Is 'Health in All Policies' Everybody's Responsibility? Discourses of Multistakeholderism and the Lifestyle Drift Phenomenon

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Abstract

In relation to health promotion, the lifestyle drift is a phenomenon whereby health policymakers begin with a recognition of the social, political and economic determinants of health ('distal' determinants of health), only to drift back into designing policies targeted largely at modifying individual behavior ('proximal' determinants of health). Looking at the 'Health in All Policies' (HiAP) agenda in the European Commission (EC), this article investigates the discursive construction of the lifestyle drift. It starts by analyzing why, in the EC context, HiAP is interpreted as inherently about multistakeholder engagement. It then draws on the EU Diet Platform as a contrasting example to explore the relation between this multistakeholder interpretation and the lifestyle drift. The article then unpacks the discursive legitimation of the multistakeholder rationale, and shows how multistakeholder engagement is presented as a reasonable and normatively neutral way to approach public policy problems. Finally, the article critically reflects upon the technocratizing effects of the normatively neutral language deemed to be required of policy-relevant knowledge.

Key words: Health promotion, lifestyle drift, multistakeholder governance, interpretive policy analysis, critical discourse analysis

Acknowledgement: I would like to thank the two anonymous reviewers for their thorough engagement with the article and their extremely helpful and constructive feedback. Many thanks also to Gabriel Siles-Brügge, Simon Rushton, Owen Parker, and Meri Koivusalo. I would also like express my gratitude to all the research interviewees for their time and insights.

Funding: This article was written in the frame of Charlotte Godziewski's PhD research, funded by the University of Sheffield, through the Department of Politics Anniversary Studentship 2016. The argument as well as sections of the paper have been integrated in the thesis.

1. Introduction: From the Complexity Turn in Health Promotion to the 'Lifestyle Drift'

Non-communicable diseases (NCDs) represent the largest disease burden in the EU (European Commission 2017a; WHO 2018a). Policies aimed at tackling this public health issue have traditionally focused on modifying people's behaviors. However, it is now well understood that a disproportionate focus of policies on individual responsibility obscures 'distal' determinants of health (Baum and Fisher 2014; Crawshaw 2013; Glasgow and Schrecker 2016; Glaze and Richardson 2017; LeBesco 2011). These distal determinants of health pertain to political, macroeconomic, and social factors that impact public health in particular by affecting social inequities. Health can be seen through various 'paradigms': the biomedical paradigm, the behavioral paradigm and the social paradigm (Labonté 1998). In order to meaningfully improve population health, it is necessary to shift attention onto the *social* paradigm of health (Bambra, Fox, and Scott-Samuel 2005; Kickbusch 2015; Marmot 2005; Ottersen et al. 2014; WHO 2014a). Such a shift would allow to shed light on the root causes of contemporary public health issues, to move beyond 'individual responsibility' frames, and to focus on health equity (Baum 1999; Evans et al. 2001; Kickbusch 1991; Schrecker and Bambra 2015; Wilkinson and Pickett 2010, 2018).

One implication resulting from the awareness of distal determinants of health, is the need to broaden the scope of what represents 'health promotion': any public policy affecting societal inequities should be considered as relevant to health. Health in All Policies (HiAP) is a public policy agenda that reflects this view and aims to mainstream health equity, protection and promotion, across policy areas. Despite HiAP now being regularly referred to at EU level, its uptake so far has not led to serious considerations of distal determinants of health. If HiAP has reached the EU space, why has it failed to bring about any fundamental, deep-seated change? This articles argues that part of the explanation pertains to how HiAP is interpreted in the EU, and how this interpretation accelerates the so-called 'lifestyle drift'. The lifestyle drift has been defined as 'the tendency for policy to start off recognizing the need for action on upstream social determinants of health inequalities only to drift downstream to focus largely on individual lifestyle factors' (Popay, Whitehead, and Hunter 2010, 148). Because it leads back to focusing on individuals, this drift precludes the possibility of seriously addressing distal determinants of health. While researchers are increasingly theorizing this phenomenon (Baum and Fisher 2014; K. Powell, Thurston, and Bloyce 2017), the processes through which it occurs have yet to be researched empirically (Williams and Fullagar 2019).

This article focuses on HiAP at EU level to empirically investigate the discursive construction of the lifestyle drift. The main purpose of this article is to identify *how* the lifestyle drift occurs in relation to HiAP at EU level. The first section explores the 'chameleonic' characteristics of HiAP, which render this policy agenda particularly prone to being reinterpreted, and ultimately watered down. The second section of this article draws on the EU Diet Platform as a contrasting example, to argue that the interpretation of HiAP as being about multistakeholder involvement, is an avenue for enacting the lifestyle drift. Finally, the third section analyzes how the authority

conferred to this particular interpretation of HiAP is consolidated discursively by appealing to normative neutrality and reasonableness. This legitimation, however, obscures how taken-for-granted normative assumptions underpin the EU's interpretation of HiAP. Ultimately, the article reflects on the problematic relationship between research and policy, and rejects the Habermasian assumption that expert knowledge risks depoliticizing public policy (Habermas, 1970). Rather than thinking of research expertise as depoliticizing public policy, this article argues that policymaking orthodoxies can have depoliticizing effects on research. Policy agendas like HiAP, in turn, may reach orthodox policymaking spaces only if their political, normative essence is toned down so as to not fundamentally challenge the status quo.

1.1. Theoretical and Analytical Framework

This article takes a critical discourse analysis (CDA) approach to analyzing HiAP at EU level. Representations of social problems, from a constructivist theoretical stance, are not fixed and objectively pre-determined. Rather, they are better seen as socially constructed and inevitably normative (Bacchi, 2009). Consequently, the interpretation of policies aimed at addressing social problems is also normative and contingent upon underlying values and worldviews. Social problems can be conceptualized as "'residual effects" of the pursuit and maintenance of dominant values and interests in a given society' (Jamrozik and Nocella 1998, 79). In turn, the politics of placing a problem *outside* the public, social sphere, serves to actively deter policymakers and society from questioning the desirability and legitimacy of the dominant political rationality. The most accepted types of proposed solution to social problems tend to be those that do not disrupt the pursuit and maintenance of dominant values and interest of the given society, i.e. solutions that do not fundamentally challenge the 'status quo'. For example, the framing of 'obesity' as a problem affecting mostly people from vulnerable socio-economic background, has been criticized for placing the issue outside the public sphere and contributing to the lifestyle drift in that policy area (Carey et al. 2017). Furthermore, medicalization reduces obesity to an individual problem as opposed to a societal, political one. The solutions to the 'obesity problem' then become targeted at changing 'at-risk' groups, rather than changing political structures (Douglas 2015; Carey et al. 2017; Smith 2013).

CDA questions the underlying normative assumptions that guide problem representations, and exposes the discursive power dynamics that legitimize certain problem representations and certain policy interpretations, at the expense of others. To explore these power dynamics, the article draws on Smith's (2013) typology of ideas, specifically chameleonic ideas, and Fairclough's (2003, 2014) concept of legitimation through rationalization. HiAP is a policy agenda which embodies specific ideas around health as a matter of human rights and social and environmental justice. HiAP however presents these ideas in a way that is strategically packaged to better fit in the EU policymaking space. This is what Smith (2013, 175) refers to as the 'chameleonic qualities' of ideas. Ideas with chameleonic qualities aim to promote endogenous (rather than radical) institutional change. Policy agenda like HiAP intentionally tone down the normative essence of the ideas they put forward, in order to fit the language of the policymaking sphere. They are vague enough to allow room for interpretation. One

example of a chameleonic idea researched by Smith (2013) pertains to addressing health inequalities in the UK[1]. The weakness of the 'chameleonic packaging' of policy agendas like HiAP, is that once they have entered the targeted policy space, they take on a life of their own. These policy agenda, and the ideas they embody, subsequently become the site of discursive power struggles of reinterpretation and redefinition in accordance to different underlying values and worldviews. These reinterpretations can be legitimated discursively, by appealing to a variety of types of authorities. One process of legitimation pertains to what Fairclough calls 'rationalization'. Legitimation through rationalization relies on institutionalized, constructed knowledge which has been granted cognitive validity (Fairclough 2003, 98). However, any legitimation, including rationalization, interacts and overlaps with moral evaluation, insofar as 'the reasons and purposes given for the procedures evoke value systems which are taken for granted' (Fairclough 2003, 99).

Unravelling the discursive dynamics around HiAP in the EU, and understanding how, why, and to what effect certain interpretations of HiAP end up dominating, required in-depth semi-structured elite interviews with EU 'stakeholders', and with policymakers who first introduced HiAP to the EU level. This article draws on data gathered over 35 interviews during two rounds of fieldwork: the first took place in Brussels and Luxembourg between March and July 2018. Participants were eight officials from EU health advocacy groups, eight from the EC (seven current and one former official), three from the European Parliament (EP) (one member of the European Parliament (MEP), one MEP assistant and one former MEP assistant), four representatives of health ministries of EU member states, four interviewees from associations representing the interests of the food and retail industry, and one representative of a research and evaluation company. HiAP was raised onto the EU agenda most prominently during the 2006 Finnish EU presidency. The second round of interviews therefore took place in Helsinki and Tampere in April 2019, with two current Finnish public health officials involved in the 2006 Finnish Presidency, three retired Finnish health policymakers and public health figures who worked on the precursor of HiAP in the 1970s and 80s (the WHO 'Health for All' strategy), one HiAP researcher, and one Finnish non-governmental organization (NGO) representative. These interviews allowed to better understand the process of introducing HiAP at EU level, as well as the HiAP idea in Finland, both in the present and when HiAP first emerged.

2. 'Health in All Policies' in the European Commission

HiAP has been defined as '[…] an approach to public policies across sectors that systematically takes into account the health and health systems implications of decisions, seeks synergies and avoids harmful health impacts, in order to improve population health and health equity' (Leppo et al. 2013, 6).

1 However, chameleonic ideas do not necessarily originate in academia: another example would be the EU Better Regulation agenda (Smith et al. 2015; European Commission 2015) (see section 3.2.)

Rather than being a policy, HiAP represents a 'way of working', a policy agenda which embodies a normative vision for a society in which wellbeing and social justice is a central objective. Normatively speaking, HiAP is a continuation of the WHO Health for All agenda developed around the time of the 1978 Alma-Ata declaration, and of the 1986 Ottawa Charter for Health Promotion (WHO 1978, 1981, 1986). It implies that the economy should work towards attaining high levels of wellbeing, health and environmental sustainability. In 2013, HiAP was the theme of the eighth global conference on health promotion. The conference resulted in the Helsinki Statement on Health in All Policies, as well as a HiAP Framework for country action (WHO 2013, 2014b, 2015, 2018b). While examples drawing on this idea could already be found in various countries, the conference allowed HiAP to gain global significance and visibility (Ståhl et al. 2006; Tang et al. 2014; WHO 2014b).

At EU level too, growing understanding of the intersectoral nature of health is leading to a growing awareness of the EU's indirect impacts on public health (European Commission 2013, 2019; Goldner Lang 2017; Jarman and Koivusalo 2017; Karanikolos et al. 2013; Koivusalo 2010; Ollila et al. 2006). HiAP was the 2006 Finnish EU presidency theme for health (see: EU Council 2006) and has been officially referred to since (EU Council 2010; European Commission 2017a). Here, the HiAP agenda stems from a concern that the EU is not doing enough in respect of Article 168 of the Treaty on the Functioning of the European Union, which states that

> [a] high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities. Union action, which shall complement national policies, shall be directed towards improving public health, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health. […] (European Union 2012).

Article 168 suggests that the EU has had an entry point for mainstreaming health already since the 1990s. As such, the Finnish presidency did not introduce something entirely new (Merkel 2010). However, the extent to which health was taken into consideration across EU actions was deemed unsatisfactory, and prompted the Finnish team to adopt this theme for their 2006 presidency. Continuing in the same vein, one of the themes of the 2019 Finnish EU Presidency was to promote an 'economy of wellbeing', for which the Council recently adopted draft conclusions (EU Council 2019). Yet the growing EU involvement in health policy (see: Greer 2014) has been criticized for representing an illegitimate intrusion of the EU into member state's social competencies driven by a purely economic rationality (Greer 2006, 2009; Anderson 2015). Consequently, it is important to analyze whether the increased understanding of distal determinants of health is taken into account in the EU governance, given the supposed adoption of HiAP.

2.1. The Chameleonic Nature of HiAP: Adopting a Neutral Tone

At the time of the Finnish 2006 EU presidency, the explicitness of the normativity of HiAP and public health more generally had to be negotiated. HiAP, from the perspective of the

Finnish health policymakers and researchers interviewed[2], was very clearly a translation from the Ottawa Charter's healthy public policy strategy to fit the EU and to operationalize the EU Treaty language on protecting health in all policies. However, according to two interviewees[3] who participated in the 2006 Finnish presidency agenda setting, negotiating the commitment to public health-related norms in the EU Council was complicated. For example, instead of taking a radical stance which might have led to rejection, they strategically presented the norms underpinning EU health systems as already commonly accepted and already shared[4]:

> The story of how the [Council] conclusions put the stress on common values: In negotiating that, they got into problems when they tried to say that everybody should have equity and equality and so on, as a value. And somehow, they got into problems at the high level commission for health. But then the great idea of one of the people in charge was to present those values not as 'we need to impose them' but present them as 'these are the values that we already have'. So, you avoid those problems. (Quoted from interviewee 31)

The strategy for introducing the emphasis on shared values is very interesting, because it illustrates how the advocates of HiAP understood the need to avoid appearing overly ideological. The way they avoided it was by asserting the values in question as a taken-for-granted assumption. This may have constituted a powerful defense against the commonly held critique that HiAP is 'health imperialistic' (see Kemm 2011; Synnevåg, Amdam, and Fosse 2018). In turn, the strong normativity of what HiAP represents was 'toned down' and made palatable to the EU policymaking crowd: both in terms of making a strong treaty basis case (Art. 168 TFEU), as well as in terms of constructing a language of normative reasonableness compatible with the EU institutional setting.

2.2. The Chameleonic Nature of HiAP: The Multistakeholder Interpretation

Given its chameleonic nature, HiAP also carries a certain level of vagueness, which makes it susceptible to be reinterpreted in various different ways. Koivusalo (2019) identifies different interpretations of HiAP, which she refers to as 'the politics of defining HiAP'. For example, HiAP is sometimes used as a proxy for health impact assessments, and health impact assessments as being limited to local government projects, rather than policy. For others, HiAP means putting a heavier emphasis on social determinants of health.

One interpretation strongly embedded in the EU context is that HiAP is inherently about involving all stakeholders, including industry. The main HiAP documents prepared by the Finnish presidency contain only a limited number of mentions of engagement with private stakeholders (except most notably in chapters three and five in Ståhl et al. 2006). And where multistakeholder engagement is encouraged to some extent, the tone remains cautious and emphasizes the risk of conflict of interest (Ståhl et al. 2006). The 2006 HiAP policy brief does

2 Interviewees 27, 31, 32, 33, 34

3 Interviewees 27 and 31

4 See EU Council Conclusions on Common values and principles in European Union Health Systems (2006/C 146/01)

not refer to private sector engagement at all (Ollila et al 2006). However, the 2006 Council Conclusions on HiAP invite the Commission to 'encourage and support exchange of good practices and information on intersectoral policies between Community sectors, Member States, and other stakeholders […]' (EU Council 2006, 7). The conclusions also invite the member states to consider the added-value of cooperating with other government sectors, social partners, the private sector and NGOs (7). In the same vein, the EU's Together for Health strategy state that

> 'HIAP is also about involving new partners in health policy. The Commission will develop partnerships to promote goals of the Strategy, including with NGOs, industry, academia and the media' (European Commission 2007, 6).

Discursively, one path which precipitated the multistakeholder interpretation of HiAP, is the ambiguity of the term 'sector'. Indeed, 'intersectoral', including in relation to action for health, originally referred to collaboration across public sectors, i.e. the different public policy areas within governments[5]. Applied to the EC, this might refer to collaboration across Directorates General. Yet more recently, 'intersectoral' has been used to refer to different sectors of society, i.e. the public, private and voluntary sectors (Ståhl et al. 2006, 5). The interpretation of sector as referring to 'all sectors of society' needs to be contextualized within the lobbyism culture prevailing in the EU, in particular since the turn to 'new modes of governance' (NMG). NMG are soft, non-binding governance tools concerned with coordinating, steering and producing subjects (Borrás and Jacobsson 2004; Eberlein and Kerwer 2004). They represent an attempt to further EU integration in areas where the EU competences are weak (Bache et al. 2015; Bruno, Jacquot and Mandin 2006). In promoting a 'participatory' kind of governance, NMG tend to bring every sector of society together, blurring the lines between the governing and the governed (Kohler-Koch and Rittberger 2006). These blurred lines have been exploited by - among other private actors - the EU food and drink industry, which has been pushing for multistakeholder platforms and private-public-partnerships, thereby positioning itself as an indispensable player in the policymaking process (Tselengidis and Östergren 2019). 'Better Regulation' offers a good example of industry lobby entrenching private stakeholder involvement in policymaking. Better Regulation is an EU meta-regulatory agenda which institutionalizes stringent stakeholder consultation and in-depth impact assessment for all potential future regulations. Research has exposed the tobacco industry's efforts to promote Better Regulation as a way to institutionalize a landscape of regulatory processes that serve their corporate interests (Costa et al. 2014; Peeters et al. 2016; Smith et al. 2010, 2015).

Importantly however, HiAP according to Finnish experts involved in setting the EU HiAP agenda in 2006[6], was not meant to invite the participation of all sectors of society. The notion that HiAP inherently means 'multistakeholder approach' and private-public partnerships has been called a misinterpretation by one Finnish interviewee[7]. Instead, 'intersectoral' in the

5 Interviewee 32

6 Interviewees 31 and 32

7 Interviewee 32

context of the 2006 Finnish HiAP agenda, was meant to refer to collaboration across all sectors of government. The same point was made in 2010 (Koivusalo 2010, 500): 'The main essence of the [HiAP] approach implicitly implies that the focus is on *public policies* and activities across different "policies", not, for example, between public and private sector' (emphasis in original text).

This article argues that the multistakeholder interpretation of HiAP produces a diffusion of responsibility along the lines of the lifestyle drift. This particular interpretation of HiAP rests upon normative assumptions which deter policymakers from considering the relevance of HiAP to politics, ideology and distal determinants of health. The next section draws on the example of the EU Diet Platform to illustrate the relationship between multistakeholder rationale and the lifestyle drift.

3. The EU Multistakeholder Diet Platform and the Lifestyle Drift

The EU Platform for Action on Diet, Physical Activity and Health ('the Platform') is a multistakeholder platform launched in 2005. It brings together NGOs and industry to make commitments towards reducing the burden of diet and physical activity related NCDs. The Platform fits within the overarching EU commitment to NMG, and has been referred to as a model by EU policymakers (Kohler-Koch and Quittkat 2013). Members include representatives of the private sector (advertising-, the food and drink-, and retailer industry), health advocacy groups and NGOs, as well as members of medical and paramedical profession groups and research-focused associations (European Commission 2018). Platform members are required to implement concrete action, referred to as 'commitments' in the field of healthy nutrition and physical activity. These commitments can vary from information campaigns, to sport event sponsorship, or food reformulation and portion size changes, among other things (see section below).

The EU Diet Platform has been criticized for being heavily dominated by the private sector. Firstly, private sector members have more resources to dedicate to shaping and influencing the Platform, compared to their NGO counterparts. Secondly, Platform members who represent umbrella organizations can maintain their seat at the table without having made a commitment, provided that, at any given time, at least one of their own members has a commitment. This is an important point insofar as some industry members represent a very large number of very large companies (for example FoodDrinkEurope or the Union of EU soft drinks associations [UNESDA]). These are thereby offered an opportunity to influence the policy agenda and report back to their members, without necessarily having made a relevant commitment. According to some interviewees, the imbalance between private and public members is also reflected in allocated speaking time during meetings[8]. At the same time, health advocacy members[9] criticized the fact that the commitment requirement also applied to them, despite

[8] Interviewees 1 and 13

[9] Interviewees 1, 9, 12, 20, 26

their fundamental mandate to promote health, and despite their limited resources. NGOs also complained about the semantic pressures in these spaces: one interviewee[10] recalled that, when speaking in those meetings, the terms 'junk food' had to be replaced with the term 'foods that are high in fat, salt and sugar'. Many interviewees[11] from across the board, considered the EU Diet Platform to be of limited usefulness, which to them was illustrated by the gradual reduction of meetings per year[12]. They described the Platform as a space for stereotypical industry versus NGO fights, rather than a space promoting genuine communication. Critics from the NGO sector argued that the Platform is a way for governments to avoid regulating and causing controversies, and that Platform meetings were merely an opportunity for industry to 'tick the corporate social responsibility box' and be praised for it[13].

Fundamentally, issues of inherent conflict of interests arise when positioning the food industry as a norm setter and policy influencer in reducing diet-related NCD burden (Garde, Jeffery, and Rigby 2017), and evidence of the efficiency of industry self-regulation in the food and alcohol industry is weak (Moodie et al. 2013; Ronit and Jenson 2014; Thornley, Signal, and Thomson 2010). These problems led to the recent withdrawal *en masse* of NGOs from the EU Diet Platform, in much the same way they withdrew from the twin multistakeholder Platform for alcohol policy, the 'Alcohol Forum' in 2015 (EurActive 2015; European Heart Network et al. 2019a). The withdrawal from the EU Diet Platform came after DG SANTE failed to respond to a call from these NGOs for 'an urgent, profound and meaningful overhaul to improve the Platform's outcomes' (European Heart Network et al. 2019a, 1; European Heart Network et al. 2019b). Indeed, while the implementation of commitments is monitored, their effects on public health are not. After more than a decade of Platform membership, NGO members were increasingly questioning the usefulness of commitments. One interviewee[14] referred to the Platform as a 'fig leaf'. The two examples of NGOs withdrawing from multistakeholder platforms (first the Alcohol Forum in 2015, then the Diet Platform in 2019) suggest that many (if not most) EU public health advocates deem these governance tools incapable of making a meaningful positive contribution to the issue they are supposed to address.

3.1. Platform Commitments and the Individual Responsibility Discourse

Examining the results produced by the EU Diet Platform, it becomes apparent that commitments revolve largely around public health initiatives that conceptualize healthy behavior as individual responsibility:

> 'The active commitments focus on six activity areas:
> - Advocacy and information exchange (21 commitments);
> - Composition of foods (reformulation), availability of healthy food options, portion sizes (18 commitments);

10 Interviewee 1

11 Interviewees 1, 2, 4, 6, 10, 13

12 The yearly meeting frequency decreased from initially five, to now only two

13 Interviewees 1, 9, 13, 20, 26

14 Interviewee 9

- Consumer information, including labelling (12 commitments);
- Education, including lifestyle modification (33 commitments);
- Marketing and advertising (14 commitments); and
- Physical activity promotion (11 commitments).' (European Commission 2016a, 1).

It is not surprising to see these kinds of commitments taken by what are predominantly processed food and soft drink companies. These types of commitments do not reflect an understanding of or a willingness to consider the complex political and ideological determinants that underlie the NCD burden, which is rooted in health inequities. Instead, these actions fit the individual responsibility narrative of public health according to which healthy eating and healthy moving is largely a matter of educating people. The EU Diet Platform merely nudges corporations to act responsibly – if they wish – in a way that exhorts individuals to do the same. This kind of corporate social responsibility may serve the corporation's self-interest in various ways: avoiding future regulation, positioning themselves as norm-setters, thereby increasing their power in society (see for example: Garriga and Melé 2004), and indeed reinforcing individual responsibility narratives (Herrick 2009). Importantly, EU policymakers interviewed[15] strongly expressed their rejection of the 'individual responsibility narrative' in public health. They were aware of the need to address distal determinants of health, and the need for health promotion approaches which take into account the health impact of other policy areas. However, governance tools like the EU Diet Platform do not reflect this awareness.

The point is not that the EU Diet Platform should address the structural determinants of NCDs. Rather, it is to suggest that the EU Diet Platform cannot address and even actively prevents addressing structural determinants of NCDs, because of the very nature and essential characteristics of that governance tool, and the normative rationale it is embedded in. As such, the EU Diet Platform can be seen as reinforcing the lifestyle drift, as it pushes to maintain the burden of responsibility to address NCDs on individuals - a situation within which corporations can position themselves as responsible, well-meaning facilitators of individual behavior change (D. Powell 2014). Admittedly, the EU Diet Platform is only one (relatively weak) tool which was never intended to address distal determinants of health. But the multistakeholder *rationale*, which has been consolidated through tools like the EU Diet Platform, is pervasive in EU governance[16], both through the promotion of industry self-regulation (see for example: the EC position on alcohol labelling [European Commission 2017b] and marketing to children [European Commission 2016b, 16]), as well as through the consultation regime institutionalized through Better Regulation (European Commission 2015, 2017c).

This pervasiveness extends, as this article has argued, to HiAP, too. The multistakeholder interpretation of HiAP at EU level means that HiAP has been interpreted in the way that does not disrupt the status quo, in the way aligned with the same EU Diet Platform rationality. This alignment avoids any fundamental questioning the adequacy and desirability of the dominant

15 Interviewees 3, 7, 8, 28, 29

16 Interviewees 13 and 16

political rationality, as it diffuses responsibility to implement HiAP onto 'all sectors of society', and away from EU policymaking itself.

4. The Discursive Legitimation of the Multistakeholder Rationale

This section sheds light on how the multistakeholder rationale is discursively legitimated and conferred with authority. As suggested above, the EU Diet Platform has been playing an important role in 'institutionalizing' the multistakeholder rationale in the EC's health promotion governance. The discourse justifying the EU Diet Platform promotes collaboration, bridging the divide between sectors, working together for a common goal. This comes from a particular mindset which an interviewee involved in the creation of EU Diet Platform explained in this way:

> My personal insight was to say 'instead of throwing rocks at each other, exclusively doing legislative things, maybe there are also areas where we can have collective voluntary efforts to achieve a better situation for Europe.' And I saw that as collective voluntarism rather than self-regulation. […] How did it happen? Partly, it's a policy innovation. Partly it grew out of my own Anglo-Saxon trade policy instincts around alternatives to law […], and working with economic operators rather than over them has always been my mindset. Partly we were at a stage where Better Regulation type thinking was out there, so efficiency as a goal of public sector modernization was acknowledged. (Quoted from interviewee 16)

Underlying this discourse is the assumption that including everyone in the problem-solving strategy is efficient. Furthermore, and as will be shown below, this approach is assumed to be apolitical, value-neutral, going beyond 'partisanship' and towards a kind of deliberative collaboration. This way of thinking is aligned with the NMG approach and the blurring of the lines between private, public and voluntary sectors. The idea of value-neutrality was explicitly stated:

> Soft law approach can be directed completely away from political identification of a global public bad or a global public good that is not sufficiently supplied. […] The motivation for the nutrition platform was that we needed to do things that were collective and cooperative and not adversarial. (Quoted from interviewee 16)

A sense of 'reasonableness' permeates this discourse and legitimates it. The idea that 'everyone should be working together' is presented as rational, pragmatic and value-neutral. In contrast, someone emphasizing conflicts of interests and questioning the usefulness of that approach might in turn come across as an (unreasonable) ideologue. It is through the EU Diet Platform, among other things, that the multistakeholder rationale has risen to the status of 'common sense, pragmatic and obvious way to tackle policy problems' at EU level, especially in the field of public health promotion and NCD prevention:

> We were able to sort of keep the flame alive *[regarding the EU Diet Platform as a model for ways of working]* and finally, but it's interesting that it was only in 2015 so

> over a decade later, that the college formally adopted the principles that we applied in making the nutrition platform work. And if you say what's the evidence base for these principles that are now adopted, it's down there, it's that practice. (Quoted from interviewee 16)

A decade of Platform experience was suggested to represent evidence justifying the institutionalization of multistakeholder rationale in the area of NCD prevention and health promotion. This discursive legitimation through common sense and reasonableness, appears in stark contrast with the otherwise largely predominant legitimation discourse based on 'specific, measurable, achievable, relevant, time-bound' (SMART) scientific evidence (European Commission n.d.; Godziewski, 2020). In relation to the EU Diet Platform, SMART evidence tends to lead more towards information on the extent to which commitments are implemented, rather than regarding whether these commitments are actually making a difference. This is due to the complexity and interconnectedness of determinants of NCDs. Isolating and measuring the effects of one commitment can thus be very challenging or impossible altogether. And while 'SMART' scientific evidence regarding the limitation of industry self-regulation exists (Rayner and Lang 2011; Ronit and Jensen 2014), this type of scientific evidence fails to challenge the multistakeholder interpretation of HiAP. What this suggests, is that promoting the multistakeholder rationale is not a pragmatic necessity, but a political choice. Its legitimation is not value-neutral, but serves to maintain the dominant values and interests by diffusing responsibility for addressing social problems towards the private sphere. Consequently, evidence alone is unlikely to successfully challenge a prevailing orthodoxy if it does not confront the normative underpinnings of the system of meanings within which meanings of evidence are defined (Greenhalgh and Russell 2009; Parkhurst 2017; Smith 2013).

5. Conclusion: Implications for HiAP and public policy

This article has explored discursive dimensions of the lifestyle drift phenomenon applied to the uptake of HiAP at EU level. First, it unpacked the EU's interpretation of HiAP as being necessarily about multistakeholder involvement. This interpretation, it should be stressed, was contested by the Finnish HiAP advocates interviewed. Secondly, the article highlighted how this interpretation reinforces the lifestyle drift. To do that, the article drew on an emblematic example of EU multistakeholder initiative in the area of health promotion and NCD prevention: the EU Diet Platform. It showed how the multistakeholder rationale diffuses responsibility by shifting it away from the government, onto other sectors of society, and ultimately largely back onto individuals. Thirdly, the article examined how the authority of the multistakeholder rationale is discursively constructed and legitimated through appeal to reasonableness and normative neutrality.

Overall, this article argued that the EU interpretation of HiAP as being inherently about multistakeholder involvement reflects taken-for-granted norms and worldviews which are actively hidden behind a language of neutrality and reasonableness. The notion prevailing in the EU, according to which the industry – including the food and drinks industry – is 'an important part of the solution' and should be included in the policymaking processes, is

political and normative, rather than neutral and pragmatic (Hawkes and Buse 2011). It has been institutionalized through NMG tools like the EU Diet Platform, and the Better Regulation agenda, both of which provided the industry with additional entry points to lobby for their own interests. A multistakeholder interpretation of HiAP also allows the EC to limit its own responsibility towards HiAP as merely a facilitator tasked to ensure *others* implement it. Consequently, this interpretation precludes the possibility of considering HiAP as being about distal, political, macroeconomic determinants of health, and leads to the lifestyle drift. Critical HiAP researchers may well be aware of this drift, yet the language required to successfully convey HiAP to EU policymakers is expected to be neutral, to avoid appearing as overly ideological.

These findings shed light on the problematic implications of the imperative to present public policy-informing knowledge in a normatively neutral language: while the chameleonic nature of HiAP may well be the reason it was adopted in the EU in the first place, it is also the reason why HiAP fails to challenge the lifestyle drift and bring about fundamental change. The need for researchers to appear as normatively neutral in order to get their ideas heard by policymakers (see: Smith 2010, 2012, 2014) points to the complex power dynamics between academic research and public policymaking, which systematically privileges an instrumental, technocratic view of the research/policy relationship (Weiss 1977, 1979). However, it is not possible to effectively convey research about the distal determinants of health while simultaneously avoiding talking about the norms and values of political systems. Reflecting further on the implications of chameleonic ideas and depoliticization of public policy more generally, this article concurs with DuPuis and Gareau (2008) in arguing that it is not 'expertise' in and of itself which risks depoliticizing public policy at the expense of the democratic value of 'lay' knowledge. Rather, this kind of depoliticization may have more to do with the need for knowledge – whether lay or expert – to appeal to normative neutrality in order to be taken 'seriously' in public policymaking spheres. Value-driven, explicitly normative expert knowledge on health inequities and the political determinants of health and NCDs abounds, yet this kind of knowledge is unlikely to reach mainstream policymaking sphere if not actively reformulated in a neutral tone. These insights invite us to reconsider the Habermasian assumption that expertise is prone to depoliticizing public policy (Habermas, 1970, 62-80), and cautions us against the risk of expertise becoming depoliticized by dominant policymaking orthodoxies.

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Annex 1: List of Interviewees Referred to in the Article

Interviewee number	Interviewee type	Date	Location
1	EU NGO representative	08/03/2018	Brussels
2	Representative for an EU food and drink industry	09/03/2018	Brussels
3	EC official	22/03/2018; 04/06/2018	Luxembourg, Luxembourg
4	Industry representative	26/03/2018	Brussels
6	Industry representative	27/03/2018	Brussels
7	EC official	06/04/2018	Luxembourg
8	EC official	06/04/2018	Luxembourg
9	EU NGO representative	10/04/2018	Brussels
10	Industry representative	13/04/2018	Brussels
12	EU NGO representative	05/04/2018	Brussels
13	EU NGO representative	01/06/2018	Brussels
16	Former EC official	17/04/2018	Brussels
20	EU health advocate	20/04/2018	Luxembourg
26	EU health organisation representative	04/07/2018	Brussels
27	Finnish health policymaker	04/07/2018; 23/04/2019	Via Skype; Helsinki
28	EC official	09/07/2018	By telephone
29	EC official	09/07/2018	By telephone
31	Finnish health policymaker	23/04/2019	Helsinki
32	Finnish public health researcher	29/04/2019	Tampere
33	Finnish health policymaker	17/04/2019	Helsinki
34	Finnish health policymaker	17/04/2019	Helsinki