

**International Scientific and Practical Conference
“We choose life—Youth against HIV/AIDS”**

**Communication as a Determinant of Health:
strengthening public health capacities to shape
behaviours and policies.¹**

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Introduction

All of us have ideas and concerns about how we might do things differently, and better, in our cities, on our wards and in our schools. All of us have our “wish lists” of policies, programmes and levels of funding that could lead to better health for our citizens, patients² and communities. Health communication advocacy is an individual and collective approach that we health professionals can use to turn these ideas into generalised realities and to create positive health and social change.

A Definition of Health Communication Advocacy

Blending science, ethics and politics, health communication advocacy is self-initiated, evidence-based, strategic action that health professionals can take to help transform systems and improve the environments and policies which shape their patients’ behaviours and choices, and ultimately their health.

Communication advocacy as discussed here is a core competence of professional practice, alongside scientific knowledge, clinical and inter-personal skills. Although many shining examples of effective health professional communication advocacy exist, health advocacy, particularly as it relates to influencing institutional, community, national and international policies, is an under-developed skill area needing urgent strengthening.

Whether you are a municipal health worker, nurse, pharmacist, physician, dentist or any other health professional, this talk and paper aims to provide you with a practical framework for advocacy action in health communication that you can use in your daily work. Strong communication advocacy by health professionals is critical in policy arenas, not only to make the systems work better, particularly for vulnerable populations, but also to counteract the efforts of interest groups that stand to lose from the implementation of good public health practice.

Communications as a determinant of health

There are a wide range of factors which influence people’s risk of becoming ill, including social conditions (e.g. poverty, housing, employment), lifestyle choices (e.g. smoking, unprotected sex, etc), demographics (age, gender, social class, ethnicity, migratory status, etc), physical environment (ecological damage, climate change, etc), health systems (e.g. access to care, information, etc). These factors are called “determinants of health”. Increasingly, a variety of factors associated with communications have been identified as determinants. While evidence has, for a long time, pointed to the important influence of these social and economic determinants on health, these factors have received little attention and funding because they have been considered to be hard to measure and outside the direct influence of health and social care.

The good news is that new epidemiological methodologies can now provide quantitative feedback on the impact of system-level/policy interventions aimed at addressing key determinants of health! And the even better news is that there is a growing body of evidence that points to the fact that advocacy can improve health!

² The term patient is used throughout as a shorthand for service users, clients and other people receiving services from health professionals.

Communication-related factors include changing patterns of disease, health literacy, hazard messages, global threat and crisis related behaviours, and provider-patient communications.

Changing patterns of illness and the aging of societies

According to the World Health Organization (Pruitt et al 2005), chronic diseases currently account for more than half of the global disease burden in both developed and developing countries. This shift encouraged international health professional associations to call for major changes in training and practice to support patients in developing the skills required to manage chronic diseases, like diabetes and HIV/AIDS, over long periods of time. Chronic disease management requires many communication skills including finding out information, and navigating health and social care systems.

Functional health illiteracy

As health systems become more complex, patients are finding it harder to “navigate” through health care systems. Functional health illiteracy is associated with premature death, prolonged hospital stays, poorer health and increased health system costs. Policies are needed which make access to health information and education more fairly available.

Globalization of risk promotion

Choices, perceptions and behaviours are shaped by the health information marketplaces within which people and policy-makers work, play and live. These marketplaces are all too often dominated by hazard merchants, global economic and political interests, such as the tobacco, junk food and arms industries, whose advertising and marketing have a negative impact upon public health through the direct promotion of lethal or health-compromising products, the glamorising of risky behaviours, the ‘normalisation’ of hazard use in every facet of modern life. The negative health messages and influence of these global forces are best challenged by knowledgeable, credible, reliable and independent health communication advocacy.

New global health threats

Threats to global health, such as climate change, the potential of an influenza pandemic, the emergence and re-emergence of infectious diseases and anti-microbial resistance, have put public health more ‘centre-stage’ on world security agendas. This has led to new and significant public and private funding and investment and has opened ‘high-level’ political doors to health advocates and public health values. Crisis communication often requires behavioral changes in order for populations to reduce their risk, e.g. not handling poultry feathers and dead birds in the case of Avian Influenza outbreaks. Communication capacities are as important in outbreak control as other public health interventions.

Telecommunication advances

The internet, mobile phones and other telecommunication advances allow for instant local-global linkages, cost-effective information transfer and intelligence gathering. These technological changes, albeit unevenly distributed, create new opportunities for local, national and international advocacy.

Advocacy successes

Advocates around the world have demonstrated their abilities to bring about change on every level. Advocacy of one form or another has been central to all public application of medical and health research over the last centuries. Successful campaigns for sanitation, fluoridation, seat belts, no smoking in public places, have demonstrated the value of

sustained advocacy and provide inspiration and guidance for those tackling new public health challenges.

A 10-Step Advocacy Framework

Presented here is a 10-step approach to communication advocacy.

The 10-step advocacy framework

Advocacy is about:

1. **Taking action**—overcoming obstacles to action;
2. **Selecting your issue**—identifying and drawing attention to an issue;
3. **Understanding your political context**—identifying the key people you need to influence;
4. **Building your evidence base**—doing your homework on the issue and mapping the potential roles of relevant players;
5. **Engaging others**—winning the support of key individuals/organisations;
6. **Elaborating strategic plans**—collectively identifying goals and objectives and best ways to achieve them;
7. **Communicating messages and implementing plans**—delivering your messages and counteracting the efforts of opposing interest groups;
8. **Seizing opportunities**—timing interventions and actions for maximum impact;
9. **Being accountable**—monitoring and evaluating process and impact; and
10. **Catalysing health development**—building sustainable capacity throughout the process.

Step 1 : Advocacy is about taking action

Effective advocacy requires health professionals to take the initiative. Health professionals are most often moved to act and react when they see unfair, unjust, unhealthy environments, practices and funding decisions.

Many factors influence health professional ‘action competence’—a term coined by WHO in relation to the reticence of people in post-Soviet Eastern Europe to take the initiative in the expectation that they must await orders from above (Denham 2002).

It is an attitude reflected elsewhere in the perception of a role conflict between advocacy and professional duties—for example, since advocacy often involves influencing government policy, government-funded health workers may feel it is inappropriate to engage in advocacy. Of course, governments may seek to limit criticism through structural or contractual impediments—for example, by outlawing advocacy by agencies if they wish to retain the charitable status needed to attract tax-deductible donations.

Ask any group of individuals why they are not taking action about issues that concern them and the typical answers will include the problem is “too big”, “not my responsibility”, “outside the area of my competence”, “not worth my time”, “it won’t do any good”, “too risky/dangerous”, “not professional” and “I wouldn’t know where to start”.

All of these rationales for inaction have one thing in common: they stem from a negative ‘framing’ of advocacy. Framing, itself a core advocacy skill (see page 17), is all about the way people choose to represent and so influence perceptions of a topic.

‘Reframing’ advocacy as a necessary core competence and responsibility of all health professionals provides a way forward. It shifts the focus from debates about “Why advocacy?” to the question “How?”. The challenge now becomes to learn ways of overcoming perceived and real obstacles to advocacy and to implement this core health professional responsibility.

Many possible roles

There are a wide variety of ways in which health professionals may engage in system-level advocacy work, including a representative role (speaking for people), an accompanying role (speaking with people), an empowering role (enabling people to speak for themselves), a mediating role (facilitating communication between people), a modelling role (demonstrating practice to people and policy-makers), a negotiating role (bargaining with those in power), and a networking role (building coalitions). This may be achieved by working with hospital or community-based groups, their professional associations, or with other interest groups related to health care (Gordon 2002).

Step 2 : Selecting your issue

Once you have decided to act, you will need to select an issue or problem you want to tackle. In looking at various options, you should consider applying a set of criteria to issues that concern you.

The fact that something is a big problem is not sufficient to make it a good candidate for advocacy action. A variety of factors will affect topic choice; for example, knowledge of a reasonable solution for the problem. Developing a set of criteria is often helpful in making a choice (see Advocacy Tip 1 below).

Health professionals new to advocacy often look for ‘easy’ issues that can be addressed relatively quickly and result in a success for the group to build upon. In any case, your choice should honestly reflect the reality of your policy environment, resources, time, potential allies and opponents and level of working.

Advocacy Tip 1—Selecting an issue

Criteria for choosing a particular issue might include the following:

- Will a solution to this problem or issue result in a real improvement in people’s lives?
- Is this an issue or problem we think we can resolve?
- Is this an issue or problem which is fairly easily understood?
- Can we tackle this issue or problem with the resources available to us?
- Is this an issue that will attract support or divide us?

(ICASO 1999, reprinted 2002)

Step 3 : Advocacy is about understanding your political context

Many health care professionals feel that health services are and should be apolitical. They feel that acting or talking politically is not consistent with their professional codes and may serve to compromise their provider-patient relationships. People who have suffered from repressive regimes, violent conflict and other kinds of political instability often fear politics. In more mature democracies, apathy and the perception that politics is only for the wealthy and powerful can be equally stubborn barriers to getting involved in advocacy.

This guide sees politics a bit differently. Many of the factors which shape peoples' choices and behaviours, and ultimately their health, are determined in political chambers, often far removed from clinical settings. Influencing the debates and decisions within these 'political chambers' is at the core of advocacy. Too often, political decision-making and resources are concentrated in the hands of a powerful few, while excluding many voices and interests, such as those of ethnic minorities, women, small businesses, trade unions and peasants.

Advocates can assist patients and service users, especially those from disadvantaged groups, to receive more public recognition for their problems, as well as more equitable distribution of resources and opportunities to solve these problems.

Again, the challenge becomes "How?" to influence decisions in political arenas, not "Why?" Before we can formulate an advocacy plan to change a policy, we need to know how the policy process works (see Advocacy Tip 2). Understanding how decisions are made and enforced will often help us to identify who needs to be influenced and in which direction.

Different styles

Health professionals, in approaching advocacy work, can take one of two basic political approaches: they can take a condemnatory approach or a collaborative, encouraging approach. In practice, advocacy combines the two to a greater or lesser extent: for example, highlighting the inadequacies of specific policies or practices and also suggesting alternatives that would have more desirable effects. Content, style and method of delivery will vary between and within organisations (and advocates) according to issue and circumstances. Most importantly, each health professional will need to find a model that best suits their nature and their understanding of the challenges they face (adapted from Sida 2005, p5).

Advocacy Tip 2—Analysing your political process

Who decides: administrators, managers, managing directors, chief nursing or medical officers, legislators, heads of state, appointed officials, policy-makers, judges, ministers, boards of advisors, etc.

What is decided: work plans, laws, policies, priorities, regulations, services, programmes, institutions, budgets, statements, party platforms, appointments, etc.

How decisions are made: accessibility of citizens to information and the decision-making process, extent and mechanisms of consultation with various stakeholders, accountability and responsiveness of decision-makers to citizens and other stakeholders, etc.

How decisions are enforced, implemented, and evaluated: ensuring accountability so that decisions are put into action, laws enforced equitably, etc.

VeneKlasen et al 2002, p23

Step 4 : Advocacy is about building your evidence base

Successful advocacy requires the gathering of ‘evidence’ that includes both scientific knowledge on an issue and data about the ‘information marketplace’ within which your activities will take place.

Evidence about issues should include data about the impact of the issue at local, national and international levels (comparatives and league tables are often very helpful), known interventions (solutions) and their evaluation, past efforts and outcomes, obstacles to action, etc.

‘Information marketplaces’ are the arenas within which advocacy communications take place. Here, evidence needs to be gathered about how the issue is being discussed, what images, metaphors, language and frames (see page 17) are being used, by whom (spokespeople) and to whom (target audience). One useful way of learning about your information marketplace is to do a media audit (see Advocacy Tip 3).³

Advocacy Tip 3— Media Audits : a checklist

1. Is your issue being covered by the print and broadcast media?
2. If not, are other issues receiving attention that could be linked to your issue?
3. What are the main themes, arguments, images, metaphors presented on various sides of the issue?
4. Who is reporting on your issue or stories related to it?
5. Who are appearing as spokespeople on your issue? Who are appearing as opponents to your issue?
6. Who is writing op-ed pieces or letters to the editor on your issue?
7. Are any solutions presented to the problem?
8. Who is named or implied as having responsibility for solving the problem? Is your target named in the coverage?
9. What stories, facts, or perspectives could help improve the case for your side?
10. What’s missing from the news coverage of your issue?

(Apfel 2003)

³ Such audits were done in Russian cities as part of the *Ask? and Act! Its your health* campaign development process. See report of “Engaging the Unengaged” meeting, Moscow, 6 December 2005.

Know your supporters and opponents (and their arguments)

Effective planning for any advocacy activity requires knowledge and understanding of both supporters and opponents. Stakeholder analysis is one method of obtaining this information (see Advocacy Tip 4).

Knowing how to counter ‘the other side of the story’ or what your opponents are saying is often critical to success. Advocates need to anticipate the reaction of adversaries and continuously improve and reformulate arguments and counterarguments about their particular issue to account for new developments (Wallack et al 1993).

Advocacy Tip 4—Stakeholder analysis

Stakeholder Analysis is the technique used to identify the key people and organisations that have an interest or activity relevant to your issue (stakeholders). The first step in Stakeholder Analysis is to identify who these stakeholders are. The next step is to work out their power, influence and interest. The final step is to develop a good understanding of the most important stakeholders so that you know how they are likely to respond, and so that you can work out how to win their support or counter their opposition. Many people develop a stakeholder map to keep track of the various players and changes over time.

(Mindtools n.d.)

Accuracy is key

Advocacy based on inaccurate information or false claims is unethical, potentially harmful to public health and a wasted effort. Even the best intentioned and valid campaign can be undermined by opponents if it relies upon faulty data (Chapman, 2007). Always double check information and make sure it comes from a reliable source. It is better not to rely upon data that is genuinely open to a variety of interpretations, but always be ready to challenge claims by opponents with arguments that support the aims of your campaign.

Step 5 : Advocacy is about engaging key stakeholders

A crucial challenge for health advocates is to avoid just “aiming messages at people”—telling them what to do or what not to do—and concentrate more on engaging people in being agents of their own change. In short, health advocates must seek to catalyse debate between citizens and between people and policy makers.

Good communication and interpersonal skills, time, and knowing who are the key stakeholders are the keys to successfully encouraging people to work towards a common goal. Developing networks and alliances is often helpful.

Health professionals who support the principles of participation and empowerment should seek to encourage patients to undertake advocacy themselves and become agents of change in their own areas of concern. Public perceptions of the validity and legitimacy of a campaign are enhanced if those most directly affected by the problem or issue (key stakeholders) are involved with or leading advocates.

However, health constraints, risk factors, or lack of skills, knowledge and confidence may prevent the involvement of key stakeholders in the initial stages of an advocacy campaign.

Advocacy Tip 5—Participation

“Advantages of participation include that solutions are likely to work better, they are more likely to be accepted by the community, capacity is built, imbalances of power are addressed, communities are less dependent and assume greater accountability. Disadvantages include that it takes longer, uses more resources and the communities are more vulnerable to risks.”

(Gordon 2002, p24)

Those who advocate on behalf of others need to ensure that they represent opinions and interests fairly. This requires close contact with those affected by the problem or issue, a deep understanding of the issue, and permission from those affected to represent them.

Those advocating as a representative of an organisation must ensure that their efforts are supported by the mission or aims of the organisation, and by its senior managers or executives.

Advocacy Tip 6—Advocacy legitimacy

Why it is important to involve those directly affected by the advocacy issue, from early in the planning process

- They will have expert knowledge of the issue or problem.
- They can suggest workable solutions based on direct experience of the problem.
- They can view a problem from a different perspective.
- They are often highly motivated, because they are directly affected by the issue.
- Affected individuals and groups will gain more skills and confidence. It is a good opportunity to reduce stigma, e.g. against people affected by HIV/AIDS.

Problems caused by lack of legitimacy

Involving those affected by the problem or issue late, superficially (‘tokenism’) or not at all can result in:

- identifying irrelevant issues
- suggesting solutions which do not solve the problem, or make the problem worse
- public disagreement
- loss of credibility for the organisations and individuals involved in advocacy
- increased stigma and legitimised exclusion and non-involvement of those affected by the problem or issue
- disempowerment of those affected, so they are less in control of their own situations.

(International AIDS Alliance 2003, p.62)

Step 6 : Advocacy is about developing strategic plans

“Advocacy is always unashamedly purposive in its intent” (Chapman 2007, p.31).

The objective with advocacy is not to just place concerns in the public arena and then wait for a process to unfold. Once an objective has been set, advocates must seek to maximise support with a strategic plan which incorporates ways to argue the case, engage key stakeholders and put pressure on decision makers for a favourable outcome.

System-level advocacy plans are not so different from patient care plans. Identifying goals and objectives is of the utmost importance. In advocacy the hope may be to achieve the goal over a 10 to 20 year period. Progress towards this vision of the future is a matter of small steps, some of which may not necessarily go in the right direction. The strategy for your action should contain a series of objectives that you want to change in the short-term (see Advocacy Tip 7).

Campaign objectives should be SMART:

- Specific (specifying what they want to achieve);
- Measurable (showing if the objectives are being met);
- Achievable (attainable);
- Realistic (achievable with the resources you have);
- Timed (achieved within a set timescale/deadline).

Advocacy Tip 7—Strategic objectives

Advocacy objectives can include:

New laws and regulations
Enforcement of existing laws and regulations, including stronger penalties
More funding for programmes
Tax rises or reductions on products to depress or increase demand
Changing clinical or institutional practices
Having other sectors direct energy at health issues

Explicit objectives can also be set for the process of advocacy itself. These can include:

Ensuring that an issue is discussed publicly and politically where it is being sub-optimally discussed
Having an issue discussed differently in ways that are more conducive to the advance of policy and funding (“reframing” issues that are being discussed, but in ways that are helpful to public health)
Discrediting the opponents of public health objectives
Bringing important, different voices into debates
Introducing new key facts and perspectives calculated to change the focus of a debate

(Chapman 2007, p25)

Primary and secondary target audiences

There may be different (primary and secondary) target audiences for each campaign objective.

Primary targets are individuals and/or institutions with decision-making authority. Secondary targets are individuals and institutions that can influence decision makers. Understanding these target groups—knowing how they function, what media influence them, their weak spots, etc—will help advocates to develop their messages and select appropriate channels of communication.

Sprints and marathons

Advocacy campaigns can be either sprints or marathons. One might involve decisive action within a limited time span set by external factors (for example, intervening to modify proposed legislation); another might require years of effort employing a wide range of tactics on a broad front within an evolving strategy (such as the global initiative on smoking).

Different levels

Strategically, advocacy action can be focused at a variety of different levels. Decisions made at one level affect people at another. To achieve lasting change there may need to be links between advocacy actions at different levels. For example, international debt means that national governments have little money to spend on healthcare. Therefore, local authorities and hospitals cannot fulfil their roles of delivering services to all. Advocacy at a local level can only bring limited change unless the issue of debt⁴ on a national or international level is addressed.

Step 7 : Advocacy is about communicating messages and implementing plans

Advocacy Communications

Communications is at the heart of advocacy implementation. Policy decisions are rarely made based on facts alone. To a large degree the outcome of policy debates reflects the values that inform them and the frames that define them (see page 17, Framing).

Advocacy Tip 8—The heart of advocacy

“The currency of advocacy is metaphor, analogy, symbol and efforts to present data in ways that are resonant and memorable to often inexpert target audiences. Above all, debate in advocacy needs to invoke subtexts or value bases that have widespread support (‘this issue is like that issue’) so that the solutions proposed to problems are seen as consonant with solutions demanded for problems with parallel value issues underlying them.”

(Chapman 2007, p32)

⁴ Jubilee 2000 is an international advocacy movement, started by a small group in the UK, that has mobilised millions of people through churches, community groups, etc, and has successfully managed to influence the World Bank, IMF and national governments to “forgive” debt to the level of many billions of dollars. Debt relief has been tied to national development plans, including health care. See <http://www.jubileedebtcampaign.org.uk/>.

Messages

In developing messages, advocacy communication draws on advertising and social marketing principles. Key to developing successful messages is knowing your audience thoroughly and then tailoring simple, concise messages to their interests. Information about target audience interests and needs comes from formative research (see page 18).

Advocacy Tip 9—Message development

1. Keep it simple and concise—there should ideally be only one main point communicated or, if that is not possible, two or three at the most. It is better to leave people with a clear idea of one message than to confuse or overwhelm them with too many.
2. Use appropriate language—messages should always be pre-tested with representatives of the target audience to ensure that the message sent is the one received.
3. Content should be consistent with format and be delivered by a credible messenger.
4. Tone and language should be consistent with message.
5. Give people something to do—the message should not only persuade through valid data and sound logic, but it should also describe the action the audience is being encouraged to take.

Stop TB partnership 2007, p20

Spokespersons

It is important to select the most appropriate individuals to communicate your advocacy message. These may not always be the most obvious candidates (a good Chairperson may not necessarily have the right qualities needed for a television interview) and may vary according to the phase of the campaign (a patient might be the best person to describe the impact of a medical condition; a consultant might be better able to explain the resources needed for swift recovery).

Advocacy Tip 10—Spokespersons

“The best person to communicate your advocacy message is someone who understands the issues very well and can talk with credibility and understands the advocacy targets very well and can talk their language.”

(Sida 2005, pp8-9)

Controversy/Contentiousness

By its nature, advocacy can generate controversy, because it involves arguing for change. This sets it apart from normal public relations. Advocacy often becomes contentious when it starts to implement its strategies for achieving change, especially when they conflict with interest groups or governments for whom such changes are unwelcome.

Note of encouragement

Controversy does not need to be intimidating. It can be invigorating—the key point when the debate becomes public, opponents reveal themselves, potential supporters are forced to make decisions about where they stand and arguments can be won!

Scientific versus advocacy communications

This guide is written in a scientific way with the aim of making the case to health professionals for advocacy. When engaged in advocacy communications, advocates need to use a different approach. Table 1 compares these two approaches to communications.

**Table 1:
10 Differences Between Scientific and Advocacy Communication**

Scientific Communication	Advocacy Communication
Detailed explanations are useful.	Simplification is preferable.
Extensive qualifications can be necessary for scholarly credibility.	Extensive qualifications can blur your message.
Technical language can add greater clarity and precision.	Technical jargon confuses people.
Several points can be made in a single research paper.	Restricted number of messages is essential.
Be objective and unbiased.	Present a passionate compelling argument based on fact.
Build your case gradually before presenting conclusions.	State your conclusions first, then support them.
Supporting evidence is vital.	Too many facts and figures can overwhelm the audience.
Hastily prepared research and presentations can be discredited.	Quick, but accurate, preparation and action are often necessary to take advantage of opportunities.
The fact that a famous celebrity supports your research may be irrelevant.	The fact that a famous celebrity supports your cause may be of great benefit.
Many in the field believe that scientific truth is objective.	Many in the field believe that political truth is subjective.

WHO TB Advocacy Guide, 1999

Step 8 : Advocacy is about seizing opportunities

Advocates use or create events to attract media attention or illustrate a problem. Sometimes this is planned, but often it is not. Advocates need to be opportunistic and take advantage of a wide range of events. They must be ready to respond to breaking news that presents an opportunity for media access, and learn to interpret that news from the

perspective of their policy goals. It should be day-to-day practice of advocates to regard almost any news event as a potential opportunity to bring attention to a health issue.

A delegate to an American Public Health Association meeting in the early 1990s was accidentally shot in the hand at a restaurant when someone at the next table dropped a purse with a gun in it. Advocates at the meeting immediately used this headline story to introduce arguments for gun control.

Advocacy Tip 11—Opportunism

Advocacy communications can usefully be timed to be:

- before an election/just after an election
- when something happens to bring the issue to public attention
- before the issue goes public
- before the issue gets to Parliament
- when legislation is being changed
- on quiet news days
- when you have information/expertise relevant to the issue
- when the target audience are potentially interested in the issue

Sida 2005, p8

Step 9 : Advocacy is about being accountable⁵

Monitoring and Evaluation

Public health information campaigns require investment in scarce human and financial resources. It is important to measure the value of such investment, in terms of money, time and effort. Measures for evaluating the effectiveness of advocacy campaigns have become more and more sophisticated, but some techniques are more sensible than others.

Simply measuring the number of column centimetres devoted to your campaign in print (quantitative analysis) may provide impressive figures, but they mean very little if you do not know what type of publications were measured. What is their circulation area? What are their circulation figures? Who are their target audiences? Which ones are read by the people you want to contact?

Nowadays, when so much communication is web-based, it may more appropriate to measure the number of 'hits' on a story, but such figures may be restricted because they may be regarded as commercially sensitive information.

To discover whether your investment has been wise and effective, the results need to be measured against clearly defined objectives set at the outset. Formative research (see page 18) can provide much useful baseline data.

The best advice in evaluation exercises is: keep it simple, and keep it common sense.

As a health campaigner, some of the issues you might consider are:

⁵ Much of the material in this section is drawn from the 2005 World Health Communication Associates publication, *Working with the Media*, written by Mike Jempson.

Advocacy Tip 12—Advocacy campaign evaluation

How much did you spend?

Look at the budget and itemise everything, including staff hours. Keep an eye on hidden costs, such as the extra telephone time, travel or reprinting costs needed to respond when you get enquiries—these can continue for a long time after a campaign launch.

Do not look only at external factors when you evaluate.

Bring the campaign team together for a debriefing. Talk about the efforts they put in. Did people have to work late to get the materials ready? Were there extra costs which you did not expect? Did telephone inquiries increase so quickly that you did not have enough staff, or enough telephone lines? Write up a short report based on the information you gather and use it to inform the planning stage of your next campaign.

Measure public awareness of the issues before and after a campaign.

This can be both complicated and expensive. Partnership with academic, public opinion, media or market research organisations can help. Persuade a newspaper to run a reader poll about your main message; give them some exclusive part of your campaign, and get them to run the poll again in the days after a launch. Or try and get a polling agency to add some questions to one of its regular public opinion polls—this ‘piggy-backing’ can be cost-effective if you have invested a lot in a campaign. Proxy variables such as increased requests for HIV testing, increased sales of condoms, etc., may also provide some useful data here.

Have you succeeded in shifting the focus of debate?

If you have been aiming at ‘reframing’ your issue, are policy-makers now debating on your terms, and asking relevant health and environment impact questions?

Were you able to implement your ‘follow-up’ strategy?

If someone saw an article or TV show, or heard a radio programme about the campaign, and made contact with you—were you able to answer their questions and provide them with accessible information, or refer them to appropriate authorities? Did you log these enquiries and ask these people if they would like to stay on a mailing list?

Have you found out what your target groups thought about the campaign and your information packs?

Follow up with the people who called you for information a few weeks later: ask them what made them call you and what they thought of the information you sent them. What positive action have they taken as a result? Make a note of their replies and use them in future campaigns, or to inform your planning. Get a ‘focus group’ of people to give you feedback—not only on what they thought of the look of the materials and the messages in them, but whether they found materials useful.

(Jempson 2005)

Step 10 : Advocacy is about taking a developmental approach

Whatever the focus of an advocacy action, the process of identifying the issue, analysing the political context, mapping the information marketplace, engaging others, developing, implementing and evaluating a strategic approach provides a critically important opportunity for personal and professional development.

The process of articulating priorities, interests and rights through planning advocacy can be as important as the act of claiming them through political organising. Acquiring and practising advocacy competencies, such as strategic planning, networking, communication, etc., will strengthen all participants' capacities to help their institutions, communities and systems to have a more sustainable and positive impact on the health of current and, importantly, future generations.

Advocacy tools

Framing

Framing is “selecting some aspects of a perceived reality and making them more salient ... in such a way as to promote a particular problem definition, causal interpretation, moral evaluation and/or treatment recommendation” (Entman, cited Chapman 2004, p.362).

Framing strategies are at the heart of advocacy action. The language—verbal and visual—in which an issue is couched, and the terms in which it is presented, can determine the way in which it is perceived and responded to by both members of the public and policy makers. This ‘framing’ creates the context within which all policy debates take place. Simply put, if you get people asking the wrong questions, the answers do not matter. In a sense, debates over public health policy issues often represent a battle to frame the issue in the eyes of the public and policy-makers in a way most conducive to success for one side or the other.

Take, for example, the tobacco and health debate. For many years, the tobacco industry had been very successful in framing public opinion about their product—which kills half of its users prematurely when used as directed—around personal autonomy, choice and freedom. To achieve this framing the industry hired skilled communication experts to ‘frame’ public and policy-maker debate around the ‘right to smoke’. Within this framing tobacco ceased to be a health issue and became a matter of personal freedom. In this context, health and social protection concerns fell off the policy agenda. When public health advocates spoke up, they were painted as “zealots, health fascists, paternalists and government interventionists” (Wallack 2002).

Key to the success of the WHO's Framework Convention on Tobacco Control (FCTC) was the ability of public health advocates to reframe the issue around public health concerns and shift the role of “bad guy manipulator”⁶ onto the tobacco industry. The slogan “Tobacco kills. Don't be duped” was used to clearly identify tobacco as a health issue and to shift anger (and youth rebellion) away from public health interventionists and onto an industry that had for decades intentionally deceived, manipulated and lied to people, especially young people, in order to maximise profits.

⁶ The Truth campaign in the USA was particularly aggressive here, with videos of young people talking direct to camera, saying to the tobacco industry, “ We know what you're doing. We won't let you hook us like you did our parents. We are watching you!!!” (Hicks 2001).

Advocates blend science, ethics and politics in order to frame and re-frame, where needed, the predominant understanding and perception of problems. Often this involves shifting perceptions about the causes of ill health from personal or life-style choices (which in essence blame the victim) to focusing on the social policies which shape community behaviours more broadly. In patient safety processes, for example, there has been a framing shift from just looking at “blaming and shaming” practitioners who make errors to looking at issues, e.g. how medication is packaged, transported, labeled, which may have contributed to the error. As such, framing plays a central role in the process of public health policy formation because of the system-level solutions that it implies.

Formative research

A crucial step in creating and assessing the potential effectiveness of advocacy communications is determining what message ideas or concepts have the best chance of ‘connecting’ with the target audiences and influencing them to change perceptions, behaviours or choices. This process begins with ‘formative research’ (collecting basic data) and evaluation (testing effectiveness), a combination of techniques designed to help develop effective messages.

Formative research is applicable at any stage of intervention design and implementation, and provides important feedback to advocates. It allows changes to be made in interventions without great expense if testing reveals ways to improve the messages, channels of delivery or material. Formative research is also a primary tool that advocates can use to identify and address the needs of specific target audiences.

There are a variety of approaches to formative research. Small (‘focus’) groups, selected in such a way as to be representative of the target audience, can be convened to elicit feedback about programme planning, provide ideas about strategy and/or gather reactions to specific messages. Advocates can then make modifications to plans, strategies and content based on the results of these focus groups.

The general approach to pre-testing concepts is to share them with members of the target audience and learn from their reactions. Literature reviews, in-depth and/or ‘intercept’ interviews (e.g. catching people in the hallway) and the use of internet-based panels of respondents are other examples of formative research tools that can be used to help determine if one concept is more relevant to a particular section of audience than another, and which concepts should eventually be developed into specific messages.

Other uses of formative research include analysis of the audience into homogenous groups (‘audience segmentation’ by age, gender, income, etc), analysis of media habits of the target population so that messages can be placed in the appropriate media at an appropriate moment, and an assessment of pre-existing knowledge and attitudes (baseline data) so that change can be documented over time.

Formative research, when done properly, can reduce some of the uncertainty associated with campaigns and enhance the potential validity and reliability of methodological approaches. Testing possible campaign slogans, for example, can ensure that such slogans are culturally sensitive and likely to be interpreted in the way advocates intended (Wallack et al 1993).

Such formative research (pre-testing) helps determine whether the messages and formats are appropriate, understandable, clear, attention-grabbing, credible, relevant, and have the desired effect (e.g. to raise awareness about an issue).

Advocacy Tip 13—Formative Research: Pre-testing

There are four groups to consider for pre-testing and review:

1. Target Audience

- To identify current knowledge, attitudes, and behaviour related to the subject to identify whether and what kind of new information is needed
- To identify myths and misconceptions about the topic
- To assure appeal, appropriateness, understanding, clarity, and personal relevance of materials
- To check for comprehension and cultural appropriateness

2. External Experts

- To verify appropriateness of materials based on proven models and theories of communication
- To verify accuracy and appropriateness of information in the materials

3. Gatekeepers (e.g. print and broadcast media, religious leaders, political and legal groups, legislators, and other key policy and decision makers)

- To ensure that they will support, not block, use of materials
- To increase “ownership” of the materials
- To identify problems based on gatekeepers’ experiences with the target audience. If any problems are identified, they should be verified through pre-testing directly with the target audience

4. Clearance officials

- To obtain approvals prior to printing

(AED et al 1993)

Social Marketing

Advocacy Tip 14—Social Marketing

“Social marketing has successfully been used⁷ to address a host of social and health issues from fighting racism to empowering adolescents. This is not, however, to suggest that it is a silver bullet that supersedes all other efforts at behaviour change; it is not and does not—it just adds some useful ideas to the mix.”

(Hastings 2007, p223)

Social marketing on health issues is the systematic application of marketing, alongside other concepts and techniques, to achieve specific behavioural goals to improve health and

⁷ Gerard Hastings’s book *Social Marketing: Why should the Devil have all the best tunes?* provides a series of instructive case studies, to which the reader is referred.

to reduce inequalities. It is also concerned with the analysis of the social consequence of marketing policies, decisions and activities. (NSMC 2007; Hastings 2007)

Social marketers generally believe they address key shortcomings of “traditional” public health communication campaigns in which target audiences have little input into message development. The major contribution of social marketing approaches has been the strong focus on consumer needs. Consumer orientation means identifying and responding to the needs of the target audience. A primary tool to tailor public communication efforts to specific audiences is formative research (see discussion of Formative Research above).

In general, social marketing provides a framework to integrate marketing principles with socio-psychological theories to develop programmes better able to accomplish behavioural change goals. It takes the planning variables from marketing (product, price, promotion and place) and reinterprets them for health issues. A key concept is that it seeks to reduce the psychological, social economic and practical distance between consumer and the behaviour.

Advocacy Tip 15—The four “P’s” of social marketing

“**Product** refers to something the consumer must accept: an item, a behaviour, or an idea. In some cases, the product is an item like a condom, and in other cases it is a behaviour such as not drinking and driving. **Price** refers to psychological, social, economic, or convenience costs associated with message compliance. For example, the act of not drinking in a group can have psychological costs of anxiety and social costs of loss of status. **Promotion** pertains to how the behaviour is packaged to compensate for costs—what are the benefits of adopting this behaviour and what is the best way to communicate the message promoting it. This could include better health, increased status, higher self esteem or freedom from inconvenience. Finally, **place** refers to the availability of the product or behaviour. If the intervention is promoting condom use, it is essential that condoms be widely available. Equally important to physical availability, however, is social availability. Condoms are more likely to be used when such use is supported and reinforced by peer groups and the community at large.”

(Wallack et al 1993, p22)

The NSMC has identified the following six features and concepts as key to understanding social marketing:

- **Customer or consumer or client orientation** A strong ‘customer’ orientation with importance attached to understanding where the customer is starting from, their knowledge, attitudes and beliefs, along with the social context in which they live and work.
- **Behaviour and behavioural goals** Clear focus on understanding existing behaviour and key influences on it, alongside developing clear behavioural goals, which can be divided into actionable and measurable steps or stages, phased over time.
- **'Intervention mix' and 'marketing mix'** Using a range (or 'mix') of different interventions or methods to achieve a particular behavioural goal. When used at the strategic level this is commonly referred to as the 'intervention mix', and

when used operationally it is described as the 'marketing mix' or 'social marketing mix'.

- **Audience segmentation** Clarity of audience focus using 'audience segmentation' to target effectively.
- **'Exchange'** Use and application of the 'exchange' concept—understanding what is being expected of 'the customer', the 'real cost to them'.
- **'Competition'** Use and application of the 'competition' concept—understanding factors that impact on the customer and that compete for their attention and time.

Social marketing assumes that power over health status evolves from gaining greater control over individual health behaviours.⁸ It provides people with accurate information so they can better participate in improving their own health. Media advocacy assumes that improved health status comes from greater control over the social and political environment in which decisions that affect health are made. It provides people with skills and information to participate better in changing the environments that create the context for individual health decisions. Both approaches, used in balance, have an important role to play in making mass media more responsive to health issues. (Wallack et al 1993, p24)

Media advocacy

In its simplest application, media advocacy asks five key questions (see Advocacy Tip 16), the answers to which guide subsequent actions.

Advocacy Tip 16—Five key 'media advocacy' questions

1. What is the problem?
2. What can be done about it?
3. Who has the authority to do this?
4. Who can influence this authority?
5. What 'mediated' messages will make these influential people act?

(adapted from Wallack et al 1999)

The key element here is the identification of the policy-level authority. This is the 'end target' of the media advocacy effort. It is these people with power that advocates want to influence. Media advocates design media campaigns to deliver messages to those (secondary targets) who can influence these people with the power (primary targets). Advocates want these influencers to act and communicate their messages to the authorities. For example, campaigners concerned about traffic accidents around schools may have identified the school's board of governors as having the power to require traffic-slowing measures to be implemented around the school. They might usefully focus on helping parents, teachers, and students "find their voice" and deliver messages to those in power. Such action by parents and children may further attract local media and further serve to influence action by local politicians to introduce traffic restrictions.

⁸ Some social marketers do include policy-level interventions by focusing their advocacy efforts on changing the behaviors of policy makers (NSMC 2007).

In some cases information alone will be enough to provoke change. In most instances, however, changes will be contested. Media advocates then work with the potential influencers on identifying and strengthening their capacities to deliver more effective messages than their opponents.

Delivering messages requires an understanding of how different media “channels” work and how best to access them.

Media Access Strategies

Common media channels include newspapers, radio, television, billboards, newsletters, web pages, blogs, email list serves, etc. Each media channel/outlet contains within it several possibilities for coverage. For example, a campaign issue may be covered as a front page story, or in sports, life styles, paid advertising, arts, comics, financial, op-ed (opinion-editorial), editorial, special feature, or letter to the editor pages of a newspaper. One example from the west of England was the threatened closure of a popular, nationally-known local factory. The local newspaper decided to support the campaign against closure and distributed banners which included their logo, and published photographs of the workers carrying them. Later these appeared on huge advertising hoardings promoting the local credentials of the newspaper—and expanding awareness of the campaign.

Being aware of all the possibilities is fundamental to taking full advantage of available resources. Media advocates are most interested in knowing what channels/outlets are most frequently used by their target group of influencers and policy-makers.

There are three basic strategies for gaining access to the media: paying for it, earning it and asking for it.

Asking for it usually relates to public service air or print space, often required of media by law as part of licensing requirements. This time and space are free but advocates have little control over when and where their stories will be aired or included. Many are played at less advantageous times(like the middle of the night) or placed in sections less likely to be read. Nonetheless, this does provide some exposure and it is free!

Paid-for placements are the surest way to see that a message reaches the chosen target. It is the only way to fully control the placement and content of a message, the audience it will reach, and the timing of its dissemination.

Canadians for Non-Smokers’ Rights,⁹ used a full-page print advertisement to speak directly to legislators at a critical point in the development of public policy. It included a picture of the then prime minister and his close friend who had just been appointed President of the Canadian Tobacco Manufacturers Council, beneath a headline that asked, “How many thousands of Canadians will die from Tobacco Industry Products may be in the hands of these two men.” The text of the advertisement explained the importance of the legislation and highlighted the relationship of the two men, ending with an appeal to the Prime Minister to act in the interest of future generations. The advertisement devastated the tobacco lobbyist influence by personalising the issue and making whatever success they could have damaging to the political career of the Prime Minister. The legislation passed without problem!

⁹ Wallack et al (1993, p89) gives the example of Gar Mahood, of Canadian for Nonsmokers’ Rights.

Earned, as opposed to paid-for, media coverage, however, is the staple of media advocacy. Here the aim is to be proactive. When the media calls for a comment, the reporter usually already has an angle or 'frame', marginalizing health behind economic and political interests.

Proactive strategies require cultivating relationships with members of the local media. Journalists need information and ideas for stories that have importance to the local community. Advocates should think of themselves as resources who can make it easier for journalists to do a good job. Useful and accurate data, examples of local activities, a summary of key issues and names of potential sources can serve this purpose.

A second way to draw news attention is to create it. Opportunities to create news happen everyday (see Step 8, page 14). The release of a new report or a community demonstration can be turned into engaging news stories.

A third way is to 'piggy back' onto the breaking news, by finding links with current 'hot' news items and inserting the campaign's perspective. Tobacco activists¹⁰ in the US jumped on a story about the halting of Chilean fruit imports because of worrisome levels of cyanide to point out that the amount of cyanide in one cigarette exceeded the amount in a bushel of grapes!

Other coverage includes letters to the editor, 'op-eds' (comment columns that appear near a newspaper's editorial opinion), talk show appearances. Meetings with editorial boards can be very useful. Shrewd campaigners will be also sensitive to public figures who are espousing important causes. A campaign stands a better chance of publicity if it is supported by a local celebrity (musician, actor, sportsperson); if that person is committed, they will be willing to take part in events that will attract publicity and could even be the best advocate to encourage journalists to take up the issue. Indeed, a rolling programme of publicity can be achieved by releasing details of new celebrity supporters, whose agents may even encourage them to jump on a popular bandwagon.

Advocacy Tips 17—Producing effective advocacy publications

- Determine who you need to reach and why.
- Don't let several messages compete for your audience's attention, or your main message could be lost. Remember, you may only have a few seconds in which to catch their attention.
- If you are asking someone to take action (donate money, write a letter, make a phone call, etc), make it very clear how their action will have impact.
- Highlight the human aspect of the issue you're presenting. If an audience feels connected to or affected by the issue, they will be more willing to take action.
- The design will speak louder than words. Use compelling photographs, an unusual size or format, or some other novelty.
- If you need to present technical or scientific data, present it in layman's terms. Use only the data needed to support your message and avoid jargon.
- Don't assume that a publication needs to be glossy. Simple may be more effective.

¹⁰ Wallack et al (1993) gives this example from the US.

- Too much information can overload the reader. A lengthy publication is not usually as effective as a concise one.
- If your publication appears regularly, brand it with a logo, stamp or regular features.
- If you invest a great deal of resources in researching and writing a publication, invest sufficient resources to ensure it is well-designed and extensively distributed.