



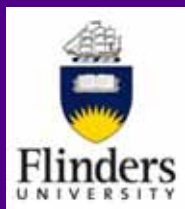
Advocacy in health promotion: where angels fear to tread



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The health promotion paradigm



- Recognition of social, political, economic and environmental causes of health
- Focus on enabling people to increase control over, and to improve their health
- *Health promotion goals focussed at 'up-stream' prevention of health problems*

(WHO 1986)



Advocacy in health promotion

- Advocacy, mediation and enablement – important processes in promoting health (WHO,1986)
- Ottawa Charter for Health Promotion strategies including: developing healthy public policy, creating supportive environments, and re-orienting services to health (WHO, 1986)
- *These dimensions of health promotion practice could utilise advocacy strategies to target environmental, structural and organisational change*

Defining health advocacy

- Representing the needs of vulnerable groups (representational advocacy), and empowering disadvantaged groups to lobby for change (facilitational advocacy) (Carlisle, 2000).
- ...a “combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme” (WHO, 1995).
- ... “process of overcoming major structural (as opposed to individual or behavioural) barriers to public health goals. [Advocacy] is process and policy oriented. It is not primarily oriented at changing behaviours of individuals, but rather the legislative, fiscal, physical and social environments in which individual knowledge, attitude and behaviour change takes place” (Chapman, 1997).



Health promotion practitioners and health advocacy

Our assumption:

*In spite of the rhetoric
supporting advocacy as good
health promotion practice,
many health promoters are
not comfortable with doing
health advocacy*



Health promotion practitioners and health advocacy

Our study looked at:

- Health promoters' understanding and experiences in health advocacy
- Enablers and barriers to being a health advocate
- Whether health promoters' recognise the value of health advocacy

Methodology

A telephone
survey of 20
health
promotion
practitioners
(members of
AHPA),
April 2007



Findings - Who did we talk to?

Employment

Gov	NGO	Private Sector	Research	Self Employed	Unemployed	Other
9	9	-	2	1	-	-

Education

Primary	High	College	Undergrad	Postgrad	Other
-	-	1	7	11	1

Study

7/20 interviewees were doing additional study (all in health-related fields)

Findings

Understanding of Advocacy

Key themes:

- Raising awareness
- Collaborating
- Social determinants
- Disadvantaged groups
- Policy or legislative change



Findings



Understanding of Advocacy (cont.)

Raising Awareness

“Putting it (health) on the agenda wherever possible...staff meetings, working with community people; it’s about what they (the community) would like to see happen; that health is important; not an illness model (but a) wellness model involving education, work, social networks; advocate for a social view of health.”

“I think you do advocacy for health with everything you do...you take information to the community; you do it at the local level; at the community; at meetings; you are always looking at different ways to get information out there; you could even take advocacy to the government level; this is more difficult; (I do) informal advocacy all the time.”

Findings

Understanding of Advocacy (cont.)



Collaborating

“I see it as engaging and involving health consumers in promoting better health outcomes for consumers; for example, consumers joining a peak organisation.”

“Enlisting support; gathering voices from government, non-government, private sectors that can help you raise awareness of preventing the disease.”

“You act as a voice or role model for people who don’t have the ability or power; it should be collaborative because there is more clout or ability if you advocate as a group vs one individual; it is about bringing about change through sneaking political messages, mobilising community and influencing policy on a small or large scale.”

Findings

Understanding of Advocacy (cont.)

Social Determinants

“I guess...lobbying if I can use that word...for determinants of health, income, employment, housing, standard of living; advocating for those sorts of things.”

Disadvantaged Groups

“Helping people make the choices that they want to make; (for the) choices to be possible; helping people that may not be able to help themselves get what services they need for their health.”



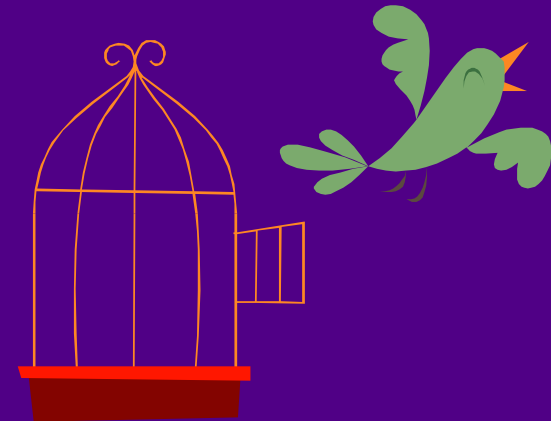
Findings

Understanding of Advocacy (cont.)

Policy or Legislative Change

“Broadly advocating for people’s rights and needs, as far as health goes; for example, writing to politicians, individuals and groups to advocate for health; making changes to policy and legislation or the workplace, depending on where you work.”

“For me advocacy involves raising the profile of issues concerning health and health promotion; putting it on the agenda of policy makers; advocacy for changes to improve environments for healthier communities; raising awareness and lobbying for legislative changes to create healthier options for communities.”





Advocacy is not simply a matter of increasing awareness.

Advocacy seeks to change policy.

(Labonte, 2005)

Findings: Involvement in Advocacy

Substantial	Moderate	Insignificant
6	9	5

There was no clear link between an interviewees place of employment and their involvement in advocacy.



Findings:

Involvement in Advocacy (cont.)



Substantial involvement:

“(I’m involved in) working with health consumers at grassroots level to promote changes within health systems.”

“As (a) non-government organisation, we are independent of constraints of government; (the) organisation is better able to take a stand and attempt to change policy, (and) empower individuals to take action to improve health; (eg.) getting cancer onto state government priorities...this is a large part of our work.”

Findings:

Involvement in Advocacy (cont.)

Substantial involvement:

“In my role...I would see that (I’m) continually involved in improving health and wellbeing of the community...(through) education.”

“Training; (I organise) health promotion training, which is all about that (advocacy) and supporting staff to work in advocating ways; (my) whole practice is about that; it’s the Ottawa Charter...my framework.”



Findings:

Involvement in Advocacy (cont.)

Moderate involvement:

“It’s my work; (I) canvas politicians, identify funding opportunities in rural and remote areas; (I have) AHPA membership; (I’m) working with community, engaging and supporting them.”

“(I’m) working in a managerial role; not necessarily hands-on; supporting staff that do advocacy; being a sounding board, directing people, being an ideas-raiser, a mediator through staff; advocating upwards.”



Findings:

Involvement in Advocacy (cont.)

Insignificant involvement:



“(I’m) not in a position to lobby very much; work with individuals and groups but not at that level; (I’m) aware but can’t do it”.

“(I) haven’t been in this job for long; (I) have been putting in submissions; (I’ve) mainly (worked) in local government.”

“I don’t work in health promotion; (I) work in research; (it’s) not part of what I do in my work.”

“Because I have not had a great deal of change from advocacy; (I) have not been overly effective; in the workplace ‘yes’ but on the bigger scale ‘probably not’.”

Findings: Enablers of Advocacy



Workplace & Role

“I guess, an organisational commitment to consumer issues; support from senior management; resources, access to resources to progress issues.”

(Advocacy) is part of the aims and objectives of organisations (I) have worked for; part of (my) core work and part of organisation’s core work”.

Findings: Enablers of Advocacy (cont.)

Knowledge, Training & Experience

“Having a good understanding of health promotion and good practice; a good understanding of evidence so that (you) can mount a solid argument for a particular cause/case; this adds to credibility; also having good relationships and open communication with the people you are advocating to/with; a good understanding of the audience; good knowledge of local communities; utilising consumer groups as part of the campaign; using media including local media.”



Findings: Enablers of Advocacy (cont.)

Personal Values

“...(I’ve had a) long term involvement in health; it’s a personal value; (being in the) community services sector; (I have a) history in this sector; (I have) experience.”



Networks

“(Having) colleagues in similar fields; (my) networks; sharing with others; everyone brings different ideas.”

“Liaising with people with similar passions; lots of reading; courses...primary health care course, healthy cities course, health promotion courses, conferences, professional development...”

Findings: Barriers to Advocacy

Insignificant involvement:



“Place of employment; involvement in something else; (it’s) not that I’m trying to and can’t, it’s the environment.”

“Time; opportunities haven’t arisen; interest is different.”

“(The organisation I work for) coordinates everything from Melbourne; (it’s to do with) structure; (I’m) not allowed to approach media, lobby politicians etc.; (I) can raise the idea but need to get permission via National.”

Findings: Barriers to Advocacy (cont.)

“I live in the country and don’t have a great deal of professional support; (we) don’t have large-scale primary health care organisations; (it’s a) small group of people; we don’t have anyone to reflect with or do advocacy with; I work for the government and we are told that it is not appropriate to be an advocate as state government employees.”



Findings:

Is health advocacy essential?

Health advocacy should be an essential part of health promotion practice?

Strongly Agree	Agree	Don't know	Disagree	Strongly Disagree
16	3	1	-	-



Findings:

Is health advocacy essential? (cont.)



“You wouldn’t get much done if you advocate for everyone; it is good to be aware and point people in the direction they need advocacy; it is fairly specialist; not everyone’s role.”

“Because it is a right of community that we do that in relation to promoting health; we have to be careful that health advocacy is in there rather than health promotion becoming narrow –about risk factors and blaming people; a policy approach vs individual approach.”

“...because you need to be in people’s faces the whole time; talk it up; people might spark interest or you might be talked down; you need to be aware and listening to community issues; if you don’t talk it up things wont change; we can’t be quiet anymore; we have a duty to be ‘out there’; no one else probably will.”

Concluding comments about the study

- Health promotion practitioners have different interpretations of the term 'advocacy' in health promotion.
- Health promotion workers had a reasonable understanding of the theory of advocacy and how it relates to health promotion work.
- They saw themselves as practicing advocacy; most often described as 'putting issues on the agenda/talking up issues' but not necessarily directly lobbying/advocating for policy or structural change.
- Organisational mandate for advocacy and training/knowledge were the strongest enablers of advocacy.
- Most health promotion workers valued advocacy in health promotion work and felt that more should be done.

Concluding comments about the study

How were our assumptions tested?

Health promotion workers appear to be comfortable with the theory and need for health advocacy...more than we expected.

BUT what about our practice AND are we all singing from the same advocacy hymn book???

Further study is needed to find out exactly what people are doing when they say they are doing health advocacy.



Our interest in health advocacy



Kaye Mehta - Food advertising to children

Community survey

Noarlunga Health Service, 1994

**Food Ads to Kids Action Group, NHS,
1995 -1999**

**Advocacy Network on Food Advertising
to Children (ANFAC), SA, 2000 -2001**

**Coalition on Food
Advertising to
Children (CFAC),
National,
2002 – on-going.**

**Food Advertising to
Children SA
NHS, CYWHS, FU
2003 – on-going.**

CFAC Advocacy approach



Coalition-building - CFAC, national peak medical, health groups



Agenda-raising - Briefing Paper, research & publication, presentations to summits, conferences, fora, taskgroups



Using the Media - > 100 media interviews print, radio, TV, press releases



Lobbying - letters to politicians, submissions to reviews of regulations



Activism - complaints on breaches of regulations



Eat Well Tasmania

Limited experience in healthy advocacy

Why do I say this?

- EWT has traditionally been very positive about healthy eating and promoting good news stories...Health advocacy is sometimes confrontational...it involves taking risks.
- EWT's mandate is to build partnerships for nutrition promotion...there is risk in taking a position that may potentially alienate certain partners.
- EWT is largely funded by government...it is challenging to be critical of government when they are your primary funder.



Eat Well Tasmania

- Getting to know decision makers
- Being prepared
- Involving politicians in good news stories
- Talking to all politicians
- Timing is important
- Taking opportunities
- Getting to know the media



HOWEVER, I see this very much as a starting point and if the goal is to seek real policy or legislative change, Eat Well Tasmania will need to move beyond the good news stories to identifying problems and seeking solutions to them.

Some concluding thoughts about advocacy in health promotion

- Without advocacy we can not improve health
(Labonte, 2005)
- How do you move beyond the rhetoric?
 - Health promotion systems and our own understandings support and inhibit us from doing health advocacy
- How can we be TRUE to the practice of health advocacy?



Thankyou

