

P67 – Methodology workshop

'Enactment' as a sensitizing device in policy analysis: Fifty shades of an overweight prevention policy

Camilla Lawaetz Wimmelmann (cwi@sund.ku.dk), *University of Copenhagen (Denmark)*

Abstract: Giving a brief glance at recent trends of focus in policy implementation studies, this paper suggests 'enactment' as a sensitising device that will help draw attention to aspects of health policy implementation that has not hitherto been emphasised.

In order to illustrate how 'enactment' as a sensitising concept can contribute to studies of policy implementation, a case-study of the Danish national overweight prevention policy is presented as an empirical example. Preliminary findings show, what I have categorised into, four different kinds of enactments of the policy. Leaving out a traditional section of discussion, and instead outlining the methodological challenges I have faced so far and my consequent reflections and questions, I pave the way to a discussion of appropriate methods (and data) when investigating and emphasising policy 'enactments'.

Keywords (5 to 8): Implementation; translation; enactment; health policy; methodology; data access

Heading 1

Heading 2

Heading 3

Introduction:

When I started this ph.d-project, I had no intention of engaging in the theoretical realm of the field. I was merely interested in my case – in investigating how a new Danish national overweight prevention policy was unfolded, which is a somewhat fancy word for what others call implemented. However, as I entered my field, I soon realised I needed a concept, a word or a device to describe what I experienced. When digging into the literature on policy implementation, I could not find a concept that fully grasped or helped me satisfactorily tell my story. By more or less random routes, I was introduced to the concept of 'enactments' and I immediately felt, that this was what I had looked for. Thus, this paper suggests 'enactment' as a sensitising device that will help draw attention to aspects of health policy implementation that has not hitherto been emphasised.

It starts by giving a brief glance at trends of focus in policy implementation studies and moves further on to describing the concept of enactment; from where it originates and what it implies. In order to illustrate how 'enactment' as a sensitising concept can contribute to studies of policy implementation, a case-study of the Danish national overweight prevention policy is introduced and presented as an empirical example.

Current trends in implementation literature

The scientific literature provides us with a large body of knowledge on policy implementation. It is not the aim here to unfold a depleted account of the research on policy implementation; others have done that – actually quite a few state-of-the-art

reviews on policy implementation have been published over the years (see Saetren, 2005: 560 for a systematically account of these). Rather, this introduction gives a brief glance at the part of the policy implementation research, that has formed the grounds for the kind of policy implementation research, this project engages in.

In mainstream policy science, policies have been conceived as completed and static entities that can be implemented in a linear, unmediated way. This view has formed the basis for policy analysis to divide policy processes into a process of production and a process of implementation (Hodgson & Irving, 2007) (Kingfisher, 2013) (Nutley et al., 2007). In order to move away from thinking of policy implementation as a form of linear transfer or purely dissemination, attention has lately been given to translations in the policy implementation process; mostly as theoretical elaborations (Freeman, 2004; 2006; 2009) or as studies of transnational policy transfer (Kingfisher, 2013) (Lendvai & Stubbs, 2007). When looking at translations in policy implementation processes, attention are drawn to productions of meaning, shared understanding, articulation etc. – knowledge-related dimensions, that, unarguably, are very significant parts of the policy process (Smith, 2013) (Freeman et al., 2011).

However, we still know surprisingly little of what those we call ‘policy workers’ actually *do* with the policies; how they translate, negotiate and perform the policies in praxis (Freeman et al., 2011) (Nutley et al., 2007). Despite a great and competent contribution from the work on policy translations in understanding policy implementation, it seems too ‘easy’ to end our reasoning of policy implementation processes by notions of translation. For by entering the realm of meaning, the policy’s reality is still left out, and stays untouched (Mol, 2007). We need then to go further, we need to make the translations of the knowledge inscribed in the policy mean something because “*only when knowledge is enacted does it become real and concrete*” (Freeman & Sturdy, 2014: 7) implying, that “*what matters is how that knowledge is enacted, and on the factors that constrain and inform that enactment*” (ibid.: 4). Thus, there are lot to gain in policy studies by turning attention towards the enactment of policy. But what is meant by the term ‘**enactment**’? And what may the concept contribute with to studies of policy implementation?

‘Enactments’

Tracing back to Weick’s sensemaking theory (1995), the concept of ‘enactment’ has been applied in more sociology-oriented work (Law, 2004, 2007) (Mol, 2007, 2012). In her prize-winning work ‘The Body Multiple’, Annemarie Mol (2007) attempts to get away from the idea of multiple perspectives on a single object and argues that objects *are* multiple because they are “*things manipulated in practices*” (Mol, 2007: 4) – they are *enacted* and *allowed to act* (Mol, 2012). This view implies that no object – whether that is a disease, as she is studying, or in our case a policy – is singular, it is “*more than one*” (Mol, 2007: 5). Mol describes how atherosclerosis – her study object – takes on a somewhat different appearance in the different sites she encounters it. As such she opens up different sites for the study of the manufacture of reality. In praxis, the object is performed anew within each context and through each enactment. Yet the object, (even though “*more than one*”), hangs together as ‘the same’ through relations existing between the different enactments; e.g. shared procedures or vocabulary, translations of documents, people moving between settings etc. – these prevent the multiple object from falling apart (ibid.). Consequently, how the object appears, and is allowed to appear, in

different situations depends on the way(s) it has been translated; how it is interpreted, understood and re-represented. And as such the concepts of translation and enactment relate; enactments are the very acts of performing and putting the object – in this case, the policy – into being, whereas translations are the glue that holds the object together. This indicates the mutually constitutive relation between translation and enactment; implying that how we translate the object has implications for our enactment of it, which in turn has implications for the context in which we translate the object anew.

It is with inspiration from this body of work, this paper suggests ‘enactment’ as a sensitising device – as *“a theoretically informed, sensitive, and flexible vocabulary, or a practical sense of relevant theoretical sites for casting the maximum illumination”* (Willis & Trondman, 2000: 400) – that will help draw attention to aspects of policy implementation that has not hitherto been emphasised. Depicting ‘enactment’ as a sensitising device in policy studies, I wish for it to serve as a mean to emphasise the acts themselves and visualise what happens when the meaning and reasoning of a policy (the translation of it) hits the ground. This also indicates that enactments are more than translation – it emphasises and embraces the factors that constrain and inform that enactment.

In order to come through with my argument, this project provides an empirical example of different enactments of the Danish national overweight prevention policy to illustrate how ‘enactment’ as a sensitising concept may contribute to an understanding of policy implementation. Questions could be asked about the appropriateness of the various enactments; which kind of enactment might be the best in terms of achieving the policy’s aim, or in terms of supporting the municipal health coordinators’ work. However, I don’t delve into the question of how the appropriateness of the various enactments are, or might be, judged. Instead, I try to take part in creating a theoretical repertoire for thinking about policy implementation; how the policies are shaped – how they are pushed and/or pulled into one shape or another.

Case: ‘The Health Promotion Package – overweight’

By the reform of local government in 2007 in Denmark, the Danish municipalities were delegated the responsibility of creating healthy settings and establishing disease prevention and health promotion services for their citizens. In order to support the municipalities in these new tasks and to strengthen the quality of disease prevention and health promotion, the Danish Health and Medicines Authority (DHMA) developed 11 Health Promotion Packages¹ (DHMA, 2013a). According to DHMA, the health promotion packages *“comprise an evidence-informed tool to assist municipal decisions-makers and health planners in setting priorities, planning and organizing local health promotion and disease prevention initiatives”* (DHMA, 2013a: 5) and *“communicate the current best knowledge on how to establish systematic and effective health promotion and disease prevention actions in a Danish context [where the notion of] ‘systematic’ implies that the disease prevention and health promotion work is conducted in order to reach the same goals and methods across the country”* (DHMA, 2012: 18). Furthermore, DHMA *“hopes that the packages will [...] promote the goal of greater equity in health”* (DHMA, 2013a: 5), and implies thereby that some thought of standardisation is at stake.

¹ Various focusing on: Tobacco, Alcohol, Physical Activity, Mental Health, Sexual Health, Hygiene, Indoor Climate in Schools, Food & Meals, Sun Safety, Drugs and Overweight

This study takes one of the health promotion packages as a case; the ‘Health Promotion Package - Overweight’ (DHMA, 2013b), which stands out in at least two ways; 1) it is counter-intuitive to the evidence-based justification of the packages as this package makes explicit that some of the recommendations are not evidence-based due to the lack of scientific evidence on overweight prevention initiatives, and 2) it also makes explicit that the performance of this package cannot be separated from three of the other health promotion packages; Physical activity, Food & Meals and Mental Health – as a matter of fact, only a minority of the recommendations in the Health Promotion Package - Overweight is not already recommended by at least one of the three other packages.

I investigated how this policy was enacted by visiting, observing and interviewing 13 policy workers from nine different Danish municipalities as well as the manager and two special consultants from DHMA, which had had the most responsibility in writing the promotion package. In addition to the interviews, I gained insights into the field through ‘appointed observations’ (Staunæs, 2004), which took place when I had been invited because there was a special occasion, e.g. a meeting or a workshop that was relevant for me to observe. These observations enabled me to notice some of the circumstances the informants did not themselves think of as relevant, were not conscious about or not willing to say out loud when they were interviewed (Hastrup et al., 2011).

Preliminary findings:

According to DHMA, the health promotion package “*comprise an evidence-informed tool*” (DHMA, 2013a: 5) and “*communicate[s] the current best knowledge on how to establish systematic and effective health promotion and disease prevention actions in a Danish context [where the notion of] ‘systematic’ implies that the disease prevention and health promotion work is conducted in order to reach the same goals and methods across the country*” (DHMA, 2012: 18). Furthermore, DHMA “*hopes that the packages will [...] promote the goal of greater equity in health*” (DHMA, 2013a: 5), and implies thereby that some thought of standardisation is at stake. Moreover, the justifying concept for the health promotion packages is the concept of evidence, which nowadays is key notion in public health policy. Evidence-based policy is when the decision-making is based on rigorously established objective [evidence](#), which suggests specific [public policy](#) programs and practices as capable of improving policy-relevant outcomes (Head, 2010). However, when a municipal health coordinator questioned the quality of the evidence behind the recommendations at a workshop on implementation of the health promotion packages hosted by Centre for Health Promotion in Praxis²/LGDK, she was told to stop worrying about that, “*cause it is evidence-based, so you’ll just have to start implementing it without all these questions.*” Later on, at the same conference, some municipal health coordinators presented the concerns and challenges they faced when they worked with the promotion package. In response, they were told to “*stop asking all these critical questions and get started implementing the promotion package*”. Accordingly, it seemed to be, that the health promotion package was enacted, in terms of its evidence-based characteristic, as *the way of doing health promotion in the municipalities*, as the municipal health coordinators did not have to question nor consider the effectiveness of the recommendations – rather they could and should

² A center within Local Government Denmark/LGDK that is funded by the Ministry of Health and established to support the municipalities’ implementation of the health promotion packages

(ought to) merely implement them in their given form. In this case it became clear how the concept of evidence not just represented “*an important set of professional practices and aspirations*” [... but also functioned as...] “*a political rhetoric seeking to legitimate certain forms of decision-making over others*” (Head 2010: 77). When promoting the promotion package as the standard for health promotion in Danish municipalities and justifying this by the notion of evidence, the promotion package was enacted as the gold standard – as *the way to do health promotion in the municipalities*. Accordingly, and assumably, the promotion package could and should be implemented in its given form...

However, when conducting the interviews and observations I was struck by the high degree of inconsistency or multimodality both between the different municipalities’ health coordinators and within each municipality. Even though the purpose of policy is to shape as well as order practice and evidence serves as a justified mean of trying to do so, reality is that “*even when evidence and policy converge and coincide, there remains a residual order of practice, the unruly and elusive world in which things really happen, ordered but only partly so by evidence and policy*” (Freeman et al., 2011; 128). This ‘residual order of practice’ was what I observed - there was not *one* grand story of the health promotion package to be found and the health coordinators’ reasoning(s) of the promotion package were flexible, changing in and through the different kinds of situations we talked about. What is important here is that these different ways of translating – (re)representing – the promotion package were performative for the ways the promotion package was enacted and allowed to act in different sites and situations.

Although I observed ‘*fifty shades of an overweight prevention policy*’, I have organised my ‘findings’ into four ways of enactments in an attempt to provide a more clarified/digestible account of all the different enactments found in this study. Though, the enactment of the policy, that adheres to the intentions of the policy providers, for some might be just as surprising as the enactments that led to deviations from the initial policy objective or even were counter-intentional, I will focus on the latter – the enactments that contrast the intentions and thereby surprise.

(These will be elaborated and exemplified in the oral presentation)

An instrumental tool

A tangible artefact

An account

A creative deconstruction

Methodological challenges and following inquiries:

The concept of ‘enactment’ calls for comprehensively fieldwork, observations and ‘thick description’ (Mol, 2007). However, I have faced several challenges when trying to do so. Firstly, the implementation of the promotion package is not something that takes up much (if any) of the health coordinators’ daily work, implying that I could spend days and weeks in a municipal health administration without observing practices related to the promotion package – though, this is interesting data in itself. Secondly, it has been difficult to gain access to some of the different investigation sites at the governmental level – DHMA and their supporting implementation centre in Local Government Denmark (LGDK). Though I have emphasised that I do not aim to judge neither the appropriateness of their work nor the municipalities’ different enactments (as this would suggest that the policy somehow failed), it seems as if

they do not want anyone to observe/reveal their work. Following, the magnitude of observation data is limited, and the project's data primarily consists of interviews.

Though Mol (2007: 20) states, that “*through such listening, the object takes shape that is both material and active*”, I am wondering if it is possible to listen to people's stories as if they tell about events/practicalities? Will I need to raise any reservations, and if so; which? What I have observed and been told so far is mutually supportive, but I am still wondering if this paper's theoretical argument holds; if I can come about not having 'proper' (comprehensively) fieldwork data and still talk about 'enactments'? And another question that occupies my mind is related to (in)visibility in policy processes; how can we investigate and claim hidden (deliberately made invisible) policy practices?

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(For more examples, please refer to Chicago author-date style at <http://www.chicagomanualofstyle.org/>)