

National Collaborating Centre for Determinants of Health

Centre de collaboration nationale des déterminants de la santé



ADVOCACY AND HEALTH EQUITY

FIGURE 1: ACTIONS AND ADVOCACY: CATEGORIES OF ACTION TO REDUCE HEALTH INEQUITIES AND ASSOCIATED TYPES OF ADVOCACY

> FOCUS: POLICY/ **STRUCTURE**

ACTION 4

PROMOTING HEALTHY MACRO-POLICIES Interventions that locate the causes of health inequalities in the overarching macroeconomic,

cultural and environmental conditions and work to promote healthy macro-policies

COMMUNITY ACTIVISM ADVOCACY

Enabling communities to challenge the causes of poor health more directly at the policymaking and structural level. The goal is to provide the community with political advocacy skills rather than individualistic skills to make 'better choices'. Activities include coalition building, links across local and national levels

GOAL: **EMPOWERMENT**

SOCIAL POLICY REFORM ADVOCACY

Seeks to redress health inequities at the level of social structure and to influence policy making. Activities generally require cross-sectoral alliances and may focus on legislative reform to advance policy change for social transformation

ACTION 3

care and services

IMPROVING LIVING AND WORKING CONDITIONS

Initiatives that work to improve living and

working conditions, including access to

FACILITATIONAL PRACTICE

PRESCRIPTIVE PRACTICE

GOAL: PROTECTION/ **PREVENTION**

COMMUNITY DEVELOPMENT ADVOCACY

The goals of health promotion are enablement and empowerment for action rather than protection/prevention. Activities include working with individuals and groups to identify their needs and addressing them at the local level.

ACTION 2

STRENGTHENING COMMUNITIES

Interventions aimed at strengthening communities through building social cohesion and mutual support

> FOCUS: INDIVIDUAL/ **GROUPS**

REPRESENTATIONAL OR CLIENT ADVOCACY

Advocating for education and behaviour change; representing the rights and health needs of those unable to speak or act for themselves.

ACTION 1

STRENGTHENING INDIVIDUALS

Actions that are aimed at strengthening individuals in disadvantaged circumstances, and using person-based strategies

PUBLIC HEALTH ADVOCACY

Advocacy is a critical population health strategy that emphasizes collective action to effect systemic change. It focuses on changing upstream factors related to the social determinants of health, and explicitly recognizes the importance of engaging in political processes to effect desired policy changes at organizational and system levels.¹⁻³

Advocacy influences decision-making to create positive change for people and their environments.

"Social advocacy is central to the mission of public health and a significant responsibility for public health professionals." 1 (p15)

Advocacy is one of three basic health promotion actions identified in the Ottawa Charter⁴ and one of four public health roles to improve health equity.⁵ It has been an important part of many public health achievements over the past 100 years⁶ and is a core competency of Canadian public health practice.⁷

The purpose of this publication is to highlight the importance of advocacy as a strategy and practice within public health, and to describe the different roles the public health sector can play in doing advocacy to address the social determinants of health (SDH) and improve health equity.

ACTIONS ON INEQUITY AND ASSOCIATED TYPES OF ADVOCACY

Engaging in advocacy is an important public health role^{1,8} with significant potential to shift SDH and health equity. Selecting an advocacy approach depends on the context, the practitioner's own philosophy of practice, and the dominant ideology within the organization.⁹

Just as there is no single action to decrease health inequities, there is no single approach to advocacy to address these inequities. In selecting a strategy, public health practitioners need to consider how each type of advocacy effort aligns with specific actions to reduce health inequities, depending on the goal and focus (see Figure 1).

ADVOCACY ROLES FOR PUBLIC HEALTH

There are four main roles that public health actors should consider when determining how they can best support an advocacy strategy to improve health equity.

FRAMING THE ISSUE

Framing is important for analyzing the problem, selecting a solution, prioritizing a target for change, and creating effective messages. The exercise of framing an issue helps identify what change will advance public health interests and what it will take to make the change happen.^{2,16}

Framing is essential for the effective use of media and communication tools^{2,18} and in the development of information and education campaigns. Media advocacy applies social justice values to the practice of addressing the SDH. ^{1,15,19} Advocates can help the media do a better job describing the landscape around individuals and events to make the context of public health problems and solutions visible. ¹⁶

The ultimate goal is to influence those who have the power to change or preserve laws, enact policies and fund interventions that can influence whole populations. 16,17

GATHERING AND DISSEMINATING DATA

Public health has a critical role to play in generating data and providing information to partners for advocacy, including assessing needs, framing issues, identifying solutions, and evaluating the impact of activities.^{11,20-22}

Choosing appropriate outcome indicators benefits from a clear theory of change. The process of developing a theory of change offers powerful insights for all stakeholders about the how, what and why of advocacy and policy. ¹³ Integrating health equity into public health surveillance and population health status information contributes to this process.

WORKING IN COLLABORATION AND DEVELOPING ALLIANCES

The most powerful public health advocacy occurs in contexts where many groups and individuals are involved, representing diverse and distinct roles, including community, governmental (executive or legislative branches), professional and personal.²¹

Many advocacy initiatives are organized through coalitions which bring together organizations to amplify their political power, share resources, and coordinate strategies. They have an important role to play in situations when government public health workers need to speak out against government policies and in activities focused on changing corporate practices. Academics and professional associations have a special responsibility to join with citizens to undertake advocacy for evidence based objectives. This allows members who may be government employees to participate in advocacy efforts wearing their professional hats.¹⁷

USING THE LEGAL AND REGULATORY SYSTEM

Public health can use many different legal and regulatory statutes to advance health equity.

These mechanisms may be specific to health (e.g. infectious disease control, food safety and chronic disease prevention) or in other sectors (e.g. education, income assistance, taxation). The relationships formed by public health with a broad range of sectors including government are an essential part of an advocacy strategy to engage in these processes.

Public health officials have the authority to intervene independently of elected officials on public health matters, and have significant autonomous regulatory and rhetorical power through the Public Health Act in each province and territory in Canada.²³ Advocacy action can also include litigation through the courts system.²⁰

ADVOCACY AS A TACTIC FOR POLICY AND STRUCTURAL CHANGE

Advocacy is a particularly powerful tactic for pursuing policy and structural change. It translates personal problems into social issues, addressing SDH which are external to the individual such as housing, employment, and education. Advocacy in this context is also about changing the policy process 2,13 and is closely related to strategies of community mobilization, empowerment, and participatory action research.

The essential elements of advocacy include: 1 (p51)

- · Clear, specific policy goals
- Solid research and science base
- Values linked to fairness, equity and social justice
- Broad-based support through coalitions
- Mass media used to set public agenda and frame issues
- Use of political and legislative processes for change

CONFLICTING VALUES

Achieving health equity is about social justice, attained by addressing systematic differences in health status that are unfair or unjust. The central issues of power and control make advocacy to address the SDH a challenge from a political perspective. The ethic of 'market justice' competes with 'social justice' in liberal democracies like Canada. Market justice values focus on individual responsibility, limited government intervention and the voluntary and moral nature of behaviour. Social justice values focus on the assurance of basic benefits, collective good and the necessity of government involvement. The tensions between social justice and market justice values are at the heart of nearly every major public health policy debate.

As a result, public health practitioners work in organizational structures largely driven by market justice values, at the same time as they are advocating for policy change to advance social justice values. As the most political of public health strategies, advocacy is risky to both practitioners and agencies. Many government funded public health workers see advocacy as strictly off-limits since influencing government policy is often the object of advocacy.

INTEGRATING ADVOCACY INTO PUBLIC HEALTH PRACTICE

Positioning advocacy within public health practice requires practitioners and organizations to consider their actions so that they align with the goal (empowerment, protection/prevention) and focus (individuals/groups, policy/structure) for their selected advocacy priority (see Figure 1).

The predominant focus for public health advocacy around health equity to date has been on individuals and groups. While there is no single approach, advocacy to improve health equity is most effective when integrated into a broader strategy that combines both bottom-up and top-down advocacy. It is also important that advocacy strategies to reduce health inequities include efforts all along the upstream-downstream continuum. 4 We need to better integrate our advocacy interventions and move further upstream toward policy and structural change to have a significant impact on improving health equity.

DISCUSSION QUESTIONS

- What skills do you need to have in order to engage in advocacy on the social determinants of health? Are these skills similar or different based on your advocacy goals or focus areas?
- 2. How can your organization create an environment in which you can safely take part in advocacy efforts? What actions can your organization take to ensure that its own policies and practices are consistent with its advocacy goals?
- 3. In what ways can you and your organization contribute to advocacy efforts that address policy and social change at the structural level?

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