

Concept Paper: Healthy Public Policy

This concept paper looks at how public health work intersects with the broader policy-making environment.

Overview:

What is policy?
What is health policy?
What is “healthy” public policy?

What is advocacy?
What is public health advocacy?

How do policy processes work?
Policy-making as a non-linear process
Policy-making is not just about supplying good information
Policy-making needs to be considered in context
Policy change occurs in many small steps
Policy influence as “re-framing”

Considering Public Health Advocacy

Resources and Appendix

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EXECUTIVE SUMMARY

Healthy public policy aims to create supportive environments to enable people to lead healthy lives by putting health on the policy agenda in all sectors and at all levels. The concept of building healthy public policy was introduced in the Ottawa Charter for Health Promotion in 1986.¹

Recognizing that health is determined by more than health services alone, healthy public policy shifts attention to a much wider range of economic, social, environmental and political forces. This population-focused approach to health requires activity on a broad range of fronts to address the many determinants of health and to reduce health inequities.

Healthy public policy parallels the concept of **health in all policies**. This approach recognizes the role of all sectors in achieving society's goal of a healthy population. The *Adelaide Statement on Health in All Policies* states "the health sector can support other arms of government by actively assisting in their policy development and goal attainment."^{2(p.2)}

Public health actions that aim to contribute to health-promoting systemic change by influencing policy processes can be described as **public health advocacy**.³ Less about efforts to modify behaviors on an individual level, public health advocacy focuses on social and environmental change, "advocacy is an active process that uses strategic actions to influence others to shift opinion, initiate positive change, and address the underlying factors that contribute to a healthier community."^{4(p.5)}

Public health advocacy can take on many forms and can be described on a continuum of:

- low profile (e.g., quiet negotiation, meetings with civil servants, sharing of information);
- medium profile (e.g., forming strategic alliances with other groups, participating in meetings with elected officials); and
- high profile (e.g., public critiques, public relations activities, advertising campaigns).⁵

Advocacy is one of the core competencies of public health practitioners in Canada.⁶ Public health advocacy is a highly-skilled activity, requiring familiarity with theories of social change, critical analysis, strategic framing, and collaborative work toward effective social change.³

Considerations for influencing healthy public policy processes:

- Policy making is a non-linear process. Policy stages can be thought of as interconnected "moments in the life of a policy", each with associated activities and tasks.⁷
- Influencing policy is not just about supplying good information. Evidence-informed policy making processes recognize that "scientific evidence alone is rarely enough to achieve desired political support for public health goals."^{3(p.2), 8}
- Policy making needs to be considered in context. Policy decisions are made by political actors and decisions are influenced greatly by public opinion, electoral considerations, personal and political preferences, and the need to respond to emergent situations.⁹
- Policy change occurs in many small steps. Public policy can be understood, not at the result of a single discrete decision, but the result of a series of small acts within a whole series of integrated decisions and policy conversations.¹⁰
- The policy development process is inherently political. To secure a place on the public policy agenda, reframe problems and solutions by weaving stories informed by evidence, social trends and causal associations.¹¹

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References:

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10. Howlett, M., & Ramesh, M. eds. (2003). Studying Policy: Policy Cycles and Policy Subsystems, 2nd edition. Don Mills, ON: Oxford University Press.
11. Stone, D. (2002). Policy paradox: The art of political decision making: Revised edition. New York: W.W. Norton and Company.

Other key documents or resources

[National Collaborating Centre for Healthy Public Policy](#)

- Website links to numerous healthy public policy resources.

Auvniet Kaur Tehara, A.K. (2010). [Government 101: Why Understanding Government Matters in the Policy Process](#). Innoversity - Roadmap 2030.

- This plain English guide is a quick and dirty manual for those interested in gaining a better understanding of how decisions and policy is made in the Canadian political system at the federal, provincial and municipal levels.

The Caledon Institute of Social Policy. (2005). [What is Policy?](#)

- This concept paper focuses upon the key elements of the policy development process.

Vancouver Coastal Health. (no date). [Vancouver Coastal Health Population Health: Advocacy Guideline and Resources](#).

- This guideline resource provide Vancouver Coastal Health (VCH) staff with guidelines, parameters and resources for undertaking population health advocacy within their region.

Ontario Chronic Disease Prevention Alliance. (2014). [Make Ontario the Healthiest Province: An Advocacy Toolkit](#).

- This toolkit is designed to support policy advocacy tools and alliance-building. It provides information re: key messages and information needed to join the conversation, and strategy suggestions and resources to influence policy change.

What is policy?

A “**policy**” is an **action plan**. It is a statement of intent. It is adopted or proposed by a government, party, business or individual, to outline how things should be done.

Policies:

- **Outline rules**
- **Provide principles that guide actions**
- **Set roles and responsibilities**
- **Reflect values and beliefs**
- **State and intention to do something**

There are many different types of policy:

Personal Policy: This is the set of standards that individuals use to guide their own decisions and actions. “I have a no-coffee-after-four-o’clock rule”, is an example of a personal policy.

Organizational Policy: Organizational policies guide how organizations and businesses operate. Unlike public policies (which often have opportunities for public input), organizational policies can be determined in private.

Public Policy:

All levels of government – federal, provincial, and municipal – create policies to address specific issues or problems. These public policies are developed through a process that involves input from citizens, government staff, and elected officials.

Governmental policies impact all levels of society through funding decisions, policy direction and legislation, and so it is important to understand how the policy-making process works. At the federal, provincial and municipal level, there is a range of policy-making processes that facilitate intersections between the elected officials, committees, and research staff, as well as opportunities for public input into policy decisions. The larger the government, the more complex the process can become. Although the policy development process at the government level can be quite complex, and often lengthy, it tends to follow a standard series of steps:

- **Initiation**: an issue is brought to the attention of policy-makers and enters the political agenda.
- **Priority Setting**: the issue is considered in the context of multiple competing issues that need to be addressed.
- **Formulation**: policy goals are set and a policy direction is developed
- **Legitimation**: Research is done to determine what has been done in the past, what has been successful, what has failed. The policy is written.
- **Implementation**: The policy is put into action.

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Once a policy has been decided upon, different methods can be used to implement it. These implementation vehicles are also known as “policy tools” and include: information, education, legislation, regulation, guidelines, standards, procedures, programs, grants, subsidies, expenditures, taxes and public ownership.

It is not always a guarantee that a policy agreed-upon by politicians will be implemented.

- **Interpretation and Evaluation:** Under ideal conditions the effectiveness and impact of policies are monitored and evaluated. This does not always occur, given changing limited resources and changing priorities.

In government, policies are enacted in many different sectors including:

- Economy and Employment
- Security and Justice
- Education and Early Life
- Agriculture and Food
- Infrastructure, Planning and Transport
- Environment and Sustainability
- Housing and Community Services
- Land and Culture
- Health



“Government Icon Set”, accessed at <http://chaylazarro.com/Philippine-Government-Icon-Set>

What is health policy?

Health policies represent one of the many domains within which governments enact their role. But what is health policy?

According to WHO, health policies are essentially *rules about health care*:

Health policy refers to decisions, plans, and actions that are undertaken to achieve specific health care goals within a society. An explicit health policy can achieve several things: it defines a vision for the future which in turn helps to establish targets and points of reference for the short and medium term. It outlines priorities and the expected roles of different groups; and it builds consensus and informs people.

(WHO, available at http://www.who.int/topics/health_policy/en/)

There are many categories of health policy, including personal health care policy, pharmaceutical policies, public health policies (vaccination policies, tobacco control policy, breastfeeding promotion), health care financing and delivery policies, as well as policies related to health services, including access to care, quality of care and health equity.

What is “Healthy” Public policy?

Healthy public policy is an approach to change that encompasses the broader determinants of health. The concept of building healthy public policy was introduced into the health promotion field through the Ottawa Charter for Health Promotion in 1986. Defined as “health promotion policy”, the Charter emphasized the need to “put health on the agenda of policy makers in all sectors and at all levels”.

Recognizing that “health” is determined by more than health services alone, healthy public policy shifts attention from the planning, funding and delivery of healthcare services alone, to a much wider range of economic, social, environmental and political forces. This population-focused approach to health requires activity on a broad range of fronts in an effort to address the many determinants of health.

“Healthy public policy improves the conditions under which people live: secure, safe, adequate and sustainable livelihoods, lifestyles, and environment, including, housing, education, nutrition, information exchange, child care, transportation, and necessary community and personal social and health services.” (Milio, 2001, p.622)

***Income Education
Job Security Employment

Childhood Development
Food Security Disability
Health Services Housing
Social Exclusion Gender

Social Safety Network
Ethnic Status***

Because many of these factors lie *outside* the domain of the health sector, working towards healthy public policy transects multiple policy domains.

This approach to policy work may be referenced using various terms, either “healthy public policy” or “health in all sectors”, but these two terms mean essentially the same thing.

In 2010, the WHO and the Government of South Australia published the *Adelaide Statement on Health in All Policies*. The “health in all” concept parallels the idea and goals of “healthy” public policy. This approach recognizes that a “healthy population is a key requirement for the achievement of society’s goals”, in all sectors, and that “reducing inequalities and the social gradient improves health and well-being for everyone” (Adelaide Statement 2010, p.2). This broad-based definition of population health moves beyond the health care sector alone, and provides broad-based and inter-sectoral recommendations for action:

“Healthy public policy is characterized by an explicit concern for health and equity in all areas of policy and by accountability for health impact. The main aim of healthy public policy is to create a supportive environment to enable people to live healthy lives. Such a policy makes healthy choices possible or easier for citizens.” (Adelaide Recommendations, 1998)

Since good health is a fundamental enabler and poor health is a barrier to meeting policy challenges, the health sector needs to engage systematically across government and with other sectors to address the health and well-being dimensions of their activities. The health sector can support other arms of government by

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actively assisting in their policy development and goal attainment. (Adelaide 2010, p.2)

Public health is ideally situated at the intersection of social, political, economic and cultural health determinants. Not only does public health look to create behavioral change, it also works to create and support political change. As the “Health In All” statement recommends that the health sector to work in partnership with other sectors, the work of public health may be ideally situated to play a role in policy changes that support the development of health-promoting environments.

What is Advocacy?

Advocacy can be thought of as speaking up for, or assisting individuals or minority interests aren't always represented in the mainstream political, social and economic environment.

Advocacy means *to speak up for* and *to defend* certain ideas and interests, by advancing a certain viewpoint. It is the process of supporting and assisting groups and individuals, particularly those who have less social, economic and political power in society, to:

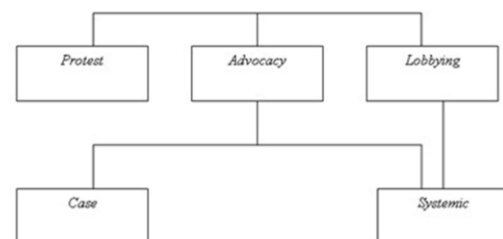
- Express their view and concerns;
- Access information and services;
- Protect their rights and responsibilities;
- Explore choices and options



An advocate does not choose the priorities for another group or individual, rather an advocate works *with* groups and individuals who have less power in society, to help ensure that their needs are met, and that their voices are heard.

Advocacy belongs to the family of conflict resolution. Conflict, which is essentially about differences of opinion, may be resolved between two parties through mediation, consultation, negotiation, or influence.

Nestled within the “continuum of influence”, advocacy lies somewhere between protest (usually carried out by action groups to complain in some public way about a current or proposed event) and lobbying (efforts to influence legislators to support/oppose issue or specific piece of legislation).



Advocacy fits on a “Continuum of Influence”

Image accessed at

<http://advocacy.hdc.org.nz/resources/models-of-advocacy>

More broad-based than lobbying, and less publically-outspoken than protest, advocacy is about ***educating and creating awareness among legislators and the general public of issues facing the community, and the importance of aligning public policy to address a need or problem.***

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Advocacy can be done on a case-level (for example, a disability advocate supporting a patient trying to access more home care resources) or may happen systemically (where an individual or group of advocates work to bring changes to a structure, system, policy of legislation).

Looking at the sub-sets of advocacy in some more detail, some categorization strategies break-apart case-level advocacy further into both individual and citizen group based, in addition to the systems-advocacy approach.

1) **Individual Advocacy:**

In this situation, the advocate concentrates efforts on one or two people only. This is often a form of “informal” advocacy, where someone in a relationship with a person with a disability will speak up on their behalf. Parents, siblings, relatives and friends who speak out for those who are less-advantaged, are all examples of informal advocates. This may also involve “self advocacy”, where an individual who shares that same characteristics or interests of a less-advantaged group speaks up for greater recognition of the groups’ needs.

Individual advocacy focuses on changing the situation for an individual and protecting his or her rights. In the context of health care, this may take the form of advocating on behalf of patients and clients for access to health care resources or services.

2) **Citizen Advocacy:**

Citizen advocacy is a community-based approach to promoting and protecting the rights and well-being of a group of vulnerable people. The work is accomplished through an organized network of long-term volunteers who receive training and orientation, are provided with ongoing knowledge and resources, and who are linked up with individuals or groups that may require support.

3) **Systems Advocacy:**

This form of advocacy is primarily concerned with influencing and changing a *system* (either an organization, or government legislation, policies and practices) in order to benefit vulnerable groups within society. Broader than the act of helping an individual negotiate the system, systems advocacy looks to change the whole situation, to benefit groups of individuals who share similar problems. System advocates work to encourage changes to laws and policies, and also to support changes community and social attitudes.

Advocacy Activities

- **Providing technical assistance or advice to a legislative body or committee in response to a written request**
- **Making available nonpartisan analysis, study, or research**
- **Providing examinations and discussion of broad social and economic problems**
- **Communicating with a legislative body regarding matters which might affect the existence of an organization**
- **Updating members of your own organization on the status of legislation**

Some kinds of advocacy efforts adopt a variety of advocacy strategies to achieve their goals. For example, “population health advocacy” is a form of advocacy that is specifically directed at actions to improve the overall health of a population; advocacy efforts can range from those on behalf of an individual, those on

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behalf of a less powerful community, and those efforts to work towards broader policy change. Generally, this work is done on each level by addressing the non-medical determinants of health to create positive changes for people and their environments.

Because advocacy is about influencing and shaping “rules” about how we live and act in societies, advocacy is considered “political” work. In this sense, advocacy is about using influence and suggestion to influence decision-making or social interest on a particular cause or issue.

Because the goal of public health is to create environments in which people can be healthy, then the work of public health can be advocacy work, in a continuous process of blending science, politics, and activism towards agreed-upon goals.

What Is Public Health Advocacy?

What is public health advocacy? Public health advocacy includes those actions and activities that aim to contribute to health-promoting systemic change by influencing policy processes. (Johnson, 2009). In many ways, this is about creating a different kind of community, one within which health can thrive.

“Advocacy is an active process that uses strategic actions to influence others to shift option, initiate positive change, and address the underlying factors that contribute to a healthier community.” (CPHA page 5)

Less about efforts to modify behaviors on an individual level, public health advocacy it is about big-picture change, focusing on the social and environmental contributions to health.

“Advocacy is a catch-all word for the set of skills used to create a shift in public opinion and mobilize the necessary resources and forces to support an issue, policy or constituency... advocacy seeks to increase the power of people and groups and to make institutions more responsive to human needs. It attempts to change the range of choices that people can have by increasing their power to define problems and solutions and participate in the broader social and policy arena.” (Wallack et al., 1993, pp. 27-28)

Advocacy can take many forms. It can potentially involve constructive engagement. It can be about pro-activity and visibility. Sometimes, it is a critical and confrontational process. In other situations, a more subtle approach is appropriate.

In practice, public health advocacy can viewed as actions in three common domains: collective action to effect systemic change; a focus on changing upstream factors; and engagement in political processes (Johnson, 2009). To accomplish these goals, advocacy requires individual knowledge and skills, while involving a diverse set of stakeholders to address complex social problems. Required skills include strategic and critical analysis in framing issues, as well as a clear understanding of theories of change. Responding to the

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objectives of powerful opponents, as evaluating and measuring success are also key factors in the advocacy process.

Public health is about protecting enhancing the health of populations. Because it focuses on the determinants of health, with the intention to prevent health problems before they occur, public health advocacy can be hard to visualize. Nonetheless, public health plays a key role in healthy communities by acting as a strong civil society voice. As such, public health advocacy can bring public health issues to the forefront, both for health professionals, and in the wider socio-economic community.

Engaging in public health advocacy requires recognition of the explicitly political aspects of creating change within the broader determinants health. Broader change, which re-shapes environments in support of population health, and seeks to reduce the societal burden of health problems, requires interventions that “alter the societal forces that foster these problems” (Cristoffel, 2000, p. 722).

“...public health advocacy 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.” (Johnson, 2009, p.5)

Although public health advocacy is a critical strategy for improving the health of populations, it is employed only in a limited way in public health (Chapman, 2004). This speaks to the complexity of practicing advocacy work, the limited resources available for such work, and a sense of “not knowing how to begin” when it comes to advocacy as a form of practice. Public health advocacy **is complex** and requires stepping beyond an individual-level approach to public health. It is also a highly-skilled activity, requiring us, as practitioners, to be conversant with theories of social change, critical analysis, strategic framing, and collaborative work toward effective social change (Johnson, 2009). However, these do not need to be barriers... just steps along the way towards healthy public policy advocacy work.

The key elements of public health advocacy include:

- 1) an emphasis on collective action to effect desired systemic change***
- 2) a focus on changing “upstream” factors, including laws, regulations, policies, and institutional practices***
- 3) engagement in political processes to effect desired policy change (Johnson, 2009)***

How do Policy Processes Work?

Policy-making as non-linear process:

Understanding the details steps and approaches to policy-making is not easy. Think, for example, about the ways that organizations work towards agreeing on their own strategic objectives or priorities. These “rules for action” are not simply or arbitrarily decided upon. Instead there are multiple stages of brainstorming, information-gathering, summarizing,

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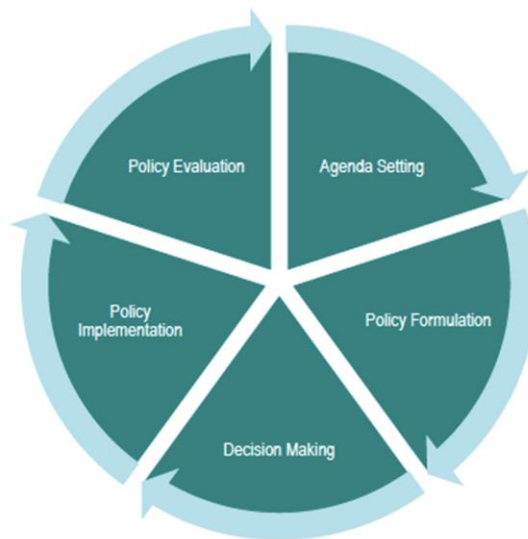
communicating, consensus-building, prioritizing and finalizing, that must occur (and re-occur) before a finished set of “strategic goals” is decided upon. And even then, these goals are in-flux, subject to change and interpretation during the implementation process.

Policy-making on a government level is even more complex than organizational decision-making. It includes many more players, and well as slightly different consensus-building processes, and can also vary, depending on the level of government. These specifics are important to understand, and can be reviewed in more detail in the document Government 101 at http://www.innoversity.com/RMfiles/Government_101.pdf.

Government 101: Why Understanding Government Matters in the Policy Process

- *This plain English guide has been created as a quick and dirty manual for those interested in gaining a better understanding of how decisions and policy is made in the Canadian political system at the federal, provincial and municipal levels.*
- **Available at:**
http://www.innoversity.com/RMfiles/Government_101.pdf

Simplistically, the process of policy-making can be understood as a circular pattern of events.



The Policy Process
Image from Government 101.
Accessed at www.innoversity.com

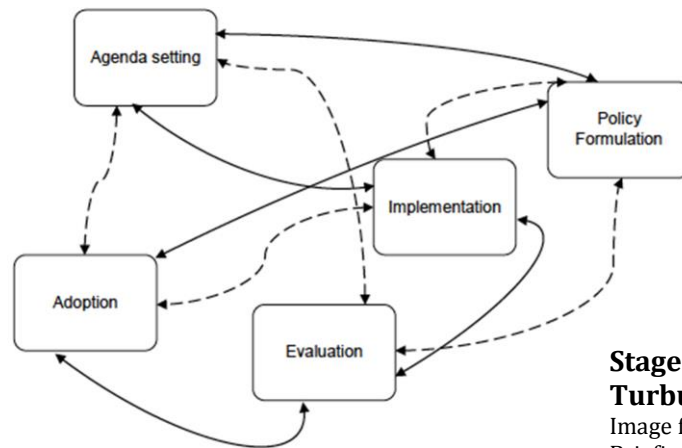
First a problem is identified, following which priority actions are decided upon and agendas set, then policy blueprints are developed, policy decisions made, and then policies are implemented and evaluated!

Thinking of it this way, it seems that influencing and shaping public policy could be a simple process. It works linearly after all, doesn't it?

Problem → Evidence → Knowledge Transfer → Action

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However, in truth, this “linear” presentation of the policy-making process, with successive stages, is not fully reflective of what happens in practice. It is more likely that these stages “sometimes occur simultaneously, sometimes appear in inverse order and are sometimes rapidly skirted” (NCCHP, October 2013, p.1). Instead of thinking of policy-making as a linear process, the stages can be thought of as “moments in the life of a policy”, which each have their associated activities and tasks, but which often follow a more haphazard-looking pattern:



Stages in Policymaking: A Turbulent Flow

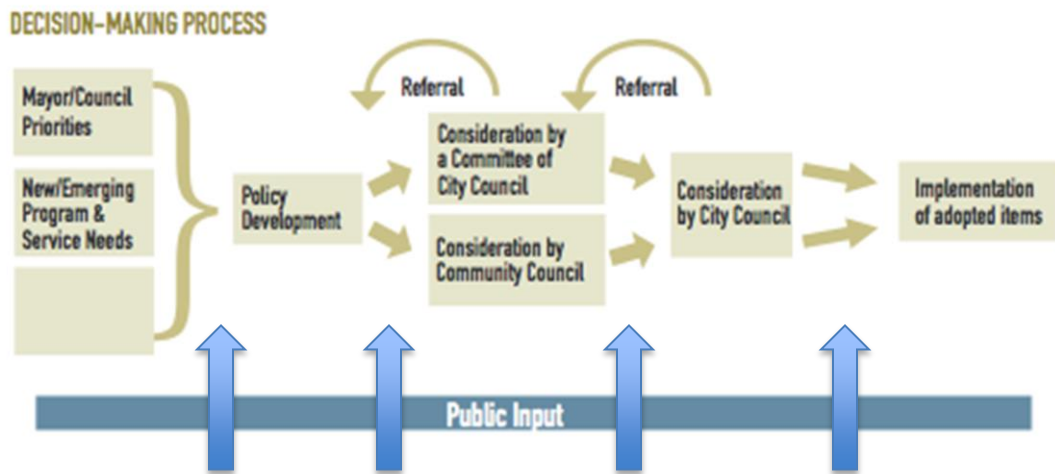
Image from NCCPHP October 2013 Briefing Note (full detail in references)

This “fluid” model of policy-processes provides multiple opportunities for intervention into policy advocacy work. The role of societal actors is not limited to simply influencing government agenda-setting. Power relationships between different social groups and stakeholders, both outside and within the government system itself, can interact at all stages in the process, and hence multiple opportunities for influence exist (NCCHPP, 2010).

Policy Influence is Not Just about Supplying Good Information:

One would assume that if good evidence of population health impact is provided to policy makers, then “reasonable and fair” decisions would be made. This approach places emphasis on gathering scientific evidence and examining the effectiveness of the options being considered, and is one of the predominant analytic frameworks adopted in the public health field (NCCHPP, 2012).

Information-sharing, as a method of influence, can then be used at many intersection points along the policy-making process.



Information-sharing

Decision Making at the City of Toronto

Available at: www.toronto.ca

As can be seen in this schemata of the City of Toronto’s decision-making processes, there are multiple points at which “public input” in the form of information-sharing, can be included in the policy-development process. Recognizing that policy-making is not necessarily as “linear” as depicted here, information sharing can be done differently, depending on the “stage” of the process. As such, information-requirements differ at each of these stages, as does the policy-makers’ receptiveness to different types of information (whether it be technical information, public sentiment, or a recounting of human right’s agendas), depending on that stage and the audience.

In some cases, information-sharing may not play a key role in the decision-making process.

Depending on the situation, decisions may be made without a thorough consideration of the evidence. In cases of emergency or crisis, policy makers may “move directly to the decision-making stage based on little or no analysis of the range of possible policy and program options” (Fafard, 2008, p.13). Consider an immediate response to a shortage of influenza vaccines, for example. Quick decisions may be made about vaccine supply and modes of distribution. Later,

A perspective on policy making (adapted from Russel et al. 2008)

Policy-making is a formal struggle over ideas, values and interests, played out by the rhetorical use of language and the enactment of social situations, much more than merely turning evidence into practice. Scientific evidence answers the question "What works?" Policy-making is about "What do we do?" Ostensibly, scientific research is about the objective establishment of facts; in fact, it is value-laden. The values of the researcher form the assumptions underlying the research question, as well as the interpretation of the findings. One only has to look at the letters page of a quality scientific journal to guess that there is no such thing as hard evidence - there are only competing constructions of evidence, which can support widely differing positions.

Policy-making is essentially about using judgment. In practice, it depends on what is said, by whom, and whether others find the arguments persuasive. Arguments are composed of *logos* (the facts and the reasoning), *pathos* (the emotional content), and *ethos* (the credibility of the speaker and the way the argument is presented). A persuasive argument accurately penetrates the audience with all three elements.

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after the crisis has been resolved, policy makers may think about long-term influenza stock-planning solutions. It may here, after a political decision has been made, that policy advocates can influence the implementation of a policy with good evidence about those communities and regions most-at-risk of complications from influenza infection.

So although policy advocacy may involve assimilating and presenting an evidence-based argument for desired changes, “scientific evidence alone is rarely enough to achieve desired political support for public health goals” (Johnson, 2009). In this real-world policy landscape, the role of policy advocacy instead shifts to one of informing the implementation stage of policy decision-making processes (Fafard, 2008).

“Faced with the reality that neither clinicians nor policy-makers appear to be willing or able to rely solely on the best available scientific evidence, the goal remains one of ever more effective research and knowledge transfer, but with a view to informing policy and program decisions. Having acknowledged that complex decisions are often (and perhaps should be) based on the specific context of the decision, it is understood that decision-makers will make decisions based on the available evidence combined with their reading of the context in which the decision must be taken.” (Fafard, 2008, p7)

Rather than being seen as evidence-based, the emphasis may need to be more upon “evidence-informed” policy-making processes (Fafard, 2008, p7).

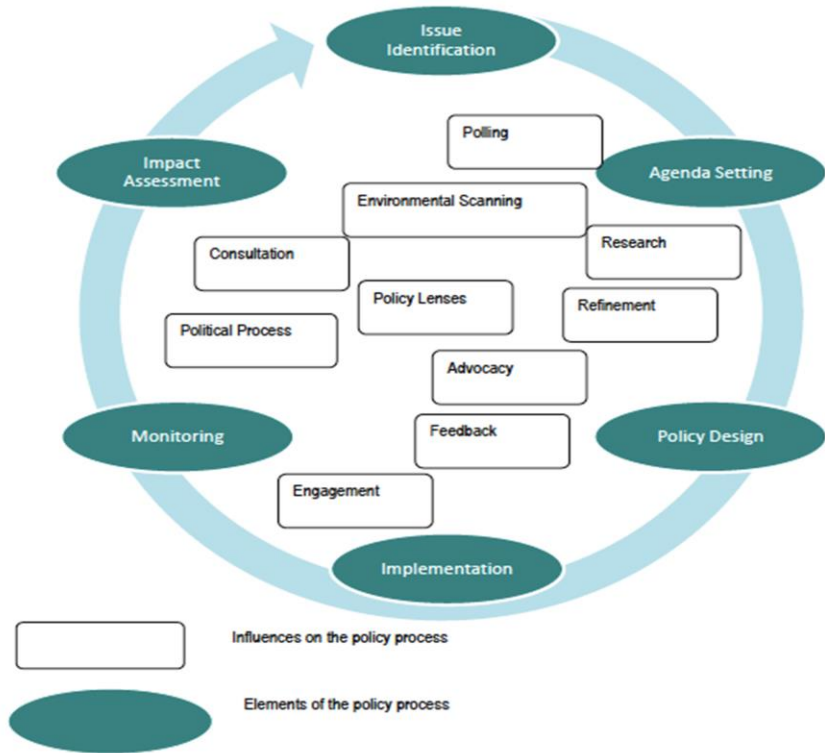
Policy decisions are also shaped by limitations in terms of what is considered “good evidence” regarding a particular policy intervention. The standardized approach to evidence-based decisions in medicine for example, does not easily apply to a socio-economic context complete with a myriad of variables and influencing factors. What might, in a randomized controlled trial, be shown to be effective, in terms of an intervention encouraging citizens to limit their use of e-cigarettes, proves to be more complex when applied to a social context that includes individuals struggling with nicotine addiction, powerful marketing and economic interests, campaigns of “mis-information”, alternate political priorities, and broad public interests. As such, evidence may take a more back-seat role in policy decisions.

Policy-Making Needs to be Considered in Context:

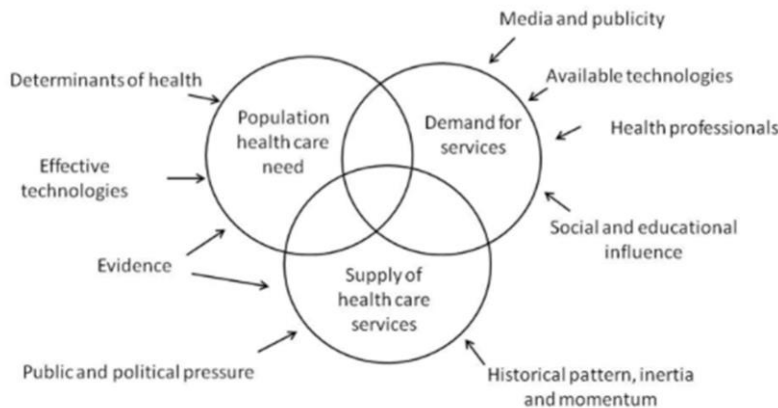
The reality is that in many ways public policy decisions have a lot to do with political and economic factors, and the way that these factors are interrelated with the available information and evidence.

Policy decisions are made, in the end, by political actors, and as result, decisions are influenced greatly by public opinion, electoral considerations, personal and political preferences, and the need to respond to emergent situations (Willison and MacLeod 1999).

Within this “policy-in-context” model, policy problems and solutions are influenced by predominant political ideologies, economic goals, environmental concerns, the needs of special interest groups, the mass media, and public opinion.



The Policy Process
Image from Government 101.
Accessed at www.innoversity.com



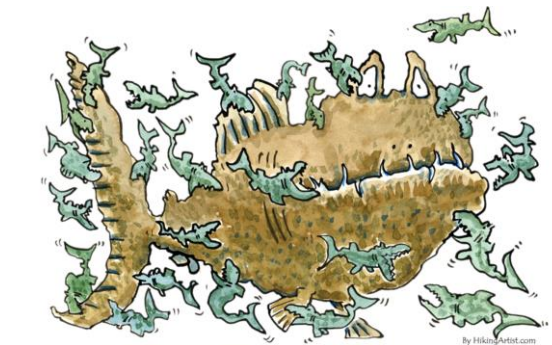
Factors Influencing Policy in Health Care
Accessed at <http://phprimer.afmc.ca>

Policy Change Occurs in Many Small Steps:

Given that politics are essentially about power, it seems natural to assume that if advocates can simply “bend the ear” of those individuals in power, then health and equity-promoting decisions might be made. However, it is not always the case that one individual (or a small group) has absolute power. Our political decision-making structures are in fact organized to preclude any one group (or small group) from having absolute power. And in truth, even those individuals who are credited with “championing” certain policy decisions, rarely are the sole players behind such momentous leaps of action.



VERSUS



Big policy decisions are the outcome of many small decisions that have been made over a long period of time. In fact, public policy can be understood, not at the result of a single discrete decision, but the result of a series of small acts within a whole series of integrated decisions and policy conversations (Howlett and Ramesh, 2003).

The political context is the space within which policy decisions are ultimately made. Once an “issue” is introduced into the political arena, a whole series of events shape the way this issue is interpreted, including the general philosophical orientation of the government, the “information-sharing groups” invited to the table, and practical decisions about the range of policy options available (regulation, public expenditure, tax measures, and even in some cases, “watchful waiting”).

Therefore, because policy decision-making is complex and sequential, over time, the role of advocacy work can be better understood as contributing to a “tipping point”, which is the eventual moment at which a series of small decisions manifests in a significant policy change.

Think about current policies and by-laws regarding smoking. The fact that we currently live in communities where it is almost unheard-of to find individuals smoking indoors, is the result of many small decisions and changes that happened over many years, and with the influence of many inter-related factors.

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Policy Influence as “Re-Framing”:

Within this context, the act of policy advocacy can be understood as contributing to the re-framing process, whereby key issues are contextualized and thereby made relevant. This stage may certainly require evidence (such as facts regarding the number of individuals residing in homeless shelters on a given evening), but it also involves framing the problem in such a way as to secure it a prominent place on the public policy agenda. In some situations, the “right information” and the “right solutions” presented at the “right time” may end of playing a prominent role in the policy-making process.

A social constructionist approach to “reality” indicates that rather than being “true”, our understandings of reality are “constructed” through daily interactions between people in the course of social life (Burr, 1995). This paradigm suggests that policy issue and problems are not pre-existing givens, but are rather defined through a process of selection and social construction that occurs through social process (Hasting, 1998). The processes by which problems come to be seen as “problems”, depends on how situations come to be seen as caused. Likewise, solutions are equally constructed socially.

Rather than simply logical, objective statements, policy statements can therefore be understood as “strategically crafted argument[s], designed to create ambiguities and paradoxes and to resolve them in a particular direction” (Stone, 2002, p.8). From this orientation, it is not necessary to retrieve policy from the “irrationalities and indignities of politics” (Stone, 2002, p.7); instead, policy development is acknowledged, analyzed and critiqued as an *inherently political event*. In this manner, the prioritization of particular policy issues also reflects the power dynamics at play in the political arena:

...policy and planning arguments are intimately involved with relations of power and the exercise of power, including the concerns of some and excluding others, distributing responsibility as well as causality, imputing praise and blame as well as efficacy, and employing particular political strategies of problem framing and not others. (Fisher & Forrester, 1993, p.6)

It is within this fluid context that advocacy groups play a role in reshaping how policy priorities are made. Influenced by ideologies of discourse and discursive politics, new conceptions of policy formation recognize the role of confrontation between competing policy frames. Weaving the policy “story” as informed by evidence, social trends and causal associations, becomes the role of political and policy advocates. Rather than the telling of an absolute truth, a discursive approach recognizes that decisions about truth and action are made contextually. To shape this process, policy advocates present “framing stories” which outline the issues at hand.

By weaving a selection of facts, beliefs and values into a plausible prescriptive narrative, these policy frames, or storylines, allow actors and publics to reduce the complexity of policy problems, ascribe meaning to problems and events and crudely assess possible policy alternatives. (Juillet, 2007, p.259)

With this conceptualization, the role of gathering policy evidence includes not only scientific data, but also an ethnographic approach that seeks to uncover beliefs and social preferences regarding a policy problem. The ability to “frame” issues is a key component of public health

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advocacy, and has an influence on both problem identification, and the development of problem solutions. By addressing predominant stories, reframing these stories, and telling new stories, policy advocates working towards healthy public policies may shape and influence policy conversations.

Considering Public Health Advocacy

Advocacy strategies can be varied. This may include coalition support or development, media intervention, political influence, or the persuasive use of information. The Ontario Health Promotion Resource System delineates advocacy activities on a continuum from low to high profile.

- Low profile includes: quiet negotiation, meetings with civil servants, sharing of information, development of policy briefs
- Medium profile includes: on-going negotiation, public sharing of policy briefs, engaging in debate with opposing policy groups, representing advocacy interests on committees, participating in meetings with elected officials, forming strategic alliances with other groups, and letter-writing campaigns (both to elected individuals and newspapers).
- High profile includes: public critiques, public relations activities, advertising campaigns, information distribution, letter writing and participation in demonstrations/rallies.

Advocacy strategies may involve “creating and maintaining effective coalition, the strategic use of new media to advance a public policy initiative and the application of information and resource to effect systemic changes that change the way that people in a community live. It often involves bringing together disparate groups to work together for a common goal.” (Gomm et al., 2006, p.284)

When working within an organization, it is important to continue to adhere to organizational and administrative policies while advocating for healthy public policy. As such, the principles guiding advocacy work could include low to high profile activities, but should be guided by the following principles:

- 1) To provide a non-partisan viewpoint
- 2) To adhere to professional standards and organizational policies
- 3) To focus on the health impacts of an issue (Vancouver Coastal Health Advocacy Guidelines, at www.vch.ca)

In addition, individuals undertaking an advocacy topic or activity within an organizational context should:

- Be respectful of stakeholders/partners and ensure that they have been consulted on the appropriate issues.
- Consider the expertise on an issue and ensure a response is based on research/best practices whenever possible.

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- Identify advocacy issues that are part of the organizational mandate, sustainable and within the capacity of staffing levels.
 - Ensure approval of managers for advocacy activities and keep managers informed throughout the advocacy process.
- 4) Have an approved an appropriate communications strategy (have content checked for accuracy, and ensure all relevant personnel are aware of the initiative) (adapted from Vancouver Coastal Health Advocacy Guidelines, at www.vch.ca)

Public health advocacy work also requires a skill set. Core skills include the ability to work collaboratively with multiple stakeholders, strategic use of the media, and an ability to conduct a strategic analysis (Gomm et al. 2006). In addition, increased theoretical competency in areas of organizational change, communications strategy and social movement theory are necessary skills.

The stages involved in prioritizing and approaching public health advocacy are detailed and need to be tailored to an organization's goals and strategic priorities. (The exploration of these stages and the approach to developing an organizational advocacy strategy will not be covered in this document. See reference materials in Appendix for more resources.) It is also important to consider that engagement in organizational advocacy work requires a commitment of human and financial resources, to develop a systematic advocacy approach, as well as to monitor ongoing advocacy actions and messages.

Advocacy work also involves adopting a unique set of outcome measures within an organization. Unlike direct service goals, which can be specific and measurable, and are often linked to a defined time-line, advocacy goals can be somewhat harder to measure. The difficulty lies in the reality that advocacy timelines may be long, and often require the coordination of efforts on many fronts before "successful outcomes" can be observed and/or measured.

Nonetheless, a broad range of policy outcome categories and strategies have been outlined by researchers at the Organizational Research Services (Reisman, Gienapp, Stachowiak, 2007). Some of these "outcomes" represent the interim steps and infrastructure that create the conditions for social change; others reflect the end goal-policy adoption, funding, or implementation and enforcement. These, in no specific order include:

- 1) **Shifts in Social Norms:** Social norms are the knowledge, attitudes, values and behaviors that make up "what's normal" within a socially shared ideology. Advocacy and policy work, in the processes of redefining and "reframing" social problem, may focus on this area, to re-align advocacy and policy goals with core social values and behaviors. Success in this regard may be measured as changes in public behavior, or changes in the salience of an issue.
- 2) **Strengthened Organizational Capacity:** Organizational capacity is measured in terms of an organization's skill set, staffing and leadership, organizational structure and system, finances, and strategic planning, specifically in regards to advocacy and policy work. Success in this regard may be measured in terms of an improved organizational capacity to communicate and promote advocacy messages.
- 3) **Strengthened Alliances:** Alliances among advocacy partners vary in levels of coordination, collaboration, and mission alignment. Alliances bring about structural changes in community and institutional relationships and are essential to presenting common messages, pursuing common goals, enforcing policy changes,

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and protecting policy “accomplishments”. Success in alliance-building may be measured in terms of improved alignment of partnership efforts between groups, in terms of shared priorities, shared goals, or a common accountability system.

- 4) **Strengthened base of support:** The breadth, depth, and influence of support for advocacy issues among the general public, interest groups, and opinion leaders for particular issues are a major structural condition for supporting policy changes. This outcome category spans many layers of culture and social engagement. Success in this regard may be measured in terms of increased media coverage, increased awareness of campaign principles and messages, and increased level of actions taken by champions of an issue.
- 5) **Improved policies:** Changes in public policy occur in stages – including policy development, policy proposals, demonstration of support, adoption, funding and implementation. Advocacy and policy evaluation frequently focus on this area as a measure of effort success, and may measure things such as policy adoption and implementation. However, because sometimes policy change is the “final outcome” of multi-layered and long-term efforts, it is important to recognize that these successes are rarely achieved without changes in the *preconditions to policy change*, as identified in other outcome categories.
- 6) **Changes in Impact:** Changes in impact are the ultimate and long-term changes in social and physical lives and environmental conditions that motivate policy change efforts. These changes are important to monitor and evaluate and may include measurement of improved social and physical condition such as poverty levels, health equity, and democratic engagement. Changes here may be supported by, and reflected in, policy change, but typically involve additional efforts, including direct intervention, community support and personal and family behaviors.

(Reisman, Gienapp, Stachowiak, 2007)



This category captures the competencies required to influence and work with others to improve the health and well-being of the public through the pursuit of a common goal. Partnership and collaboration optimizes performance through shared resources and responsibilities. Advocacy—speaking, writing or acting in favour of a particular cause, policy or group of people—often aims to reduce inequities in health status or access to health services.

A public health practitioner is able to ...

- 4.1 Identify and collaborate with partners in addressing public health issues.
- 4.2 Use skills such as team building, negotiation, conflict management and group facilitation to build partnerships.
- 4.3 Mediate between differing interests in the pursuit of health and well-being, and facilitate the allocation of resources.
- 4.4 Advocate for healthy public policies and services that promote and protect the health and well-being of individuals and communities.

Closing

Recognizing that advocacy is one of the core competencies of public health in Canada, this concept paper considered the intersections between healthy public policy and public health advocacy. As a basic introduction to concepts, definitions, and the policy-making context, it is useful as an overview and incentive to further exploration and review.

The Fourth Core Competency Category for Public Health in Canada

Accessible at: <http://www.phac-aspc.gc.ca>

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APPENDIX

Broad Reference Resources:

Government 101: Why Understanding Government Matters in the Policy Process

- This plain English guide has been created as a quick and dirty manual for those interested in gaining a better understanding of how decisions and policy is made in the Canadian political system at the federal, provincial and municipal levels.
- Available at: http://www.innoversity.com/RMfiles/Government_101.pdf

What is Policy?

- This paper discusses the concept of policy from a general perspective. It does not focus upon one specific area or program so much as the key elements embedded in the process of policy development.
- Created in 2005 by The Caledon Institute of Social Policy, Ottawa, ON
- Available at: <http://www.caledoninst.org/publications/pdf/544eng.pdf>

Advocacy Planning and Support Tools:

Leadership in Public Health: A Guide to Advocacy for Public Health Associations

- Canadian Public Health Agency (2009). Leadership in Public Health: A guide to advocacy for public health associations. Ottawa: Canadian Public Health Association. Available at: http://www.cpha.ca/uploads/progs/_/sopha/advocacy-booklet-colour-en-final.pdf

This manual was developed by the Canadian Public Health Association (CPHA) as a resource for organizations working in public health, particularly other Public Health Associations (PHAs). It is intended to act as a guide to developing and implementing advocacy campaigns and strategies around public health issues. It integrates real-life examples from several PHAs working in different socio-economic and political contexts.

Handbook to Healthier Communities: Influencing Healthy Public Policies

Created in 2010 by the Ontario Chronic Disease Prevention Alliance (www.ocdpa.on.ca)

- This handbook is for any group who wants to advance policy in their community or encourage policy change at the local level. It is a brief version of the *Toolkit to Healthier Communities – Influencing Healthy Public Policies*. The ‘steps’ to policy development are summarized in one-page overview format for your convenience. Policy ideas are also included in this handbook, which helps support healthier communities. More information on policy, as well as details, examples, tips, resources and worksheets, is provided in the full version of the toolkit to guide you through the steps to policy development.

Available at: http://www.healthyllg.org/resources/OCDPA_HCHandbook.pdf

Toolkit to Healthier Communities: Influencing Healthy Public Policies

Created in 2011 by the Ontario Chronic Disease Prevention Alliance (www.ocdpa.on.ca)

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This toolkit is for anyone who wants to advance policy in their community or encourage policy change at the local level. This toolkit will guide you through the policy development process with:

- A step-by-step outline of the policy-development process
- Practical worksheets to help you move through the steps
- Helpful tips for each step
- Policy ideas to help identify potential future policies A glossary of terms
- Web links for further information/support

Make Ontario the Healthiest Province: An Advocacy Toolkit

Created May 2014 by the Ontario Chronic Disease Prevention Alliance (www.ocdpa.on.ca)

- In Ontario, 23 health-related, non-governmental organizations have united their voices through the Ontario Chronic Disease Prevention Alliance (OCDPA) to urge all political parties to commit to making Ontario the healthiest province through a sustained, comprehensive and multi-faceted strategy that will include strategic investments, effective policies, environmental supports, and public education to effect broad societal changes in health behaviours. This toolkit is designed to give an overview of the campaign, provide information re: key messages and information needed to join the conversation, and strategy suggestions and resources to influence policy change.
- A very good, concrete example of policy advocacy tools and alliance-building.

Available at:

http://www.ocdpa.on.ca/sites/default/files/publications/OCDPA_2014ToolkitFINAL_15MY14.pdf

Thought About Food? A Workbook on Food Security and Influencing Policy

- Developed by Food Security Projects of the Nova Scotia Nutrition Council and the Atlantic Health Promotion Research Centre, Dalhousie University June 2005.
- This resource has been made possible by a financial contribution from the Prevention and Promotion Contribution Program, Canadian Diabetes Strategy, Public Health Agency of Canada.
- Site provides links, which have the full print versions' of the workbook as well as activity 1.1, the SWOT exercise and worksheets 5.1-5.6 in English and French Adobe Acrobat format.
- Available at: <http://www.foodthoughtful.ca/index.htm>

A Guide to Measuring Advocacy and Policy

- Reisman, J, Gienapp, A. & Stachowiak, S. (2007) *A Guide to Measuring Advocacy and Policy*. Seattle: Organizational Research Services.

This guide can be accessed at <http://www.aecf.org/resources/a-guide-to-measuring-advocacy-and-policy/> The guide presents a framework for evaluating advocacy and policy; it names specific outcome areas re: changes for individuals or within systems that are likely to occur as a result of advocacy and policy change efforts.

- As a companion to this guide, Organizational Research Services has collected examples of measurement tools that are applicable to advocacy and policy work. [A Handbook of Data Collection Tools: Companion to A Guide to Measuring Advocacy and Policy](#) is

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available at www.organizationalresearch.com and www.aecf.org. It is also available as an online resource at www.innonet.org.

Web-Based Resources:

Canadian Medical Association: Advocacy Support

The CMA supports advocacy efforts of its members. For example:

- The [MD-MP Contact Program](#) connects CMA members with their local MP.
- Send a quick email to federal politicians with the CMA's [e-Advocacy tool](#).
- The CMA's lobby day, [Doctors in the House](#), brings physicians from across Canada to Parliament Hill.
- [Advocacy skills training](#) will help members take action.
- The [Political Action Committee](#) promotes the MD-MP Contact Program and helps shape CMA's advocacy initiatives.

Visit <https://www.cma.ca/En/Pages/advocacy-getting-involved.aspx>

Additional CMA Advocacy Issues of Focus:

[Medical marijuana](#)

[End-of-life care](#)

[Health Care Transformation](#)

[Choosing Wisely Canada](#)

[Physician assistants](#)

[Wait times and benchmarks](#)

[Referrals and consultations](#)

[Social media use](#)

[Key issue sheets: facts to share with MPs](#)

National Collaborating Centre for Healthy Public Policy (visit <http://nccdh.ca/about-the-nccdh/the-ncc-program1/> to access)

Canadian Public Health Association (visit <http://www.cpha.ca/en/default.aspx>)

8 Steps to Develop a Policy Evaluation Plan

www.innonet.org/client_docs/File/aep_8steps.pdf

Media Advocacy Resources

www.thcu.ca/infoandresources/media_advocacy.htm