Thinking about think tanks in health care: a call for a new research agenda

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Abstract Little sociological attention has been given to the role of think tanks in health policy and planning. Existing work in political science and public administration tends to define and categorise think tanks and situate them as a disinterested source of policy expertise. Despite the increasingly visible presence of think tanks in the world of health care, such work has done little to reveal how they operate, by whom and to what ends. Our article seeks to redress this firstly by examining why they have remained relatively hidden in academic analyses and secondly by advocating an interpretive approach that incorporates think tanks within the wider landscape of health policy and planning. In contrast to most existing literature, an interpretive approach acknowledges that much of the messy business of healthcare policy and planning remains hidden from view and that much can be gleaned by examining the range of organisations, actors, coalitions, everyday activities, artefacts and interactions that make up the think tank stage and that work together to shape health policy and planning. Given the paucity of research in this area, we urge the medical sociology community to open the field to further academic scrutiny.

Keywords: think tanks, health policy and planning, interpretive policy analysis

Introduction

In recent decades think tanks have emerged as a significant part of the global knowledge economy (Arnoldi 2007). Current estimates suggest that there are around 6500 think tanks operating across 169 countries and representing a range of organisations and interests (McGann 2011). Their presence is increasingly visible in the world of health care through the work of organisations such as the Commonwealth Fund (US), the King's Fund (UK) and the Health and Global Policy Institute (Japan), which includes undertaking and/or supporting health services research and policy analysis (for example, surveying trends in health coverage) and communicating their work (for example, via media briefings and research seminars) with a view to shaping health policy and planning.

Think tanks are essentially civil society organisations specialising in the production and dissemination of knowledge related to public policy (Medvetz 2008, 2010, Pautz 2011a). While they vary in terms of their histories, alignments, funding and activities, they are increasingly

visible participants in the health policymaking process alongside publics, interest groups and business (Parsons 1995). The growth of think tanks internationally has coincided with growing concerns about the role they play in capturing the political debate on health care and shaping policy and planning (for example, Eggen 2011, Hassan 2008, Radcliffe 2009), with their work featuring regularly in academic, professional and media reports (for example, Haldenby 2012, Schoen *et al.* 2011).

Think tanks themselves have largely eluded close scrutiny generally and in relation to health care. Original work on think tanks does exist. However, it tends to lack coherence and focus on broad areas of public policy, which, while relevant, ignores the historical and political context of health policy and healthcare reform. Furthermore, much of this existing work aims for an ever-closer definition and categorisation of think tanks and has closed down opportunities for understanding and analysing think tank roles in healthcare reform.

In sum, think tanks remain poorly conceptualised, under-researched and inadequately understood in the field of health policy and planning. Our article seeks to redress this, reviewing the literature and examining why think tanks have remained relatively hidden in the sociological analysis of health care and what such analysis might look like. Our interest in think tanks has emerged through a combination of practical experience and academic research. We draw on existing theoretical, methodological and empirical literature, combined with hands-on experience working within and researching UK-based think tanks. Our focus is on think tanks working in health and health care. However, given the paucity of literature in this field, we necessarily draw on wider literature relevant to generic think tanks. Our intention is to offer sociological and theoretically grounded insights from the world of think tanks to inform future research. We argue for a different approach to thinking about think tanks that shifts away from categorising and focuses on the everyday work of think tanks in future analyses of health policy and planning.

Our article is presented in two parts. We first examine the limits of existing academic analyses, their epistemological roots and the obsession with classification and its consequences. We then outline an alternative interpretive approach. Drawing on sociology, policy studies and political science literature we outline an approach that combines elements of field, practice and discourse theory and describe what such an interpretive analysis can add to the current sociological understanding of think tanks in the field of health care.

Challenging existing academic analysis

Since the 1980s social and political changes have enabled think tanks to have a greater input into policymaking generally and specifically in relation to health (Box 1). However, think tanks have been largely absent from academic analyses of health policy and planning. For instance, health policy textbooks rarely examine think tanks in any depth and tend to identify them simply as one of several interest groups seeking to shape health policy (for example, Baggott 2007, Klein 2000). Similarly, while attention is given to issues of health policy and healthcare reform in the sociology of health and illness, the processes by which health policy is made and the contribution of think tanks has, to date, received only passing mention. Such mentions hint at the potential roles that think tanks might play in promoting ideas allied to business and financial interests (see, for instance, Scambler 2012) but have yet to examine the varied roles that they might play in shaping the way health care is planned, financed, organised and delivered.

Box 1: An overview of social and political conditions enabling the development of think tanks

Business interests: The power of business has enabled its leading figures to create their own 'organs of intellectual production' (Fischer 1993; Medvetz 2007), with business a key contributor of funding for think tanks (for example, consultancy work, corporate donations) and seeing funding as an 'acceptable way to establish links with political parties... while also using them to promote particular causes' (Mulgan 2006: 149). Large endowments support organisations such as the Commonwealth Fund set up following substantial donation made possible by investment in Standard Oil Company.

The political arena: The policy landscape has changed considerably over the past 30 years, with a shift from government to governance, the absence of a major part of the state devoted to producing technocratic knowledge and the emergence of cross-cutting policy challenges (Medvetz 2007, Pautz 2011a, Hajer and Wagenaar 2003). The result has been a blurring of boundaries between public and private sectors, an increased role for policy experts/expertise, and an increasing reliance on self-governing networks of actors in government (Fischer 1993, Hajer and Wagenaar 2003). Think tanks now act as entrepreneurs or problem solvers in new spaces and networks allied to health policy and planning (Degeling 1996, Stone 1996).

Research-policy interface: There has been an increasing demand for practical solutions to policy problems (Fischer 1993), reflecting wider shifts in the relationship between research, policy and funding. Such changes have enabled think tanks to offer research and policy analysis with a view to improving policy. In healthcare, such work has tended to rely on rational approaches to health services delivery and draw on disciplines such as systems theory, health economics, cost-benefit analysis, and clinical medicine (Degeling 1996).

Globalisation: Globalisation and has brought about communication networks and market relations that cut across national boundaries, providing think tanks with opportunities to develop and grow by circulating ideas (Stone 2000) and focusing on transnational issues (McGann and Sabatini 2011).

Demand for political analysis: Increased demand for political commentary (Mulgan 2006) means that think tanks have increasingly oriented their accounts to the mass media (McGann 1992), tailoring their communications strategy to political analysis and debate, and constructing 'a vast and effective communication system' focused on transmitting political messages (Lakoff 2011).

A generic literature on think tanks already exists, drawing largely from work in political science and public administration. Table 1 (in the Additional Supporting information online) provides an overview of this literature, its theoretical roots and potential relevance to future research on think tanks in health care. It is intended as a snapshot, reflecting current trends in the literature and drawing attention to approaches relevant to sociological analysis.

Despite a range of philosophical influences, scholars have tended to align themselves with an instrumental approach that situates individuals and institutions within a 'rational choice' framework (see, for instance, Hart and Vromen 2008, McGann and Sabatini 2011). What follows is a tendency to see 'healthcare policy' as somehow separate from politics; and policy-making as a linear process involving problem identification, collection of data on alternative solutions, and selection of the alternative that best resolves the problem (Russell *et al.* 2008, Wagenaar 2011). Such an approach focuses on the instrumental goals that think tanks seek to achieve (such as influencing specific policies); assumes that think tanks generate 'objective', policy-relevant knowledge in a void; and conflates the concept of 'think tanks' – their role, activities and actors – with organisational form. In this section we examine the reasons for and implications of this limited analysis.

Classification

Much of the published academic work on think tanks has been shaped by ‘public choice’ and ‘microeconomic’ models of policy analysis. Such work has tended to take a historical approach, reflecting the Anglo-American socio-political context in which think tanks originally emerged (Stone 1996, 2007). What has emerged is a body of literature that has sought to define what constitutes a think tank: how it does what it does and what its role is. This literature typically describes think tanks in broad terms as, for instance ‘organizations that generate policy-oriented research, analysis, and advice on domestic and international issues, therefore enabling policymakers and the public to make informed decisions about public policy issues’ (McGann and Sabatini, 2011: 14). Those adopting such an approach tend to develop typologies using fixed categories such as ‘government contractors’ or ‘universities without students’ (for example, Hart and Vromen 2008, McGann and Sabatini 2011).

Such classifications may look like a straightforward organisational tool but are, in fact ‘much more than that’ (Bowker and Star 2000: 31). The definitions, typologies and categories of think tanks that dominate the literature speak instead to a wider, modernist preoccupation with categorisation. In reality, think tank categories are far from fixed, with think tanks crossing multiple boundaries (for example, between research and policy). While think tanks represent a defined area of institutional life (DiMaggio and Powell, 1983), they are also fluid and diverse entities with varied organisational forms, wide-ranging work across different social spaces (government, business and so on) and varied activities focused on brokering of knowledge, ideas and relationships. They serve not only to coordinate organisations, people, data, research, policy analysis, networks, language and more; but also to provide a tool for organising research about think tanks (Bowker and Star 2000). Such classifications are then a site of political and ethical work and call for a new way of thinking about think tanks and the work that they do.

Influence and impact

Much of the existing academic literature is also fixated with examining the impact of think tanks on policy-making. Crucially, this focus requires scholars to take an uncritical perspective on the preoccupation of think tanks with enhancing their own reputation and demonstrating their impact (for instance, through media citations and impact case studies).

A gulf exists between the self-promoting literature that many think tanks produce, and the lack of in-depth sociological analysis of their work. Part of the reason for this mismatch is that (despite claims of many think tanks to the contrary) ‘the influence of think-tanks is diffuse, variable, fluid, intangible and usually ephemeral’ (Stone 1996: 3). Academic studies exploring the influence of think tanks acknowledge that they ‘cannot give adequate and detailed answers to questions relating to the depth of influence’ (Blank 2003: p18). Indeed a search for tangible evidence of think tank influence on government or political parties rather misses the point: being a ‘successful’ think tank is not necessarily reliant on such an outcome. A broader conception of influence recognises instead that think tanks need access to power to influence the climate of opinion. The human element of think tanks – the interactions and exchanges involved in *accomplishing* health policy and planning work – have been largely ignored, perhaps because the latter have assumed an instrumental view (knowledge as facts and outputs), rather than a constructivist view (knowledge as co-constructed and enacted). And yet it is these everyday interactions that hold the promise of helping us to understand how influence is accomplished.

Opacity

To date, scholars have generally sought to understand the work of think tanks by undertaking descriptive case studies (for example, Cockett 1994, Denham and Garnett 2006, Todd

1991), exploring the historical conditions in which they have emerged, and developing typologies (for example, Hart and Vromen, 2008). Such work tends to draw on interviews and existing literature (much of which has been published by think tanks or the individuals allied to them). This focus has detracted from deeper questions on the significance of think tanks for politics and policy-making. As a result, a significant gap remains in terms of understanding how think tanks do what they do, generally and in the context of health policy and planning.

The what and how of think tank roles in health policy and planning therefore remain opaque. Part of the reason for this is that think tanks are largely unseen worlds, characterised by discussions behind closed doors (Korica 2011). For instance, the 'Chatham House Rule' (Chatham House 2013) is often used in think tank meetings and events with the aim of providing anonymity to speakers. These restricted discussions make think tanks typically impervious to public or academic scrutiny. Only a few scholars have explored behind the scenes (for example, Arnoldi 2007, Falk 2002, Korica 2011, Medvetz 2010) and none, to our knowledge, have focused on health policy and planning.

This opacity is a cause for concern. Given that think tanks increasingly seek to shape health policy and planning, issues of public accountability need to be considered. While the general public may not be the primary audience for most think tanks activities, studies have highlighted the way in which think tanks fill a gap created by the decline of political parties (Box 1), providing a forum for policy ideas to emerge independently of public discussion (Fischer 1993) and for particular experts (for example, political leaders, corporate and media executives or senior healthcare executives) to coordinate a coherent policy agenda in off-the-record forums geared to their own interests (Wildavsky 1979). This is particularly the case in the UK where think tanks are rarely required to demonstrate their role in informing public debates (Korica 2011).

So far, our review has pointed to limited analysis of think tanks in health care emerging from a predominantly instrumental approach to understanding and analysing policy (left side of Table 1 in supplementary material online). An increasingly influential body of work shows that the policymaking process does not consist of a series of technical stages, that policy decisions do not usually occur as clearly defined decision points and that the reality of policymaking is much messier (see, for instance, Degeling 1996, Fischer and Forester 1993, Laws and Hajer 2006, Russell *et al.* 2008, Stone 2008, Wagenaar 2004, 2011). This literature draws on interpretive and critical approaches to analysing public policy (right side of Table 1 in supplementary material online) and the role of think tanks (see, for instance, Korica 2011, Medvetz 2010, 2008, Pautz 2011a, 2011b). However, it has yet to filter into mainstream sociological analyses of health policy and planning. It is to this literature that we now turn. In particular, we focus on interpretive policy analysis as an alternative approach to thinking about think tanks, one that aligns with recent developments in policy studies and political science that have sought to better understand and analyse think tanks and public policy more generally. Interpretive policy analysis is characterised by intellectual eclecticism, a willingness to depart from the scholarly mainstream (which, in health policy and planning, often limits its influences and audiences to one or two key traditions) and diverse theoretical vocabularies (from dramaturgy to discourse). Our focus on interpretive policy analysis therefore enables us to connect with relevant sociological literature.

An interpretive approach to thinking about think tanks

Scholars in interpretive traditions understand think tanks in terms of social practice: they focus on how think tanks actively engage with a social situation and how that situation is framed

and enacted by participants (Colebatch and Degeling 1986, Freeman *et al.* 2011, Laws and Rein 2003, Miettinen *et al.* 2009, Nicolini 2009, Pritzlaff and Nullmeier 2011, Wagenaar 2011, Wagenaar and Cook 2003, Yanow 2000). 'Rather than getting caught up in what health policy and planning should or should not include (often under the banner of abstract vales such as efficiency [Stone, 2008]), or in defining and categorising think tanks as organisations; such as approach embraces the variability of think tanks and refocuses sociological analysis on how health policy and planning is enacted. An interpretive approach therefore presents a radically different approach from that described above.

Sociologists working in an interpretive tradition emphasise the centrality of human interaction (Wagenaar 2011, Yanow 2000) and engagement with what practitioners actually do (Freeman *et al.* 2011). The focus is therefore on how planners and other players – including think tanks – act in the name of planning (Korica 2011). Such scholarly work focuses on meaning making and contextuality rather than measurement, and involves developing practical wisdom, rather than law-like explanations (Flyvbjerg 2001, Wagenaar 2011).

While acknowledging the diversity of interpretive policy analyses (see above), our focus here is on three interpretive frames that offer most potential for investigating the role of think tanks in health policy and planning. These draw on field theory, practice theory and discourse theory. Each offers a key piece of the analytical jigsaw by which scholars can better understand think tanks in terms of social spaces, everyday activities, language and interaction (Box 2). It is not our intention to describe these in detail here (see Grenfell 2008, Wagenaar 2011, Yanow 2000 for overviews). Taken together, they encourage sociologists and other scholars to examine how think tanks act in the name of healthcare policy and planning.

Box 2: Overview of three frames guiding interpretive analysis

Field theory sees think tanks as operating in different social spaces or fields. Each field represents a limited area of society with associated actions and rules. The idea of a field is an analytical concept that can be used to examine people's preferences, actions, and social practises in relation to policy.

Practice theory focuses on think tanks' everyday activities as potentially shaping policy and planning. The basic analytic concern is with the meaning of human activity and how people allied to think tanks make sense of and enact their work through interaction with others.

Discourse theory sees think tanks as one actor amongst many that seek to shape political debate and influence policy. The focus on 'discourse' draws attention to the ways in which language, storylines, actors, networks and discursive practices contribute to shaping policy.

Using these three frames, we now describe what an interpretive analysis might look like. We see this as an essential step in extending sociological work in the field.

Understanding the field: think tanks in social space

Think tanks do not operate in a void, but are part of a broader social space, bringing together people, knowledge, ideas, institutions and networks with a view to shaping policy. An approach is therefore needed that allows scholars to consider think tanks in relation to the social spaces they occupy and to examine the interactions, transactions and events that occur in their local context (Nicolini 2009). Field theory offers such an approach (Grenfell 2008, Medvetz 2008, 2012), guiding scholars to identify all the likely candidates in a social space or field (for instance think tanks, universities and government agencies) and describe their relations – of similarity, difference, conflict and so on – to one another empirically. There are

similarities with the concept of organisational field in neo-institutional theory (Table 1 in supplementary material online). The emphasis is on thinking relationally (Grenfell 2008): seeing events in relation to people, organisations, time and place.

Figure 1 describes the social space in which think tanks interested in health policy and planning are situated, spanning knowledge production, politics, economics and the media, with each constituting ‘little self-contained worlds’ (Grenfell 2008: 70). This approach recognises that the position of think tanks in relation to others in the social space (for example, universities and the media) guides what they do and how they do it. The ‘game’ that takes place within and across fields is competitive, with think tanks using different strategies to maintain or improve their position (Grenfell 2008) and gain competitive advantages over others in the process. Fields are essentially sites of struggle, with think tanks competing with a host of alternative organisations, institutions, actors and mechanisms focused on producing knowledge and shaping policy.

Such an approach acknowledges that what passes under the heading think tank is best understood as an organisational device for ‘gathering and assembling forms of authority conferred by the more established institutions’ (Medvetz 2008: 9). A think tank’s central goal is then to assemble their own distinctive blend of academic, political, economic and media resources and, in doing so, mediate these different elements of power (Medvetz 2008, 2011, 2012). For instance, in relation to the political field, many of the new think tanks in the UK adopt ideological, policy or partisan positions (while also stressing their research freedom), offering ‘intellectual companionship’ (Denham and Garnett 1998) to political parties and supporting them in the development of policy ideas (Pautz 2011a, 2011b). For instance, the Adam Smith Institute is broadly aligned with the political right, having been set up in 1976 to

Figure 1 *Think tanks in social space* (Adapted from Medvetz, 2008)

'develop and propagate' policies based on free-market strategies (Pirie 2012: 4). Its work on health care focuses on shifting the balance of spending away from tax and more to the individual.

As Figure 1 shows, different fields are in play at the same time, meaning that, as think tanks seek to position themselves, so tensions also become visible, for instance between the perception of academic rigour and an emphasis on advocacy (Stone 2007). This is because think tanks seek to underscore their difference from organisations such as universities or advocacy groups, while also taking advantage of the forms of authority that derive from them. Think tanks are therefore 'caught in an endless and self-contradictory cycle of detachment and association' (Medvetz 2008: 6).

Figure 1 is a scholarly device to help situate think tanks within their wider environment and tease out where they fit in relation to health policy and planning while seeking to avoid an over-simplistic taxonomy. Conceptualising think tanks in this way acknowledges the range of possible actors in the field of health policy and planning and, crucially, the relations between them. It indicates that think tanks are far from a homogeneous group, but instead include a range of organisations operating within the same social space, some openly affiliated with corporations and universities (Pirie 2012), while others are more media-oriented (Arnoldi 2007, Mulgan 2006) or politically affiliated (Cockett 1994, Pautz 2011a). In contrast to the 'drive for a close definition', the vagueness of the term think tank is seen positively, as 'an acceptance of the absence of firm boundaries between think-tanks and other organisations' (Stone 1996: 17). This enables empirical sensitivity to new or evolving kinds of think tanks.

Think tank activity as practice

According to practice theorists, health policy and planning is fundamentally about human activity. To understand health policy and planning in practice one has to understand the actual, context-dependent social acts and events that are performed in actual situations and places allied to health policy (Freeman *et al.* 2011, Miettinen *et al.* 2009, Pritzlaff and Nullmeier 2011, Wagenaar 2011). However, while scholars often talk about the role of policymakers in developing policy, most tend to see the policy process as a series of technical stages (see above) and rarely unpick what they do and how they do it. Hence we currently know little of the everyday activities of those involved in health policy and planning. Practice theory offers a way out. It links with praxeological ideas allied to the work of sociologists such as Bourdieu, Giddens and Garfinkel, drawing attention to the everyday interactions and activities of those involved in health policy and planning (Colebatch and Degeling 1986) that are, in turn, the social phenomena from which actions, institutions, and structures can be understood.

A focus on think tank activities as practice draws attention back to 'the twists and turns by which policy is ultimately produced and performed' (Freeman *et al.* 2011: 130) and reflects a general move away from studying organisations to studying organising (Miettinen *et al.* 2009). Rather than seeking to expose think tank practices as good or bad, a practice approach examines how people make sense of and enact the work of health policy and planning. It shifts the sociological gaze to the micro practices of individuals and groups; the objects, tools and artefacts that make up – and make happen – their everyday work (Freeman *et al.* 2011, Wagenaar 2011, Wagenaar and Cook 2003); and to the way problems are framed and addressed (Bacchi 2009). For instance, it draws attention to the ways in which think tanks often use social science research methods to assess cause and effect in health care (for example, examining whether giving nurses more autonomy leads to fewer errors in the delivery of bedside care).

Seeing think tank activity as practice recognises not only the multiple social spaces in which health policy and planning is produced (political, economic and so on as in Figure 1), but also

that by negotiating these social spaces through everyday activities and practices think tanks can also shape and order policy. It draws attention to what individuals allied to think tanks do and how evolving individual identities, beliefs and values contribute to 'particular ways of doing things' (Wenger 1998: 45; cited in Laws and Hajer 2006: 411). This is because actors (for instance, think tank researchers, directors and trustees) do not arrive in health policy and planning with 'god-like knowledge of the state of play', but instead 'learn the tempo, rhythms and unwritten rules of the game through time and experience' (Grenfell 2008: 54). What emerges is a sense of reality that shapes the way of acting and thinking (Freeman *et al.* 2011, Korica 2011, Medvetz 2010), defines 'what is discussable, what is realistic, what is natural' (Laws and Rein 2003: 179) and legitimates some problems, solutions and experiences as appropriate for public action, while marginalising others (Pritzlaff and Nullmeier 2011).

In the UK many think tanks have a legal status as charitable organisations, obliging them to act independently and serve the public interest. To this end think tanks are usually portrayed as 'stimulating public debate, educating the citizenry, undertaking research for the rational improvement of policy making [and] contributing to more effective governance through policy analysis' (Stone 2007: 260). An examination of think tank practices tells a more complex story of how independence and the public interest are conceived and enacted by think tanks and their funders (Abella 2009, Arnoldi 2007, Korica 2011, Stone 2007). In reality, few think tanks have the mechanisms to enable more than a tokenistic engagement with the public. Even when think tanks seek to engage with citizens, the balancing act between public involvement and policy impact is not easily accomplished or resolved (Korica 2011). Fundraising and day-to-day management also compete with less concrete public interest objectives. Think tanks with strong partisan positions (such as the Centre for Policy Studies in the UK) tend to be reliant on financial donations, sponsorship and project-specific funding from government, private foundations and business, which requires them to focus on attracting members and securing financial support. Their reliance on raising support requires considerable effort, which shapes their work programme and makes them vulnerable to political fashions.

An interpretive analysis can guide sociologists to examine how think tanks specialised in health care tend to be less overtly politically affiliated (Ruane 2005) and have their own funding practices. For instance, some think tanks focused wholly on health care, such as the Nuffield Trust in the UK and the Commonwealth Fund in the USA, have access to large endowments (circa £60 million and \$600 million, respectively), providing them with considerable financial freedom. While income generation remains a concern (for instance, through event sponsorship), their endowment enables them to develop large programmes of work (for example, around efficiency) and hire staff to enact them. These endowed organisations often attempt to position themselves more firmly within the academic field (Ruane 2005) (Figure 1).

Think tanks receive funding from a range of sources. However, much of the published literature suggests they are not beholden to any specific interest (Stone 1996). A focus on practice calls for in-depth investigation of the behind-the-scenes negotiations that take place between think tanks and funders; the balancing act that takes place to maintain independence while at the same time secure necessary funding and the careful, ongoing negotiation of, for instance, commissioning processes, editorial responsibilities, project specification and charity regulations (Korica 2011). Further work is also needed to examine, for instance, how think tanks disseminate, brand and market political ideas in the health sphere; preserve their social status as expert research and analysis organisations and develop and promote particular approaches to analysing health policy and planning (Abella 2009, Arnoldi 2007, Stone 2007).

Think tanks as discourse coalitions

A sociologically informed analysis of health policy and planning requires us to consider participation in relevant communities (including, for instance, health planners, clinicians and service users). It draws attention to what individuals allied to think tanks do and how evolving identities, beliefs and values contribute to particular ways of doing things (Grenfell 2008, Medvetz 2008). Such communities can be thought of as discourse coalitions, relatively stable networks of policy actors drawn from inside and outside government that are highly integrated with the policymaking process (Hajer 1993, Laws and Hajer 2006).

For sociologists, a focus on coalitions recognises the importance of social networks and institutional relationships in determining how health policy and planning is enacted through the work of think tanks (Pautz 2011a). It acknowledges the significance of networks that tie participants together (for example, Wenger 1998) and describes the 'social configurations in which aspirations, values, purposes and standards are formulated that identify some activities as worthwhile, and by which some activities distinguish themselves as meaningful or competent' (Wagenaar and Cook 2003: 151). Similarly, a focus on discourse acknowledges that the practice of health policy and planning is constituted through language and social interaction (Russell *et al.* 2008, Shaw 2010). Just as language and situated interaction enact social life (Garfinkel 1967), so the meaning of health policy and planning emerges from the structural elements of language or discourse (Wagenaar 2011), with planning discourses pointing to ideas, values and beliefs that underpin different constructions of the processes that are portrayed as being essential to good health policy and planning (Degeling 1996). Think tanks often recognise the discursive struggles over health policy and tailor their work and communications accordingly. They therefore have a role in contributing to the development of new legitimising discourses (Pautz 2011a) for certain health policies. The notion of the storyline is central, as it is the linguistic mechanism around which discourse coalitions assemble (Hajer 1993, Pautz 2011a). For instance, in recent debates on healthcare reform in England, 'competition' has been a key storyline with government, professional organisations and think tanks shaping much of the debate and subsequent legislation. Such examples show how discourse coalitions 'help to provide the conceptual language, the ruling paradigms, the empirical examples' that 'become the accepted assumption for those making policy' (Stone 2007: 276).

From an interpretive perspective, think tanks can be seen as mediators, operating in discourse coalitions to shape the worlds they debate and define: in this case, the world of health policy and planning. As described above, they aspire to be disinterested and engaged in scientific contributions to policy. However, they also seek to shape the social environment and intended audience for their work in order to convey particular impressions (Degeling 1996, Stone 1996). Such an approach is grounded in the work of Goffman (1969, 1981) and guides us to think about health policy as drama (Edelman 1988, Hajer 2005). The emphasis on staging, for instance, can encourage analysis of how a particular setting influences what is said, what can be said and what can be said with influence. Think tanks are part of the performance of health policy and planning. The task for the sociologist is to consider not only the types of arguments that are raised but also the setting (front stage and back stage, public and private) in which policy deliberation takes place and the communities involved (Degeling 1996, Hajer 2005).

A focus on discourse coalitions highlights how think tanks cater primarily – though not exclusively – to the economically and politically literate (Ruane 2005, Stone 2007). Occasionally referred to as link tanks (Arnoldi 2007), they are active in creating and using spaces to bring actors together with a view to brokering ideas, knowledge and relationships. Future sociological work needs to examine how think tanks broker human capital in the form of specialised analysts who often move between think tank and government. Think tanks interact with other stakeholders across different fields (Figure 1) as well as other think tanks, and reinforce

networks by 'interweaving the think tank with government agencies via its former fellows' (Stone 2007: 270). For instance, the Commonwealth Fund's Harkness Fellowships in Health Care Policy and Practice aim to fast track careers, with a week-long Washington policy briefing setting the scene, not only for annual placements but also for linking international fellows to a network of leading policy experts, sometimes referred to as 'the Fund Family' (Osborn 2009).

On the surface such community-building may appear disinterested. However, those working in think tanks are usually university-educated, middle-class professionals who bring a particular view that tends to remain unexamined (Cockett 1994, Korica 2011, Stone 1996, 2007). Furthermore, given the mission of think tanks to influence health policy and planning, they necessarily seek to engage with powerful elites and so must ensure they move in the right circles. The setting of think tanks and their activities plays a potential role in this process. For instance, in the health policy sphere, the Nuffield Trust and King's Fund are based in the City of Westminster in central London, an area populated by professional and medical organisations and a stone's throw from Parliament and the Department of Health.

Conclusion

To date, research on think tanks has largely adopted a technocratic approach. As a result the literature has been dominated by a search for ever-closer definition and by relatively superficial accounts that have left the insides of think tanks unknown black boxes (Korica 2011). In contrast, a significant body of work is now emerging that is theory-rich and critically engaged. We have added to this by describing the potential for an interpretive approach to policy analysis and examining how this might be extended to the field of health policy and planning.

We have argued that think tanks and their practices need to become of greater sociological concern in the field of healthcare policy and planning. Given the conceptual cul-de-sacs into which previous scholars have (arguably) ventured, our emphasis has been particularly on the theoretical and methodological advances that can guide productive analyses of think tanks in the context of health policy and planning. We do not claim 'to present a fully developed, empirically tested alternative to instrumentalist, empiricist policy analysis' (Wagenaar 2011: 302). Rather, we have argued for an interpretive approach that combines elements of field theory, practice theory and discourse theory. To illustrate what such analyses might look like, we have also presented selected examples from the literature that begin to illustrate how think tanks can be placed in the fields of politics, economic, the media and knowledge production and how we might begin to understand how and where they interact with health policy. The real richness of understanding will come from future work exploring think tank activities, interdependencies and strategic alliances and the ways in which think tanks – and the individuals and policy experts allied to them – operate across social, political, media and knowledge production fields to influence healthcare policy and planning.

Interpretive policy analysis carries the potential for critical insight in relation to what are often complex areas of health policy (Shaw 2010). Our article has presented key arguments for why such work is important and highlighted the existing knowledge gaps it might fill. We have sought to bridge the literature in policy studies, political science and sociology as a means of achieving this, and acknowledge that other scholarly work may also be relevant (for example, on political economy and interest group politics – see Parsons 1995, for a useful overview). Such work is particularly important in light of broader questions regarding the role of think tanks in contemporary society and, specifically, whether the growth of think tanks represents a manifestation of pluralism or a threat to democracy (Parsons 1995). Building on existing interpretive analyses, we have highlighted how think tanks fill a gap created by the

decline of political parties; provide a forum for policy ideas to emerge independently of public discussion and enable coalitions of health policy experts to potentially coordinate a policy agenda in off-the record forums (Fischer 1993, Degeling 1996, Stone 1996, Medvetz 2007, Pautz 2011a). It is widely recognised that current social and political conditions have enabled a more pluralist policy environment (Chambers 2009, Hajer and Wagenaar 2003, Wagenaar and Cook 2003). However, it is far less clear whether think tanks are willing to engage a range of social groups (including those typically excluded from policy deliberations) and enable them to have an effective voice. There are opportunities for new forms of think tanks to develop that encompass a broader conception of think tanks, a more explicit focus on social justice and a wider network of experts (see, for instance, Hassan 2008, Lakoff 2011). However, despite opportunities for think tanks to open up public debate – and a requirement for many to serve the public interest – there is evidence to suggest that, to date, they remain focused on shaping policy in their own image (for example, Ruane 2005, Pautz 2011a, Pirie 2012). We therefore urge sociologists to take up the mantle of interpretive policy analysis; to examine what think tanks actually do in health care and, in doing so, explore how such tensions are resolved in practice. In the spirit of deliberative democracy (Chambers 2009), we also urge think tanks to reflect on their own role in shaping health policy and planning and to open their doors to further public scrutiny.

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Supporting information

Additional Supporting Information may be found in the online version of this article:

Table 1: Approaches to conceptualising think tanks

References

- Abella, A. (2009) *Soldiers of Reasons: The RAND Corporation and the Rise of American Empire*. Boston: Mariner Books.
- Arnoldi, J. (2007) Informational ideas, *Thesis Eleven*, 89, 1, 58–73.
- Bacchi, C. (2009) *Analysing Policy: What's the Problem Represented to Be?* Sydney: Pearson Education.
- Baggott, R. (2007) *Understanding Health Policy*. Bristol: Policy Press.
- Blank, R.C. (2003) *From Thatcher to the Third Way. Think-tanks, Intellectuals and the Blair Project*. Stuttgart: Ibidem.
- Bowker, G.C. and Star, S.L. (2000) *Sorting Things Out: Classification and Its Consequences*. Boston: MIT Press.

- Chambers, S. (2009) Rhetoric and the public sphere: has deliberative democracy abandoned mass democracy? *Political Theory*, 37, 3, 323–50.
- Chatham House (2013) Chatham house rule. Available online at <http://www.chathamhouse.org/about-us/chathamhouserule> (accessed 3 July 2013).
- Cockett, R. (1994) *Thinking the Unthinkable: Think-tanks and the Economic Counter-revolution, 1931–83*. London: Harper Collins.
- Colebatch, H. and Degeling, P. (1986) Talking and doing in the work of administration, *Public Administration and Development*, 6, 4, 339–56.
- Degeling, P. (1996) Health planning as context-dependent language play, *International Journal of Health Planning and Management*, 11, 2, 101–17.
- Denham, A. and Garnett, M. (1998) *British Think-tanks and the Climate of Opinion*. London: Routledge.
- Denham, A. and Garnett, M. (2006) ‘What works’? British think tanks and the ‘end of ideology’, *Political Quarterly* 77, 2, 156–65.
- DiMaggio, P.J. and Powell, W.W. (1983) The iron cage revisited: institutional isomorphism and collective rationality in organizational fields, *American Sociological Review*, 48, 147–60.
- Edelman, M. (1988) *Constructing the Political Spectacle*. Chicago: Chicago University Press.
- Eggen, D. (2011) Gingrich think tank collected millions from health-care industry, *The Washington Post* 18 November.
- Falk, I. (2002) Social capital think tank: a case study of evidence-based public policy development, CRLRA Discussion Paper D2/2002. Launceston: CRLRA.
- Fischer, F. (1993) Policy discourse and the politics of Washington think tanks. In Fischer, F. and Forester, J. (eds) *The Argumentative Turn in Policy Analysis and Planning*. London: Duke University Press.
- Fischer, F. and Forester, J. (eds) (1993) *The Argumentative Turn in Policy Analysis and Planning*. London: Duke University Press.
- Flyvbjerg, B. (2001) *Making Social Science Matter*. Cambridge: Cambridge University Press.
- Freeman, R., Griggs, S. and Boaz, A. (2011) The practice of policy making, *Evidence & Policy* 7, 2, 127–36.
- Garfinkel, H. (1967) *Studies in Ethnomethodology*. Englewood Cliffs: Prentice Hall.
- Goffman, E. (1969) *The Presentation of Self in Everyday Life*. London: Penguin.
- Goffman, E. (1981) *Forms of Talk*. Philadelphia: University of Pennsylvania Press.
- Grenfell, M. (ed.) (2008) *Pierre Bourdieu: Key Concepts*. Durham: Acumen Publishing.
- Hajer, M. (1993) Discourse coalitions. the case of acid rain in Great Britain. In Fischer, F. and Forester, J. (eds) *The Argumentative Turn in Policy and Planning*. London: Duke University Press.
- Hajer, M. (2005) Setting the stage: a dramaturgy of policy deliberation. *Administration & Society*, 36, 6, 624–47.
- Hajer, M. and Wagenaar, H. (2003) *Deliberative Policy Analysis: Understanding Governance in the Network Society*. Cambridge: Cambridge University Press.
- Haldenby, A. (2012) Now for the NHS’s life-saving surgery. *Daily Telegraph*, 31 January.
- Hart, P. and Vromen, A. (2008) A new era for think tanks in public policy? International trends, Australian realities, *Australian Journal of Public Administration*, 67, 2, 135–48.
- Hassan, G. (2008) The limits of the think tank revolution. Available at <http://www.opendemocracy.net/article/yes/the-limits-of-the-think-tank-revolution> (accessed 3 July 2013).
- Klein, R. (2000) *The New Politics of the NHS*, 4th edn. Upper Saddle River: Prentice Hall.
- Korica, M. (2011) Performing governance and accountability in the public sphere: an ethnography of situated orderings. PhD thesis. Green Templeton College, Oxford University.
- Lakoff, G. (2011) What conservatives really want. Available at: <http://georgelakoff.com/2011/02/19/what-conservatives-really-want/> (accessed 24 May 2012).
- Laws, D. and Hajer, M. (2006) Policy in practice. In Moran, M., Rein, M. and Goodin, R.E. (eds) *Oxford Handbook of Public Policy*. Oxford: Oxford University Press.
- Laws, D. and Rein, M. (2003) Reframing practice. In Hajer, M. and Wagenaar, H. (eds) *Deliberative Policy Analysis: Understanding Governance in the Network Society*. Cambridge: Cambridge University Press.
- McGann, J.G. (2011) *Global ‘Go-to Think Tanks’ Report 2010*. Philadelphia: University of Pennsylvania.

- McGann, J.G. and Johnson, E.C. (2005) *Comparative Think Tanks, Politics and Public Policy*. Cheltenham: Edward Edgar.
- McGann, J.G. and Sabatini, R. (2011) *Global Think Tanks: Policy Networks and Governance*. London and New York: Routledge.
- Medvetz, T. (2007) Think tanks. In Ritzer, G. (ed.) *Blackwell Encyclopedia of Sociology*. Oxford: Blackwell.
- Medvetz, T. (2008) *Think Tanks as an Emergent Field*. New York: Social Science Research Council.
- Medvetz, T. (2010) 'Public policy is like a having a vaudeville act': languages of duty and difference among think tank-affiliated policy experts, *Qualitative Sociology*, 33, 4, 549–62.
- Medvetz, T. (2012) *Think Tanks in America*. Chicago: University of Chicago Press.
- Miettinen, R., Samra-Fredericks, D. and Yanow, D. (2009b) Re-turn to practice: an introductory essay, *Organisation Studies*, 30, 12, 1309–27.
- Mulgan, G. (2006) Thinking in tanks: the changing ecology of political ideas, *Political Quarterly*, 77, 2, 147–51.
- Osborn, R. (2009) The Harkness Fellowship: an overview. Video. New York: Commonwealth Fund.
- Parsons, W. (1995) *Public Policy: An Introduction to the Theory and Practice of Policy Analysis*. Cheltenham: Edward Elgar.
- Pautz, H. (2011a) Revisiting the think tank phenomenon, *Public Policy & Administration*, 26, 4, 419–435.
- Pautz, H. (2011b) New Labour in government: think-tanks and social policy reform, 1997–2001, *British Politics* 6, 2, 187–209.
- Pirie, M. (2012) *Think Tank: the Story of the Adam Smith Institute*. London: Biteback Publishing.
- Pritzlaff, T. and Nullmeier, F. (2011) Capturing practice, *Evidence & Policy* 7, 2, 137–54.
- Radcliffe, M. (2009) Think tanks are hijacking health service debates. Nursing Times.net 28 July available at <http://www.nursingtimes.net/think-tanks-are-hijacking-health-service-debates/5004549.article> (accessed 21 December 2011).
- Rhodes, R.A.W. and Marsh, D. (1992) New directions in the study of policy networks, *European Journal of Political Research*, 21, 1–2, 181–205.
- Rich, A. (2004) *Think Tanks, Public Policy, and the Politics of Expertise*. Cambridge: Cambridge University Press.
- Ruane, S. (2005) The future of health care in the UK: think-tanks and their policy prescriptions. In Powell, M., Clarke, K. and Bauld, L. (eds) *Social Policy Review 17*. Bristol: Policy Press.
- Russell, J., Greenhalgh, T., Byrne, E. and McDonnell, J. (2008) Recognising rhetoric in healthcare policy analysis, *Journal of Health Services Research and Policy* 13, 1, 40–6.
- Sabatier, P. (1987) Knowledge, policy oriented learning and policy change: an advocacy coalition framework, *Science Communication*, 8, 4, 649–92.
- Scambler, G. (2012) Health inequalities, *Sociology of Health & Illness* 34, 1, 130–46.
- Schoen, C., Osborn, R., Squires, D., Doty, M.M. et al. (2011) New 2011 survey of patients with complex care needs in 11 countries finds that care is often poorly coordinated, *Health Affairs Millwood*, 30, 12, 2437–48.
- Scott, R. (2001) *Institutions and Organisations*. Thousand Oaks: Sage.
- Shaw, S.E. (2010) Reaching the parts that other theories and methods can't reach? How and why a policy-as-discourse approach can inform health-related policy, *Health*, 14, 2, 196–212.
- Stone, D. (1996) *Capturing the Political Imagination: Think Tanks and the Policy Process*. Abingdon: Frank Cass.
- Stone, D. (2001) 'Think tanks'. In Smelser, N.J. and Baltes, P.B. (eds) *International Encyclopaedia of the Social & Behavioral Sciences*. Oxford: Pergamon.
- Stone, D. (2007) Recycling bins, garbage cans or think tanks? Three myths regarding policy analysis institutes, *Public Administration*, 85, 2, 259–78.
- Stone, D. (2008) Values in health policy: understanding fairness and efficiency. In Morone, J.S., Litman, T.J. and Robins, L.S. (eds) *Health Politics and Policy*. Clifton Park: Delmar Cengage Learning.
- Todd, M.J. (1991) *The Centre for Policy Studies: Its Birth and Early Days*. Essex Papers on Government and Politics. Colchester: University of Essex.

- Wagenaar, H. (2004), 'Knowing' the rules. Administrative work as practice, *Public Administration Review*, 64, 6, 643–55.
- Wagenaar, H. (2011) *Meaning in Action. Interpretation and Dialogue in Policy Analysis*, New York: M.E. Sharpe.
- Wagenaar, H. and Cook, N. (2003) Understanding policy practices: action, dialogue, dialectic and deliberation in policy analysis. In Hajer, M. and Wagenaar, H. (eds) *Deliberative Policy Analysis*. Cambridge: Cambridge University Press.
- Wenger, E. (1998) *Communities of Practice: Learning, Meaning, and Identity*. Cambridge: Cambridge University Press.
- Wildavsky, A. (1979) *Speaking Truth to Power: the Art and Craft of Policy Analysis*. Boston: Little Brown.
- Yanow, D. (2000) *Conducting Interpretive Policy Analysis*. London: Sage.
- Nicolini, D. (2009) Zooming in and out: studying practices by switching theoretical lenses and trailing connections. *Organization Studies*, 30, 12, 1391–418.
- Miettinen, R, Samra-Fredericks, D and Yanow, D (2009a) Re-Turn to Practice: An Introductory Essay. *Organization Studies* 2009 30: 1309–27