



# Approaches to public health advocacy

DR ELEANOR BROOKS

GLOBAL PUBLIC HEALTH UNIT, UNIVERSITY OF EDINBURGH

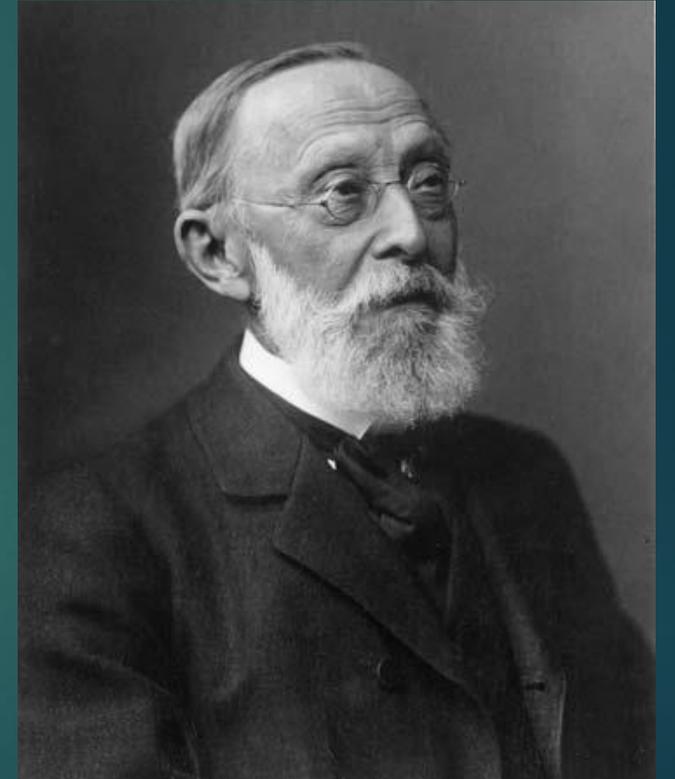
SCIENTIFIC ADVISOR, EUROPEAN PUBLIC HEALTH ALLIANCE

Public health has a long tradition of advocacy and political action...

“Medicine is a social science, and politics is nothing else but medicine on a large scale.”

“The physicians are the natural attorneys of the poor, and social problems fall to a large extent within their jurisdiction.”

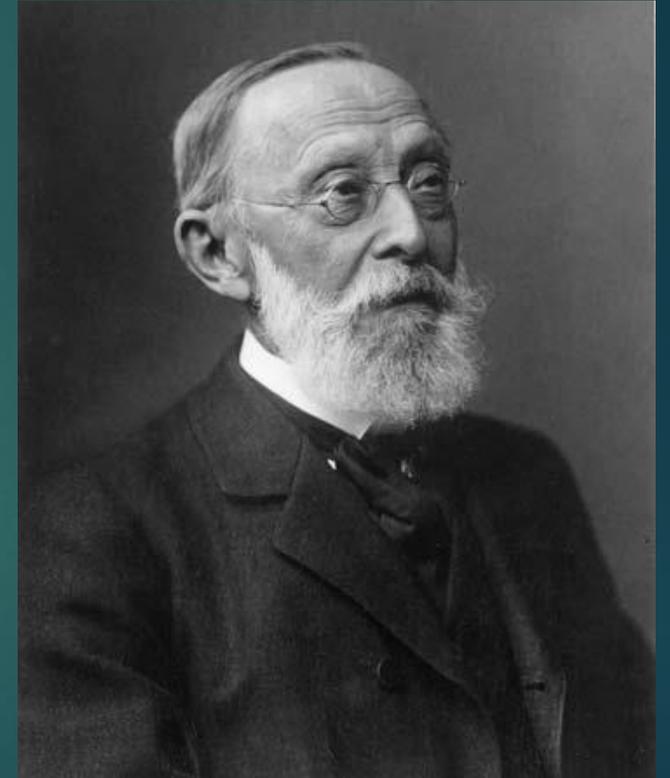
Rudolph Virchow (1821–1902)



...but also a tradition of hesitation

“Medicine, as a social science, as the science of human beings, has the obligation to point out problems and to attempt their theoretical solution: the politician, the practical anthropologist, must find the means for their actual solution.”

Rudolph Virchow (1821–1902)



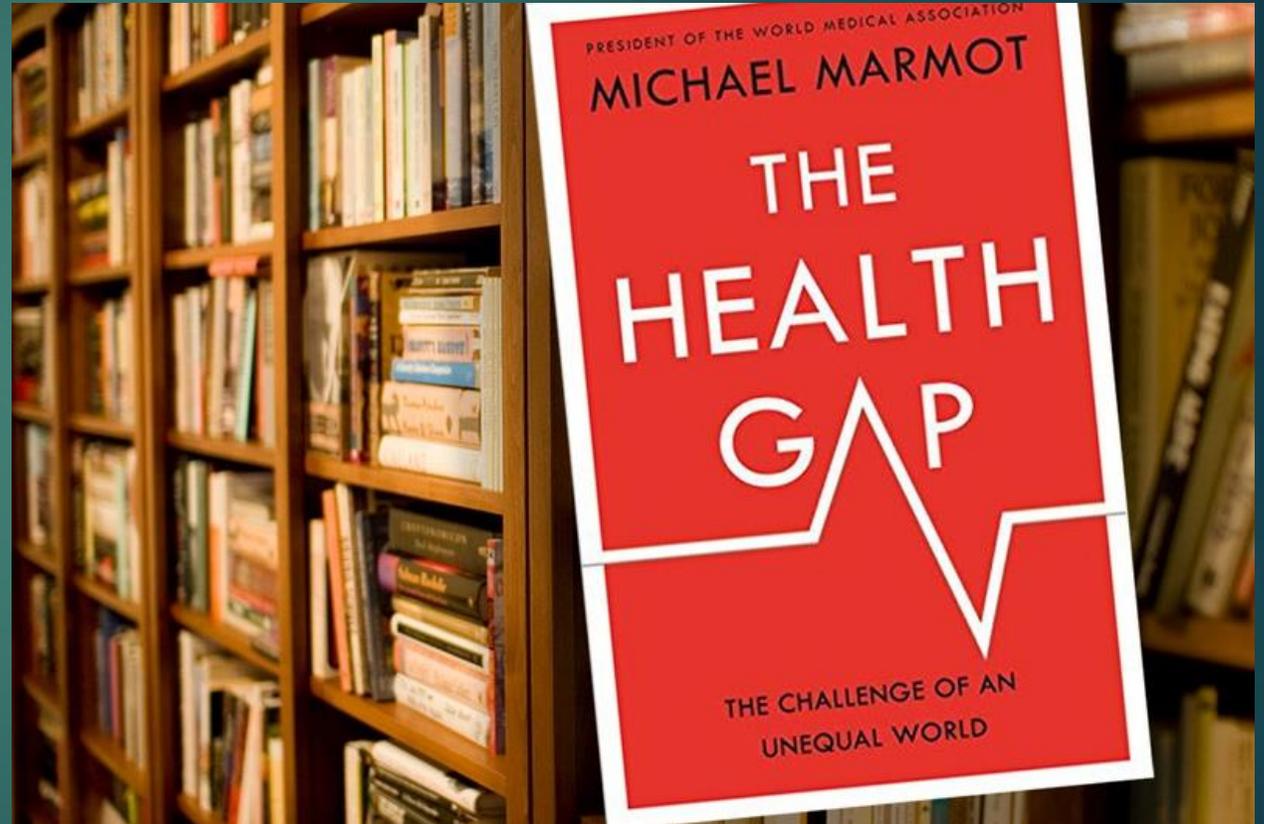
# The call to do more

---

## Shortage of public health independence and advocacy in the UK

As public health registrars we believe it is the duty of UK public health institutions to advocate strongly for evidence-based measures to improve the health of society. However, several public health reports have made us concerned about the independence of our institutions.

Lancet Volume 383 January 2014



# Science v. policy in public health

Public health  
commitment to  
evidence-based  
policy

The diagram features two large, light green arrows pointing in opposite directions. The left arrow points towards the left and contains the text 'Public health commitment to evidence-based policy'. The right arrow points towards the right and contains the text 'Acceptance that both research and policy are political'. The two arrows are connected at their inner ends by a white, curved line that resembles a folded piece of paper or a bridge, symbolizing the tension and relationship between the two concepts.

Acceptance that  
both research and  
policy are political

# Three elements for consideration

- ▶ What do we mean by advocacy in public health?
- ▶ How can we do this well?
- ▶ Should we do it at all...?





What is public health advocacy?

# What does public health advocacy involve?

Achieving clarity about public health objectives

Placing and maintaining issues on political agenda

Being strategic and opportunist

Reframing issues to the benefit of public health

Employing evidence persuasively, using analogies, metaphors etc.

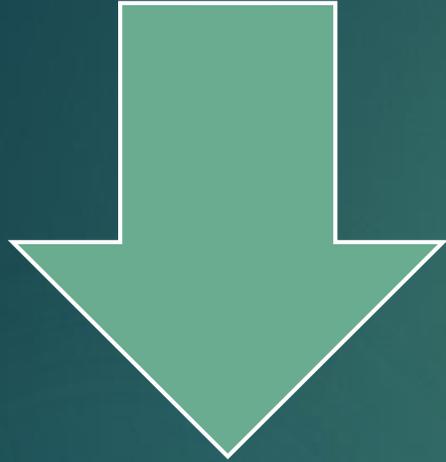
Engaging relevant actors from beyond research and policy

Discrediting opponents of public health objectives

# What does public health advocacy involve?

Focus	Definition
Type of work we do	"Public health advocacy, particularly through media advocacy, is the strategic use of news media to advance a public policy initiative, often in the face of such opposition". Chapman 2004
Focus of work we do	"In recent years, citizens, consumer and health activists, state and local government officials, and health professionals have created a new arena of public health advocacy designed to change corporate policies that damage health." ( <u>Freudenberg, 2005</u> )
Empowering communities	"At its simplest, advocacy may be defined in terms of the activities it encompasses: for example, the representation of under-privileged groups, such as those who are disadvantaged or sick, with the aim of promoting their rights and/or redressing imbalances in power." (Carlisle, 2000, p370)
Outcomes – achieving positive change for PH	"Advocacy is the application of information and resources (including finances, effort, and votes) to effect systemic changes that shape the way people in a community live. Public health advocacy is advocacy that is intended to reduce death or disability in groups of people (overall or from a specific cause) and that is not confined to clinical settings." Christoffel 2000

# Different approaches to public health advocacy



## Top Down (representational) approach

Focus group participant: *"You've got to sell health as this fantastic thing and you've got to sell it any way you can."*



## Bottom up (facilitational) approach

Focus group discussant: *"[B]eing a voice for the people who can't speak."*

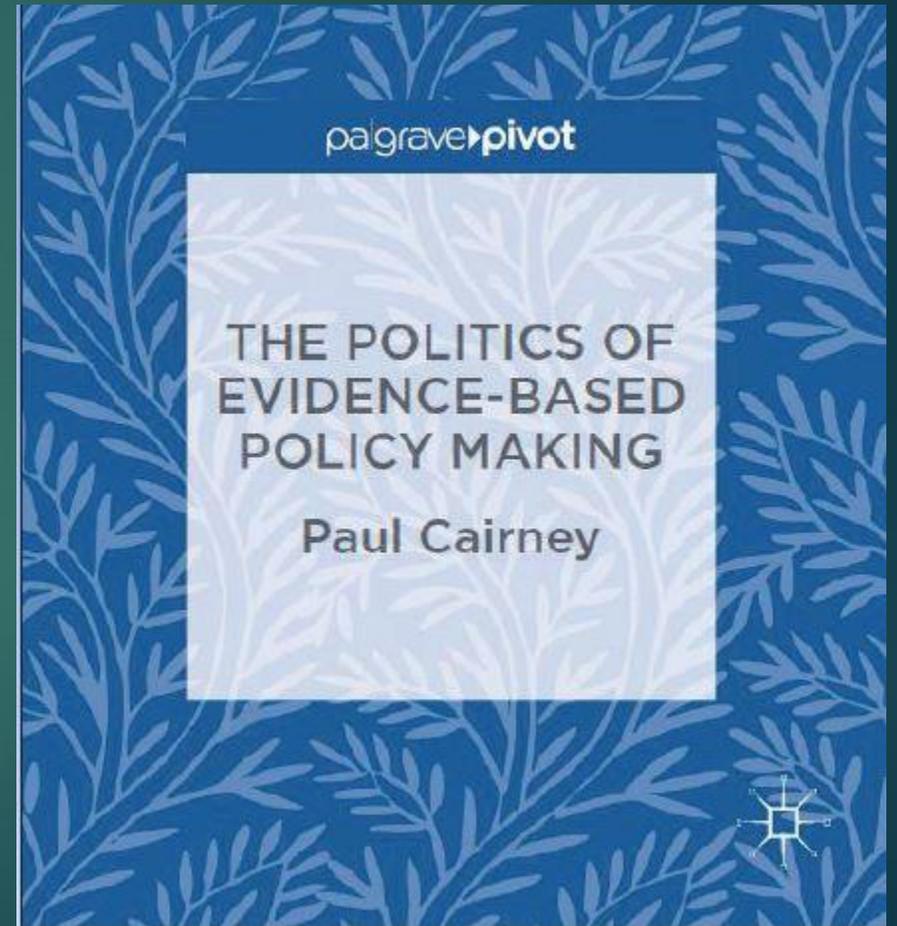




# How to be better public health advocates

# Cairney (2015) The politics of evidence-based policy-making

- ▶ Ambiguity, uncertainty, incomplete information
- ▶ But this ignores politics
- ▶ Successful advocacy means engaging better in framing and persuasion.



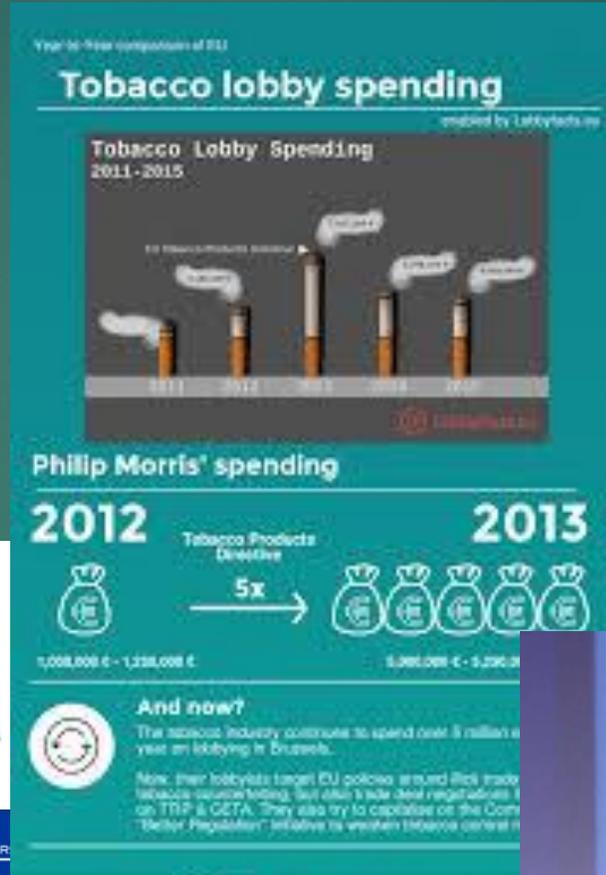
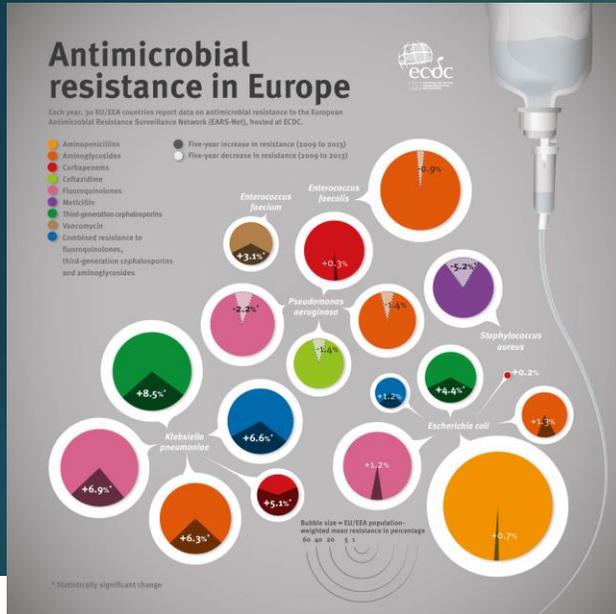
# Being better advocates



3 crucial strategies:

1. Adapt to real-world 'dysfunctional' organisations rather than waiting for an orderly process to appear
2. Accept an inescapable trade-off between maintaining scientific distance for integrity and using evidence pragmatically to ensure its impact
3. Develop long term strategies and form coalitions with other actors.

# Examples from European health policy



**NHS European Office**



LF LobbyFacts.eu



What is the appropriate relationship?

# The risks

For the relevant cause:

- ▶ Can fracture expert opinion
- ▶ Public visibility can be counter-productive

For the relevant research:

- ▶ Creates incentives which could compromise independence
- ▶ May 'blind' researchers to other view points, or prompt misrepresentation
- ▶ Directs attention to winnable issues and projects

For the professional:

- ▶ Workload issues
- ▶ Perceived credibility
- ▶ Conflict of interest around funding

Researchers were asked to consider three statements for each of the policy proposals

1. Based **purely on my expert opinion** (i.e. not taking into account what is socially, politically or economically feasible) I believe this suggestion would reduce population-level health inequalities in the UK
2. I believe that the ability of this suggestion to reduce health inequalities is **strongly supported by available evidence**
3. Taking into account the **current social, political and economic context**, I believe that this is an **appropriate policy recommendation** for the health inequalities research community to make

# What role for the public?

- ▶ There has been very little research to explore public understandings of health inequalities and even less about public views on potential policy responses...interviewees who referred to 'the public' almost never linked this to specific empirical evidence.
- ▶ Public reluctant to explicitly recognise health inequalities – why?
- ▶ Need to think carefully about health inequalities advocacy...



“ Scientists have a stark choice: to produce information and accept that it will have a limited impact (but that scientists will maintain an often-useful image of objectivity), or to go beyond one’s comfort zone, and expertise, to engage in a normative enterprise that can increase impact at the expense of objectivity. ”

PAUL CAIRNEY ([2015](#))

# Thank you



## Key points

- ▶ Widespread and increasing support for **necessity** of public health advocacy
- ▶ Political science can offer a lot in terms of **guidance**
- ▶ But there is debate about **who** should advocate
- ▶ It's clear there are **risks** for public health advocates that do engage
- ▶ If PH practitioners don't engage, risk of focus on **single-issues** with large charitable support bases (tobacco, alcohol, cancer etc.)
- ▶ Crucial that if we do engage, we reflect on **democratic legitimacy** of our efforts.