

Evaluating Success in Public Health Advocacy Strategies

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ABSTRACT

Advocacy is conducted by public health organisations with the aim to bring about policy improvement for better health outcomes. Implementation of a new policy usually requires a change in government practice, often to be managed by relatively conservative, and resistant, government agencies. To better understand the change process, relevant frameworks for managing transition can be used, such as Kotter's The 8-step Process for Leading Change, as suggested by David Butt. This paper assesses the extent to which this framework can assist health advocates to determine the best approach and to evaluate the effectiveness of what they are doing as advocates. We evaluate the Public Health Association of Australia's (PHAA) advocacy campaign to incorporate environmental and equity considerations into the Australian Dietary Guidelines and the Australian Guide to Healthy Eating using Kotter's framework. The PHAA's advocacy actions clearly aligned with Kotter's 8 Steps management change process. Two additional steps were also identified - the need to build long-term relationships and the importance of opportunistic actions. Management frameworks can assist health advocates to determine the key elements of effective advocacy, to plan structured advocacy campaigns and to evaluate their effectiveness. Although the policy case example is an Australian one, the principles of effective advocacy are applicable internationally.

Keywords: Advocacy, change, public health, nutrition, Kotter, transition, Australian Dietary Guidelines, Australian Guide to Healthy Eating

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Effective advocacy has long been seen as a key factor in successful public health interventions. Advocacy is a key element in the strategic plans of a number of public health associations including in Strategic Plan of the Public Health Association of Australia (PHAA)¹, the Federal Advocacy of the Heart Foundation in Australia², the Australian Medical Association³ and the draft plan of the World Federation of Public Health Associations (WFPHA)⁴. Advocacy skills are also recognised as a professional competency for public health professionals⁵. However, more empirical studies of the process of advocacy and the effectiveness of actions are required to enable such strategic intents to achieve their desired outcomes.

Advocacy definitions appear to identify some common attributes but none of those frequently cited seems to fully cover all aspects of public health advocacy. Simon Chapman suggests “Public health advocacy is the strategic use of news media to advance a public policy initiative, often in the face of opposition”⁶. This definition seems too narrow as it deals with the important aspect of media and oppositional resistance but lacks a broad coverage of many other aspects of advocacy.

Roberta Ness developed a definition of health advocacy from Weed and Mink⁷ suggesting active participation in public health policy making by “making public health recommendations, implementing intervention programs, and participating as an advocate”⁸. However, there are three difficulties with this definition. First, it uses the word advocate within a definition of advocacy, which appears tautological. Second, and more importantly, it implies that advocacy can be the process whose focus is on an outcome that is a change from the current situation – usually government – to carry out the change that is desired by the advocate. The advocate is often not involved in making the change they are advocating. This perspective is reflected in the Public Health Advocacy Institute of Western Australia (PHAIWA) identification of advocacy as “the art of persuasion”⁹. Third, it does not emphasise the fundamental issue of change. The reason that advocacy is necessary is that an individual, a group or a network of individuals recognises a need to improve particular health outcomes through changing policies or structural arrangements, which reflect management practices. Advocacy thus needs to focus on change, from one management system to another.

A definition of health advocacy should therefore include the ideas from Weed and Mink, as well as from Ness, but also incorporate the idea of change. Health advocacy has also been defined as “the act of supporting or arguing in favour of a cause, policy or idea. It is undertaken to influence public opinion and societal attitudes or to bring about changes in government, community or institutional policies”¹⁰. This may be expanded to include use of the media in terms of advocacy as described by Michael Pertschuk, “the strategic use of mass media for advancing a social or public policy initiative”¹¹.

One challenge for public health advocates is to identify a framework to guide advocacy actions. As advocacy can be resource intensive for groups with limited resources, a pathway is required, outlining how to proceed when a need has been identified for a more effective policy approach that delivers or is likely to deliver better outcomes. The driver is the need to apply the art of persuasion to deliver change. This information is not necessarily found in the health literature, however, as with many other health issues, lessons can be learned from other disciplines.

Considerable literature on change processes exists within management studies and this can be adapted to develop a practical framework for measuring or evaluating the likely success of a public health advocacy intervention.

Figure 1: The 8 phases of Kotter's 8 Step for Leading Change

- Step 1: Establishing a Sense of Urgency
- Step 2: Creating the Guiding Coalition
- Step 3: Developing a Change Vision
- Step 4: Communicating the Vision for Buy-in
- Step 5: Empowering Broad-based Action
- Step 6: Generating Short-term Wins
- Step 7: Never Letting Up
- Step 8: Incorporating Changes into the Culture

Kotter 's framework, The 8-step Process for Leading Change¹², has become a yardstick in management practice and provides a sound framework on which to evaluate advocacy action. The idea of using Kotter's steps arose from a paper presented by David Butt at the National Preventive Health Research Symposium¹³. This framework includes eight steps that can readily be adapted for advocacy initiatives. (See Figure 1). The authors suggest that health advocacy may well start with Kotter's framework for change but will need to be supplemented with two additional steps to be effective: "building long-term, fruitful relationships", and "being opportunistic". This paper assesses the extent to which Kotter's framework can assist health advocates to determine the best approach to their advocacy actions and to evaluate the effectiveness of these actions, using the PHAA's advocacy campaign to incorporate environmental and equity considerations into food and nutrition policy. Although the example is Australian, the key principles of effective advocacy are applicable internationally.

ADVOCACY FOR ENVIRONMENTAL AND SOCIAL EQUITY WITHIN DIET AND HEALTH POLICY

The PHAA was concerned that issues of environmental sustainability and social equity would not be taken into consideration in government policy development for food and nutrition. The PHAA identified that development of a new food plan for Australia was based on a narrow range of disciplines around agricultural and economic development and urged the Minister of Agriculture to include public health representation on the National Food Policy Working Group in order to address the food system's failure to enhance both personal and community health now and into the future.

The alignment of the planned advocacy activities undertaken during the review of the *Australian Dietary Guidelines (Guidelines)* are analysed for their alignment with each of Kotter's steps. Indications of shortcomings of steps are identified as well as new policy advocacy understandings.

HELPING OTHERS SEE THE NEED FOR CHANGE -STEP 1

The argument cited by Kotter as part of his *step one* is that it is necessary to “help others see the need for change and they will be convinced of the importance of acting immediately”. The need to incorporate environmental and social equity issues as major considerations into any food and nutrition policy has been identified as a priority for many years by the health sector¹⁴. However, others were primarily focussed on policy drivers such as industry development. The PHAA highlighted the importance of environment and equity as both a policy driver and an outcome of health. An evidence based whole of food system approach, from trade or production through to consumption and health was needed to guide policy makers to see the limitations of current policy options.

One of the first steps undertaken was to prepare a report to pre-empt the review of the National Health and Medical Research Council's (NHMRC) *Guidelines*¹⁵. *A Future for Food (AFFF)*¹⁶ was launched in 2009 following a 2008 ‘Nutrition Roundtable’ workshop which deployed nutrition researchers and advocates to develop the policy framework. This advocacy document aimed to influence government to include environmental and equity considerations in the review of the *Guidelines* and *The Australian Guide to Healthy Eating (AGTHE)*¹⁷. It also aimed to encourage the federal government to develop a National Food Plan (NFP) with health as a policy driver and an outcome. A second advocacy document, *A Future for Food 2 (AFFF2)*¹⁸ was developed in 2012 to maintain momentum for change. The workshop and documents were consistent with Kotter's notion of “establishing a sense of urgency”, as they both demonstrated the need and called for urgent action to influence the development of food policy.

CREATING THE GUIDING COALITION –STEP 2

Assembling an expert group is consistent with Kotter's second change management leadership step “Assemble a group with enough power to lead the change effort, and encourage the group to work as a team”. Key personnel from a variety of sectors who were interested in nutrition policy were recruited to form a “guiding coalition”. Publishing and disseminating *AFFF* focussed the team on getting the information to key stakeholders.

CREATING AND COMMUNICATING THE VISION FOR BUY-IN –STEP 3 AND 4

AFFF articulated the coalition's broad vision, identified the complexity of food and nutrition, the fragmented nature of policy response in Australia at the time, and importantly, made recommendations. It highlighted the need to involve many government departments across

Federal, State and Territory, as well as local government. It also acknowledged the impact of trade and production. The first document received wide media attention and was used as a key resource by many organisations in responses to the invitation to comment on the first stage of the Australian Government's *NFP*. Although the coalition had initially developed a change vision, there was no clear, articulated strategy for how those changes should be pursued. Kotter describes such a strategy as a necessary component for his third step: "create a vision to help direct the change effort, and develop strategies for achieving that vision".

A staged advocacy plan was subsequently developed by the group. This included using the skills and expertise of individuals, existing networks and developing new partnerships to continue the change process. Widespread media coverage of the *AFFF* was achieved and coalitions with other Non-Government and professional organisations were formed through nutrition workshops and involvement of the PHAA membership. Detailed submissions responded to parliamentary enquiries regarding food production, processing and Indigenous stores. These responses were opportunistic and somewhat ad hoc rather than directed from a carefully developed strategic plan. However, they were considered important to maintain the profile of the message across a number of platforms. The PHAA were called as expert witnesses to the Parliamentary Enquiry into Food Processing, where it was noted that there was only one health submission identifying the health consequences of food processing.

In his fourth step Kotter encourages change management leaders to: "Make sure as many as possible understand and accept the vision and the strategy". Advocacy around nutrition and public health ensured that the policy message was beginning to achieve widespread interest. Increased understanding, comment and participation in academic circles, in government bureaucracies, in political parties and in the broader community was observed.

EMPOWERING BROAD BASED ACTION - STEP 5

The advocacy document *AFFF* provided the basis for broad based action. Individual approaches were made to elected members, to political parties and to public servants. Copies of the document were circulated to all members of parliament, Federal, State and Territory throughout Australia.

Kotter suggests that the fifth step should: "remove obstacles to change, change systems or structures that seriously undermine the vision, and encourage risk-taking and non-traditional ideas, activities, and actions". PHAA members and other organisations were encouraged to write or speak to their local member of parliament as well as to local or national newspapers. Non-traditional methods of circulating information and involving a wider network were attempted through creating a new section of the PHAA website, "Act Now: Support: *A Future for Food*". This allowed the PHAA to collect signatures of support to expand the campaign. In addition, timely and relevant information was distributed as opportunities arose. For example, a short summary of PHAA's preferred vision, key principles and policy priorities for the *NFP* was widely distributed to encourage written submissions from a variety of sectors.

GENERATING SHORT-TERM WINS –STEP 6

Short term wins are emphasised in Step 6, where Kotter suggests it is important to: “plan for achievements that can easily be made visible, follow-through with those achievements and recognize and reward employees who were involved”.

Seeking to improve health outcomes through advocacy work is largely long term. Therefore, short term wins need to be accounted for by specific incremental outputs. In seeking changes to food policy in Australia the short term wins were counted, such as media presence, meetings with officials and ministers, consideration of the issues by government and parliamentary inquiries and by changes to political platforms and government plans.

When the government announced it would develop a *NFP*¹⁹ to include food security, food quality, the affordability of food and the sustainability of food and later announced development of a *National Nutrition Policy*, the PHAA publicly acknowledged these medium term achievements. The longer term outcomes, perhaps in decades, of food and health policy with environmental and social equity as policy drivers, would depend on the quality of advocacy submissions, political, economic and social will, and the capacity to impact on policy implementation.

NEVER LETTING UP –STEP 7

Describing how Step 7 should be implemented, Kotter suggests: “Use increased credibility to change systems, structures, and policies that don't fit the vision, also hire, promote, and develop employees who can implement the vision, and finally reinvigorate the process with new projects, themes, and change agents”. The PHAA undertook a number of activities in parallel to the development by the government of national food and nutrition policies including *National Food Futures*²⁰ Conferences in 2010 and 2011 and revisions of the ‘guiding coalition’ advocacy document, *AFFF2: Healthy, Sustainable, Fair*²¹. These activities were undertaken as part of the PHAA’s continued drive for stronger recognition of the issues around equity and sustainability in health.

In July 2013 the PHAA coordinated a workshop of its “guiding coalition” to consider the next steps in influencing government food policy, including consideration of the next iteration of *Guidelines* which would be reviewed within a decade. Such continuity of advocacy action, or persistence, has been a key element of advocacy work and is referred to by Kotter as his seventh step: “Never Give up”.

INCORPORATING CHANGES INTO THE CULTURE –STEP 8

Consolidation of gains into the (policy) culture is as important to advocacy as it is to change management. It can also take decades.

Health policy advocates are attempting to change well entrenched policy culture and there will be significant reactions by others who benefit from the status quo. As one example, when the Australian government introduced ‘plain packaging’ of tobacco removing colourful marketing from cigarette packets, the tobacco industry launched a series of challenges. First, they attacked

the policy in the media and in the community. Then they attempted to defeat the policy in the Parliament. This was followed with an unsuccessful challenge in the High Court of Australia, as well as with challenges in the World Trade Organisation. These attempts by the tobacco industry are illustrative of the importance of Kotter's Step 8: "Incorporating Changes into the Culture". Profit motive is often contrary to improved health outcomes for the community. This applies to the food industry as it does to the tobacco industry. Sectors of the food industry are at least as persistent in maintaining the current policy culture as health advocacy practitioners are in attempting to change the culture.

There are two steps that Kotter's framework for change management does not seem to take into account when applied to advocacy. These are the need to build long term relationships and the importance of being opportunistic.

DEVELOPING AND MAINTAINING INFLUENTIAL RELATIONSHIPS

"Developing and Maintaining Influential Relationships" is an important element that should be considered early in the advocacy process. From our food policy advocacy experience we consider it is appropriate that the concept be inserted following "Creating Guiding Coalitions" because of the importance of the role of persuasion in health policy advocacy. When responding to the revision of the *Guidelines*, the PHAA relied heavily on existing and new relationships within the government, in the parliament and in the ministry. Participation in government initiated forums and workshops assisted in cementing long term relationships. It also allowed understanding and discussion of the issues, policies and parameters that either encouraged continuity of the approach taken by the PHAA or provided a catalyst for reflection and consideration of alternative methods of influencing the outcomes being sought.

BE OPPORTUNISTIC

Similarly, a key element of advocacy identified by the PHAIWA was the importance of being responsive when opportunities arose²². Opportunities may be as minor as responding to talk back radio during discussion of food matters or more directed, such as a phone call or letter to a Minister or responding to parliamentary enquiries. Strategic telephone calls were also made to ask what kind of support the government would like if criticism was being levelled or to raise an issue that had been made public and was contrary to the policy aims of the advocate. Such action can be particularly effective when building on established relationships. Although opportunism, by its very nature, can occur at any point, we propose it should follow Kotter's "Step 5: Empowering Broad-based Action" where it is likely to appear most commonly.

One of the challenges with being opportunistic is readiness. To be ready it is essential to maintain the positive "Guiding Coalition" and long term relationships. The public health advocate who is being opportunistic but remains true and consistent to the established "Change Vision" will build on the work of the "Guiding Coalition", with bureaucrats, ministers or other key stakeholders. It is our experience that even officials with different perspectives respect a soundly developed policy position with a clear vision of the change that is the subject of the advocacy.

Successful advocacy then can be evaluated against a new ten-step framework that might be referred to as “Kotter Plus – a 10 Step Plan”:

- Step 1: Establishing a Sense of Urgency
- Step 2: Creating the Guiding Coalition
- Step 3: Developing and Maintaining Influential Relationships
- Step 4: Developing a Change Vision
- Step 5: Communicating the Vision for Buy-in
- Step 6: Empowering Broad-based Action
- Step 7: Be Opportunistic
- Step 8: Generating Short-term Wins
- Step 9: Never Letting Up
- Step 10: Incorporating Changes into the Culture

The above ten-step plan provides guidance for those setting out as health advocates and to improve the likelihood they will be able to influence health outcomes. It also provides an evaluation framework for those who are already involved in advocacy work and are interested in determining if their methods can be improved.

CONCLUSION

Advocacy is an important public health skill and art. This paper examined a management approach to food and nutrition advocacy to address major public health challenges. Understanding the steps in the process can help build the resources to influence important future policies.

ACKNOWLEDGEMENTS

The authors would like to acknowledge the ongoing support of the membership and staff of the PHAA and particularly the members of the Food and Special Interest Group of the Association and Mr David Butt from the Australian Government.

DECLARATION OF CONFLICTS OF INTEREST

Michael Moore declares he is a member of the *Food and Health Dialogue* and the *Front of Pack Labelling Committee* convened by the Federal Department of Health of the Commonwealth Government of Australia.

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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