Public health advocacy

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Introduction

Public health is situated at the intersection of major social, political, economic and cultural forces in society. If the mission of public health is to create environments in which people can be healthy, then the pursuit of this goal "…involves the often contentious process of blending science, politics, and activism in the context of social values and interests. This means that public health battles are often fought along political fronts as well as behavioural fronts."[1] As such, improving public health requires an explicit commitment to advocating for policy changes that support the development of health-promoting environments.

The purpose of this discussion paper is to delineate the boundaries of advocacy as it is currently understood and practiced within public health. This document draws on research and discussion papers addressing the role public health advocacy plays in the creation of conditions and environments that promote health and prevent disease and injury. More specifically, the purpose is to outline the key attributes of public health advocacy, highlight and explore the main challenges to practicing public health advocacy, and identify key skills required for public health advocacy. This paper concludes with a brief overview of one type of advocacy employed in public health – media advocacy – to demonstrate the applied aspects of this approach.

What is public health advocacy?

The focus of this discussion is on 'policy-focussed' public health advocacy, i.e., activities that attempt to contribute to health promoting systemic change by influencing policy processes. While there are many available definitions of public health advocacy,[2-4] these share key common elements, including: an emphasis on collective action to effect desired systemic change; a focus on changing "upstream factors like laws, regulations, policies,

institutional practices, prices and product standards;"[5] and an explicit recognition of the importance of engaging in political processes to effect desired policy changes.

Public health advocacy is often defined as the process of gaining political commitment for a particular goal or program, and identified by some as a critical population health strategy.[2,6] Target audiences tend to be decision-makers, policy-makers, program managers, and more generally, those that are in a position to influence actions that affect many people simultaneously.[4,7,8]

Public health advocacy strategies espouse an upstream approach, recognizing that 'individual' and 'personal' problems are often reflective of social conditions. This approach involves situating 'individual' health issues within the broader context of social determinants external to individuals. It also recognizes the societal breadth of many public health problems, and the logistical and resource challenges inherent in approaching these challenges at the individual level. While downstream health promotion activities (such as primary or secondary smoking prevention, community-level interventions and provider education) play an important public health role and should be continued, "…to some they resemble fixing with a pick and shovel what is being destroyed with a bulldozer."[9]

Engaging in public health advocacy acknowledges the explicitly political aspects of public health, and the importance of addressing social determinants of health as a key component of a strategy for improving the health of populations. Put another way, public health advocacy is an important strategy for creating environments supportive of health.[10] If the goal of public health is to reduce the societal burden of health problems, then effective interventions must "…alter the societal forces that foster these problems."[11] Ignoring the social and political dimensions of health has the effect of relegating public health practice to the "…prevention and promotion of individual risk factors."[12]

Advocacy strategies draw from a range of tactics. These can involve "…creating and maintaining effective coalitions, the strategic use of news media to advance a public policy initiative and the application of information and resources to effect systemic changes that change the way people in a community live. It often involves bringing together disparate groups to work together for a common goal."[13] It can also involve gathering and presenting an evidence-base for desired changes, although it is worth noting that scientific evidence alone is rarely enough to achieve desired political support for public health goals. Evidence is often a necessary – but rarely sufficient – factor for influencing policy processes.

The Ontario Health Promotion Resource System categorizes advocacy activities as low, medium, and high profile. Low profile activities could include quiet negotiation, meetings with civil servants, sharing information, and the development of non-public briefs. Medium profile activities include on-going negotiation, development of public briefs, 'feeding' the opposition, giving deputations at committees, participating in meetings with elected officials, forming strategic alliances with other groups, and writing letters to elected officials or newspapers. High profile activities include public criticism, public relations activities, advertising campaigns, information distribution, letter writing, and participation in demonstrations and rallies.[14] Within this categorization system, many activities (e.g., meeting civil servants, sharing information) may fall within any of these categories, depending on the nature of the activity and its intended result.

There are many examples of successful public health advocacy efforts, and "…every branch of public health can point to the critical role of advocacy in translating research into policy, practice and sea changes in public opinion."[15] To date, public health advocacy has been used to advance policies in several public health areas, including gun control, injury prevention, and tobacco control.[13] In spite of the importance of this work, Chapman argues that "…advocacy remains a Cinderella branch of public health practice. Advocacy is often incandescent during its limited time on stage, only to resume pumpkin status after midnight. Routinely acknowledged as critical to public health, it is seldom taken seriously by the public health community, compared to the attention given to other disciplines."[16] The lack of attention paid to public health advocacy is reflected in the limited body of research literature on public health advocacy research or practice.

Advocacy skills

Engaging in policy advocacy requires a diverse set of skills. Gomm et al. identify three core skills required for successful public health advocacy:

1) the ability to work collaboratively with multiple stakeholders,
2) strategic use of media, and
3) ability to conduct strategic analysis.[17]

This latter skill requires a focus on three central questions (what is the problem? what is the desired solution? who is the target for change?) Although sometimes overlooked as a skill, being able to identify a policy solution is as important as being able to identify the problem in public health advocacy.[18]

The ability to frame issues effectively is identified as a key component of public health advocacy. Chapman argues that "…the currency of advocacy is metaphor, analogy, symbol" and as such, it is imperative to present data and issues in ways that are both compelling and resonant for audiences without public health expertise.[19] According to Chapman, successful advocacy framing involves drawing on "…subtexts or value bases which have widespread support ('this issue is like that issue') so that the solutions proposed to the problems are seen as consonant with solutions demanded for problems with parallel values underlying them."[19] Once frames are established around an issue, elements inside the frame are perceived as credible or legitimate, while elements outside the

frame are considered marginal and have limited currency in public debate.[20]

Framing is critical with respect to both identifying the problem and the solution. For example, in the fight against tobacco, over time the focus of advocacy efforts shifted from tobacco users (i.e., smokers) to tobacco producers. Strategic effects of this shift include the opening of new areas for advocacy efforts, and allowing advocacy efforts to shift from an emphasis on changing individual behaviours (i.e., getting smokers to quit) towards changing polices that govern both the production and usage of tobacco.[21] It also resulted in increased scrutiny of tobacco marketing practices.

Freudenberg argues that public health advocates could benefit from increased theoretical competency, particularly increased content knowledge in three key areas: organizational and behavioural change, communications, and social movement theory[22] – all areas typically not included in public health education curricula. Hoover notes the strategic importance of working collaboratively in multi-stakeholder coalitions, which allows stakeholders to take on relevant and institutionally appropriate roles as required.[8] For example, it might be that non-governmental organizations would serve as the 'public' face of the coalition while other organizations contribute more fully 'behind-the-scenes.'

Challenges of public health advocacy

There are many challenges inherent in the practice of public health advocacy. Perhaps the most obvious challenge is related to the explicitly political nature of fostering systemic change, and the tensions this creates for public health professionals given that the vast majority of this work is funded by public sector resources. Given that "…most fields of public health have objectives that are highly contested by opponents,"[16] public health advocates may find themselves engaged in public conflict with

sometimes powerful interest groups or governments determined to resist change. This creates a significant tension, as public health advocacy often requires its practitioners to be "unpopular vanguards,"[5] a challenging role in institutional contexts that are often resistant to politically contentious change initiatives.

While advocating for systemic change to address determinants of health affecting populations may make intuitive sense to public health professionals overwhelmed by the logistical and resource demands of individual-level change, institutional restrictions on advocacy practices are common. The practice of public health advocacy can be limited by boundaries of professional roles, employer policy, or limited access to resources for advocacy activities.[23] When the object of advocacy is to influence public policy, "…government funded public health workers mostly see advocacy as strictly off-limits."[24]

Another challenge to those wanting to employ public health advocacy strategies stems from the epistemological underpinnings of public health education, much of which is grounded in the concept of scientific neutrality, and the belief in the possibility of 'value-free' research. For adherents of a logical positivist perspective, there is a belief among many that "…public health ought to remain a value-free, mainly scientific activity, devoid of any partisan reference."[25] This challenge is compounded as public health professionals typically receive little or no training in "how to advance or advocate the policy implications of research,"[15] and thus are poorly equipped to promote advocacy as a viable and important public health strategy. It is argued, however, that the success of future public health practices require a "…willingness for the field of public health to rethink its posture of 'value neutrality' and 'objectivity' so as to encompass the types of social action necessary to effectively modify the social determinants of health. Planned socio-political action must be an appropriate adjunct to a scientifically-based public health, and no longer threateningly antithetical to it."[26]

A further challenge noted for the practice of public health advocacy is that of language, and in particular, the linguistic divide between the social approach required for public health and the individual approach typically employed in issues of health care. As Wallack and Lawrence state bluntly, the language of individualism "is not a sufficient language for advancing public health."[27] If the goal of public health is to assure conditions in which people can be healthy, the creation of these conditions typically requires systemic change, the type of change brought about by collective, public, political action. This type of change is rarely attained by using the language and focus of individual behavioural change, given that "…barriers to health cannot always be dismantled by individuals or on a case-by-case basis."[23] Freudenberg[22] draws attention to the way language frames public health problems and solutions with his use of the phrase 'corporate disease promotion' to highlight the role major American corporations play in six industries identified as major causes of U.S. mortality and morbidity.*

All of the challenges noted above reflect and contribute to the inherent difficulty of evaluating 'successful' public health advocacy. Advocacy activities are often developmental in nature, emerging and progressing in response to contextual factors and policy opportunities, making it difficult to anticipate expected outcomes in advance.[4,28] In addition, policy development – particularly public policy – is a complex process, with multiple and often competing stakeholders. Again, this provides challenges for assessing possible outcomes of advocacy activities. Finally, the long-term nature of systemic change also requires a long-term evaluation strategy, and indicators reflective of the long time frame involved in systemic change.

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* These are the alcohol, automobile, food, gun, pharmaceutical and tobacco industries.

Media advocacy

Although it has been observed that little research attention has been paid to public health advocacy overall,[6] the area of 'media advocacy' has been the focus of a body of research, primarily by Lawrence Wallack and various colleagues. This discussion paper now turns to a brief synopsis of media advocacy to provide a practical example of a public health advocacy approach.

Media advocacy is a policy-oriented approach to using mass media for public health promotion. Although mass media are used in many health promotion activities, the end result of media use varies according to the approach driving the intervention. Wallack and Dorfman highlight the difference between using the media to address an 'information gap' and using the media to challenge a 'power gap.' A traditional view "…results in mass media being used as an educational strategy primarily to provide individuals with more information to make better health choices". In media advocacy, however, mass media is "…used as a political tool to target and pressure policymakers for social change and to mobilize widespread support to apply the pressure."[29] This represents a fundamental change away from a social marketing approach to promoting health and towards "…approaches that change the rules defining the environment in which health behaviours take place."[29]

Media advocacy interventions require an explicit identification of target audiences, divided by Wallack and Dorfman into primary, secondary and tertiary targets.[18] The primary target group consists of people, groups or organizations with the power to make the desired changes. The secondary target group is comprised of individuals or groups who can be mobilized to apply pressure on those with the power to make the change. The tertiary target group is the general population. It should be noted that this approach explicitly targets leaders and decision-makers for policy change, in direct contrast to many health promotion activities which employ a

community development model or focus on broad-based grassroots mobilization as the means of achieving desired change.

As in other types of public health advocacy, the framing of issues is a critical component of media advocacy.[8,18,27,30] For example, Hoover distinguishes between two key types of framing in media advocacy: access and content.[8] Framing for access involves shaping the story to get media attention. Framing for content involves shaping the story from a policy advocacy perspective. This often requires reframing the story to highlight the social and environmental conditions contributing to the public health 'problem', and the presentation of a policy solution that will contribute to changing the problematic conditions.[31] Framing for content involves four key steps:

1) emphasizing the social dimensions of the problem;
2) shifting primary responsibility away from the affected individuals to those whose decisions affect these conditions;
3) presenting policy alternatives as solutions; and
4) ensuring that policy options have practical appeal.

The evaluation of media advocacy initiatives is also noted as a challenge. Stead et al. argue that while media advocacy is a promising area, it requires "…systematic research if it is to move from plausibility to proven effectiveness."[32] To address this research gap, the authors propose a comprehensive evaluation framework for media advocacy, and stress the importance of having a clear understanding of both the intervention being proposed, as well as how this intervention is expected to contribute to the desired policy changes.

Conclusion

It is paradoxical that while public health advocacy is considered by many to be a critical strategy for improving the health of populations, it is also largely ignored by the public health community.[6] In part, this paradox speaks to the complexity of practising public health advocacy. Developing an upstream approach requires recognizing that 'individual' and 'personal' problems are often reflective of social conditions, and thus developing a 'social' response – one that goes far beyond an individual-level approach to public health. Public health advocacy is also a highly skilled activity, requiring practitioners to be conversant with theories of social change, critical analysis, strategic framing and the ability to collaborate with a diverse set of stakeholders on complex problems.

Advocating for health promoting social change is also an inherently political activity. Due to the potential for conflict with powerful stakeholders, and the public-sector nature of most public health practice, public health professionals attempting to advocate for health promoting social change may find this work limited by institutional restrictions and a lack of organizational support for advocacy activities. Yet public health advocacy also has the potential to result in significant public health benefits, given its upstream focus and potential for addressing the impact of non-medical determinants of health rather than merely dealing with the symptoms.

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