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Letter to the Editor

One more question to guide the development and implementation of Health in All Policies: Integrate?

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In this letter, we would like to respond to a recent paper that was published in this journal by [De Leeuw and Peters \(2014\)](#). In their contribution, the authors recommend to use the political and policy literature more productively to explain the development of Health in All Policies (HiAP). For the HiAP context, they regard the application of behavioral constructs to explain political phenomena (such as HiAP) as a scholarly sin, stating that the behavioral perspective is ‘asking the wrong question, and deploying an inappropriate inquiry system’. In a similar context, however, we ([Hendriks et al., 2013b](#)) intentionally use a behavioral science perspective, because, in our view, each HiAP development initially requires an organizational behavior change on the part of certain policy actors.

We agree with [De Leeuw and Peters \(2014\)](#) that HiAP barriers are often intrinsically political in nature, but also see that many HiAP barriers are related to behavior change. We therefore propose a better integration of political science with behavioral science, to obtain a more comprehensive approach on HiAP. Therefore, we will first briefly outline how both author teams have operationalized their scientific perspective.

To assist HiAP developers, [De Leeuw and Peters \(2014\)](#) developed a HiAP checklist from a political and policy science perspective. This checklist incorporates nine core questions related to the following HiAP themes: (i) defining or redefining the problem, (ii) evaluating existing policy, (iii) gathering information, (iv) establishing the policy logic based on social determinants, (v) developing alternatives with stakeholders, (vi) trading off costs and benefits, (vii) constructing a matrix of power, interest and priority, (viii) considering political strategy, and (ix) describing and planning implementation. These themes are incorporated in ‘core questions’ that are meant to be answered by HiAP developers and ‘show the practicalities of applying a health political science view to integral policy making’. The authors argue that answering these core questions can guide the formulation, negotiation, development and implementation of HiAP, because this leads to a more thorough understanding of the complexity of HiAP development ([De Leeuw and Peters, 2014](#)).

For the same purpose, we ([Hendriks et al., 2013b](#)) developed the Behavior Change Ball (BCB) as a broad conceptual HiAP framework. The framework incorporates

theoretical concepts from behavioral, organizational, political and policy science. It distinguishes 10 organizational behaviors (OBs) that are deemed relevant for the development of HiAP, as well as determinants of these OBs, and interventions and policies to address barriers or facilitators for each OB. These concepts are integrated in a behavioral change framework that is based on an extensive review of frameworks from a wide variety of disciplines such as psychology, law, cultural change, behavior change, implementation science, communication and marketing, and organizational change (Michie *et al.*, 2011; Hendriks *et al.*, 2013b). Behavior in this perspective should be interpreted in a broad sense. Within the BCB, the term behavior is used for behavior of different actors: individuals, groups, organizations and governments.

Looking at both the HiAP checklist and the BCB, we identify some striking similarities and conclude that the perspectives of both author teams actually complement each other. With regard to similarities, in both cases a ball's dynamics reflect how HiAP developers (i.e. jugglers) or actors in the BCB can work toward their 'goal', facing the reality of the policy process in which many things interact and happen at the same time, and which often seems chaotic even though order is present. Furthermore, both the De Leeuw and Peters (2014) and Hendriks *et al.* (2013b) indicate that factors beyond the HiAP developers' direct control will interact with the policymakers' behavior. At the same time, both recognize that fully understanding these factors is very difficult, because they are grounded in 'social, political or commercial health determinants' that government bureaucracies can hardly address. Third, both author teams describe that innovation is difficult for governments and that 'cross-sectoral' (De Leeuw and Peters, 2014) or 'intersectoral' collaboration (Hendriks *et al.*, 2013a,b) between different 'silos' or 'sectors' is necessary to address policy issues that are complex, 'cynefin' (Snowden, 2005), messy, fuzzy (De Leeuw and Peters, 2014) or wicked (Hendriks *et al.*, 2013b, 2014). Both argue that approaches to such problems should be seen as 'learning exercises' and should be based on 'flexible' (De Leeuw and Peters, 2014) or 'adaptive' management approaches (Hendriks *et al.*, 2013b).

When focusing on complementary perspectives, it seems that De Leeuw and Peters (2014) focus more on forces within the policy context outside the governmental organization and ask more questions regarding stakeholders that are indirectly (i.e. outside the government) involved in HiAP developments, while we (Hendriks *et al.*, 2013b) focus more explicitly on forces within the governmental organization and ask more questions regarding stakeholders that are directly involved with developing HiAP (i.e. governmental actors at strategic, tactical and operational levels).

We recognize forces outside the governmental organization by positioning the BCB in an attractor landscape, but do not directly describe concepts that govern this landscape. Integrating De Leeuw and Peters' nine core questions into the BCB's landscape seems to provide additional and useful content for the BCB's environment. This seems especially appealing since the most optimal HiAP perspective probably depends on the specific 'HiAP issue' at hand. In other words, not one but both perspectives might be useful to attain the goal of both author teams: 'to achieve a more thorough understanding of the complexity of HiAP'. For example, the development of HiAP in Fiji seems to be hampered by World Trade Organization agreements limiting the Fijian government in restricting the imports of unhealthy foods (Thow *et al.*, 2010). Since this issue is more political in nature, De Leeuw and Peters' angle seems more appropriate to grasp why the development of HiAP might be stagnating. On the other hand, in one of our cases [i.e. a Dutch municipal organization (A.-M. Hendriks *et al.*, submitted for publication)], policy makers resisted changes to their working routines and did not have the skills to collaborate across sectors, hampering the development of HiAP. In view of the organizational nature of this HiAP barrier, our behavioral approach (i.e. examining OBs) seems to be most appropriate. Finally, it might also be useful to combine both perspectives in working toward interventions to promote effective HiAP. For example, understanding a HiAP issue might be described from De Leeuw and Peters' political and policy perspective, while 'solutions' might be found in using the BCB's behavioral change perspective.

To conclude, we feel that future attempts to explain HiAP development should integrate political and behavioral science perspectives better and thereby apply a more comprehensive approach to understand HiAP. Instead of emphasizing one's own perspective, we advocate that experts in HiAP should put effort in integrative, holistic, systems perspectives. Viewing different scientific angles as additives rather than competitors may lead to new insights that take HiAP developments a step further.

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