing 'skin in the game' is a desirable condition for effective advocacy. In this case the advocacy was professionally driven, rather than a grass roots campaign, because the intent was to engage with the policy monopoly rather than coalitions opposing the reforms.

For research, we demonstrate the value of drawing on multiple theories to make sense of a case study of a policy process (Cairney, 2013; Howlett *et al.*, 2015). This approach allowed us to explain the multiple mechanisms underpinning how health advocates were able to influence the reform process.

Other public health policy researchers have used specific theories, particularly MSA, to explain the inclusion of health considerations in public policy (Baum *et al.*, 2015). Here, we connected our data to core similarities and differences between three seminal theories of the policy process. These theories have recently been shown to have widespread applicability (Jones and Baumgartner, 2012;

Jenkins-Smith *et al.*, 2014; Cairney and Jones, 2015; Jones *et al.*, 2015) and our experience adds to this evidence.

There are clear convergences between the three theories. Each sees policy change as occurring in part through the uptake of new ideas which challenge the dominant *status quo*. Each reminds us that ideas about health need to be acceptable to stakeholders and relevant to the policy problem. We observed both of these characteristics.

Another common factor is the issue of timing. Sabatier [e.g. (Sabatier, 1988)] argues that influencing policy can be a long-term process. This suggests that the health advocates described here may be in the middle of a longer-term process of policy influence. This research has captured one part of that process but more research is required to fully understand mechanisms of influence (or otherwise) over the long-term.

The theories also have differences (Cairney and Heikkila, 2014). MSA highlights the role of entrepreneurs in affecting change amongst a sea of policy ideas struggling for attention. ACF focusses explanation on struggles between coalitions' belief systems. PET emphasizes why typically stable policy institutions can occasionally be opened up and challenged. These differences in emphasis have implications for designing research projects to 'test' the hypotheses of individual theories (Cairney, 2013).

Although we have offered an analytical framework for policy analysis, there are limitations to this research. We focused on documentary analysis and qualitative data from a small purposive sample of informants. Although these methods are standard in policy analysis research (Cairney, 2013), they limit the generalizability of the findings. The single case study design should also be noted, although the approach undertaken here lends itself well to future comparative analyses of real-world healthy public policy advocacy cases internationally. This type of analysis, we believe, will improve understanding of the processes by which health advocates can best bring about changes to create healthier and more equitable societies.

CONCLUSIONS

We used three agenda setting theories to inform a policy analysis of how and why health advocacy became influential during a 2 year period of legislative reform of land-use planning in NSW, Australia. Applying a policy analysis lens connecting policy process theories with various data sources enabled us to unearth the mechanisms that led to effective health advocacy work within a much broader, complex world of legislative reform and formulate some recommendations for effective advocacy. Our findings demonstrate the utility of this approach for health promotion practitioners and researchers to more fully understand the actions required to create healthy public policies.

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ETHICS APPROVAL

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