

A growing need for advocacy skills and knowledge in promoting population health and well-being: Recommended strategies for alcohol prevention advocacy

Matej Košir^{1,2,3}

¹ Institute for Research and Development “Utrip”, Slovenia.

² International Confederation of Alcohol, Tobacco and other Drug (ATOD) Research Associations (ICARA).

³ Vienna NGO Committee on Drugs (VNGOC).

Abstract

Public health advocacy plays a crucial role in promoting and protecting the health and well-being of communities. It involves the efforts of many stakeholders to influence public health policies, practices, and systems to improve health outcomes and create healthier environments. Advocacy strategies in public health include raising awareness about health issues, mobilising communities, engaging policy- and decision-makers, and media. These are particularly fruitful and needed strategies to strengthen alcohol prevention and control advocacy efforts in low- and middle-income countries. Public health advocacy has been successful in achieving significant improvements in health outcomes. However, challenges exist, such as lack of advocacy knowledge and skills among public health workforce, resistance from powerful interest groups (e.g., unhealthy industries), limited resources. As such, this Note from the Field highlights some key dimensions and strategies that are applicable for strengthening advocacy in general, but may also be particularly relevant for alcohol prevention.

Introduction

Public health advocacy plays a crucial role in promoting the health and well-being of communities. It involves efforts to influence public policies (e.g., alcohol policy), systems, and environments to create positive health outcomes and address health disparities (Blenner et al., 2017; Shilton, 2006). Advocacy is an essential component of health promotion and prevention practice, as it can lead to healthier public policies and have a positive impact on society (Bhatti et al., 2022). Public health professionals have a responsibility to engage in advocacy to address current and future public health challenges and to ensure that the public's health is prioritised and protected (Blenner et al., 2017).

Incorporating public health advocacy into public health training, practice, and research is vital for building the capacity of the current and future public health workforce (Bhatti et al., 2022). It is important to equip public health professionals with the necessary knowledge, skills, and competencies to effectively advocate for public health reform (Hancher-Rauch et al., 2019). However, there is

limited knowledge about the extent to which public health professionals (including students) are taught public health advocacy (Bhatti et al., 2022). Not much is known about how extensively (if at all) advocacy is included in public health curricula today, and if it is included, how well this training is put into practice. But it is likely that there is a need for comprehensive advocacy curricula in public health and other related degrees to ensure that future public health advocates are equipped with the cross-cutting advocacy competencies needed to address public health challenges (Bhatti et al., 2022).

Public health advocacy is particularly important in preventing harm and promoting health in communities (David et al., 2018). It can contribute to preventing and reducing harm from numerous risk behaviours (such as alcohol, tobacco, and other drug use) by advocating for policy changes and developing broadly based coalitions (David et al., 2018). Advocacy strategies can also be implemented as part of a comprehensive public health approach to health-related policy reforms (David et al., 2018). In addition, advocacy is essential for achieving health equity and sustaining the outcomes of public health

interventions (Blenner et al., 2017). Without advocacy, it can be challenging to achieve health equity and vulnerable communities may be left without support when projects and funding conclude (Blenner et al., 2017).

There are various challenges and barriers to public health advocacy, including a lack of professional preparation and experience in advocacy (Kerr et al., 2016). Many public health professionals report a shortage of time as a barrier to engaging in advocacy efforts (Kerr et al., 2016). However, there are opportunities to overcome these challenges and facilitate change through advocacy, such as developing opportunities and capacity for people with lived experience of harm and building coalitions (David et al., 2018).

In particular conjunction with the topic of this special issue on alcohol prevention research and policy development in a low- or middle-income country or countries (LMICs), public health advocacy could serve as an important tool for moving the alcohol policy agenda forward, specifically the agenda of the WHO Global Alcohol Action Plan (2022-2030) and to help public health advocates globally to move things forward.

How to Influence Policy- and Decision-Making Processes – the Importance of all Policy Cycle Phases

One of the important weaknesses or shortcomings in the knowledge and skills of public health professionals is certainly an ignorance of the policy- and decision-making processes. This means that public health advocates usually do not participate in these processes in a timely manner and often miss the so-called windows of opportunities to influence future health-related policies. It is likely that a better understanding of the policy cycle, a framework that guides the development, implementation, and evaluation of policies, including those in the field of public health, is required. This provides a systematic approach to policymaking and helps ensure that policies are evidence-based, effective, and responsive to the needs of the population (Dorfman & Krasnow, 2014).

The policy cycle model provides a framework for understanding the stages of the policy process (Leurer, 2013). The cycle consists of several stages, including agenda setting, policy formulation, policy adoption, policy implementation, and policy evaluation (Dorfman & Krasnow, 2014). In the context of public health advocacy, each stage of the policy cycle presents opportunities for advocates to influence policy decisions and promote public health goals.

Agenda setting is the first stage of the policy cycle, wherein issues are identified and prioritised for policy attention. Public health advocates can play a crucial role in agenda setting by raising awareness of public health issues, framing them as urgent and important, and mobilising support from key stakeholders and the general public (Dorfman & Krasnow, 2014).

Policy formulation involves the development of policy options and the consideration of different approaches to address the identified public health issues. Public health advocates can contribute to policy formulation by providing evidence-based recommendations, engaging in policy dialogue and advocacy, and building coalitions and partnerships to support their proposed policy solutions (Dorfman & Krasnow, 2014).

Policy adoption is the stage in which policy decisions are made, and policies are officially adopted by relevant authorities. Public health advocates can influence policy adoption by presenting compelling arguments, providing data and evidence to support their proposals, and engaging with policy- and decision-makers to advocate for their preferred policy options (Dorfman & Krasnow, 2014).

Policy implementation is the stage where policies are put into action and operationalised. Public health advocates can support policy implementation by monitoring and evaluating the implementation process, providing technical assistance and support to stakeholders, and advocating for adequate resources and support for effective policy implementation (Wallack & Dorfman, 1996).

Policy evaluation is the final stage of the policy cycle, where the impact and effectiveness of policies are assessed. Public health advocates can contribute to policy evaluation by conducting research and evaluation studies, collecting data on policy outcomes and impacts, and using this evidence to advocate for policy improvements and modifications (Dorfman & Krasnow, 2014).

Throughout the policy cycle, public health advocates can employ various strategies, such as media advocacy, community mobilisation, storytelling, and framing to raise awareness, shape public opinion, and influence policy decisions (Dorfman & Krasnow, 2014; Wallack & Dorfman, 1996). By effectively engaging in all stages of the policy cycle, public health advocates can contribute to the development of evidence-based policies that promote and improve public health outcomes.

Building Effective Public Health Advocacy Coalitions

One indictment of the current state of public health advocacy is the lack of effective advocacy coalitions and the lack of knowledge and skills on how to build and maintain such coalitions. Public health advocacy coalitions are collaborative partnerships that bring together individuals and organisations from multiple sectors to work towards a common goal of improving community health (Roussos & Fawcett, 2000). These coalitions play a crucial role in promoting community and systems change, community-wide behaviour change, and population-level health outcomes (Roussos & Fawcett, 2000).

Collaborative partnerships in public health advocacy have been shown to have positive effects on community and systems change. They facilitate environmental changes that can improve community health, such as implementing

policies and programmes that promote healthy behaviours and create supportive environments (Roussos & Fawcett, 2000). By bringing together diverse stakeholders, including community members, healthcare providers, policymakers, researchers, and advocacy groups, these coalitions can leverage their collective expertise and resources to address complex health issues (Roussos & Fawcett, 2000).

Furthermore, public health advocacy coalitions have the potential to drive community-wide behaviour change. By engaging various sectors of the community, including education, transportation, and business, these coalitions can create a comprehensive approach to health promotion and prevention (Roussos & Fawcett, 2000). They can implement strategies that target multiple levels of influence, such as individual behaviour, social norms, and environmental factors, to foster sustainable behaviour change (Roussos & Fawcett, 2000).

The impact of public health advocacy coalitions extends beyond immediate community-level changes. These collaborations have the potential to influence population-level health outcomes. By addressing the social determinants of health and advocating for policies that promote health equity, these coalitions can contribute to reducing health disparities and improving overall population health (Roussos & Fawcett, 2000).

However, the success of public health advocacy coalitions depends on various conditions and factors. Effective leadership, clear goals and objectives, shared decision-making, and sustained funding are essential for the long-term success of these partnerships (Roussos & Fawcett, 2000). Additionally, building trust and fostering collaboration among diverse stakeholders is crucial for overcoming challenges and achieving meaningful outcomes (Roussos & Fawcett, 2000).

The Power of Media Advocacy

Public health media advocacy is a powerful strategy that utilises media channels to promote public health messages, influence public opinion, and advocate for policy change (Wallack, 1994). It involves the strategic use of media platforms, such as television, radio, and print and social media, to raise awareness, shape public discourse, and mobilise support for public health issues (Wallack, 1994).

One of the key benefits of public health media advocacy is its ability to reach a wide audience at relatively little cost and generate public interest and engagement. By leveraging the power of media, public health advocates can disseminate evidence-based information, challenge misconceptions and unethical strategies and tactics by unhealthy industries, and promote behaviour change on a large scale (Smith et al., 2008). Media advocacy can amplify the voices of marginalised communities, raise awareness about health disparities, and advocate for policies that address social determinants of health (Wallack, 1994).

Public health media advocacy also has the potential to influence policy change. By framing public health issues in

a compelling and persuasive manner, media advocacy can shape public opinion and generate public pressure on policymakers (Wallack, 1994). Media coverage can draw attention to neglected health issues, highlight the need for policy reform, and hold decision-makers accountable (Wallack, 1994). Through strategic media campaigns, public health advocates can mobilise public support and create a favourable environment for policy change (Wallack, 1994).

However, there are challenges and considerations in implementing effective public health media advocacy. The media landscape is complex and constantly evolving, requiring advocates to adapt their strategies to different platforms and audiences (Wallack, 1994). It is important to ensure that public health messages are accurate, evidence-based, and culturally appropriate to effectively resonate with diverse populations (Wallack, 1994). Additionally, media advocacy efforts may face resistance from powerful interest groups (such as unhealthy industries) or encounter biases and sensationalism in media coverage (Wallack, 1994).

To maximise the impact of public health media advocacy, collaboration and partnerships with media professionals and organisations are crucial. Building relationships with journalists, editors, and media outlets can help ensure accurate and responsible reporting of public health issues (Wallack, 1994). Furthermore, training and capacity-building initiatives can equip public health professionals with the skills to effectively engage with the media and navigate the complexities of media advocacy (Wallack, 1994).

How can we Overcome the Lack of Knowledge and Skills on Advocacy among Public Health Advocates?

Despite the importance of advocacy in public health, public health professionals often lack advocacy experience (Hancher-Rauch et al., 2019). Different public health related professional organisations undertake advocacy initiatives and strive to engage their members in advocacy strategies (Hancher-Rauch et al., 2019). However, there is a need for more empirical research on the practice of advocacy (“what works”) and the inclusion of advocacy in academic preparation and professional development programmes for public health professionals (Hancher-Rauch et al., 2019).

Teaching advocacy knowledge and skills to both current public health professionals and students (as future public health professionals) is important, as advocacy plays a central role in translating public health research into law and policy (Berman et al., 2019). However, advocacy knowledge and skills are rarely explicitly taught in schools, leaving public health practitioners unsure about how to advocate for effective policies (Berman et al., 2019). Courses in public health law and health justice at the universities and informal professional development training programmes by professional associations provide opportunities to teach advocacy knowledge and skills (Berman et al., 2019). Additionally, the role of mentoring by people who have worked in the public health policy space is also very

important for public health professionals and students to gaining advocacy skills and experience.

Some Criticisms and Challenges Related to Public Health Advocacy

Criticism of public health advocacy can be found in several areas. One aspect is the limited access to, and utilisation of evidence by policymakers. A systematic review by Oliver et al. (2014) identified poor access to good quality relevant research and lack of timely research output as barriers to evidence uptake. This suggests that policymakers may not always have access to the most up-to-date and relevant evidence when making decisions.

Furthermore, there is a lack of clear definitions and empirical data about policy processes and the implementation of policy, making it difficult to fully understand the role of evidence and other factors influencing policy (Oliver et al., 2014). This lack of clarity and data can hinder the effectiveness of public health advocacy efforts.

Another criticism is the need for greater stakeholder input and improved reporting on external validity in the field of implementation science. Lobb and Colditz (2013) argue that the existing paradigm for creating evidence, and synthesising research, needs to shift towards greater stakeholder engagement to improve the relevance of research and guide decision-makers in selecting research-tested interventions.

Additionally, there may be challenges in achieving policy convergence and addressing health inequalities in devolved political systems. Smith et al. (2009) found that analyses based on a comparison of healthcare policies in devolved regions may not fully capture the complexity and scope of policy divergence. This suggests that public health advocacy efforts may face unique challenges in devolved political contexts.

Furthermore, there is a dichotomy between high-income countries and LMICs in terms of the effectiveness of such advocacy efforts. In the context of LMICs, the challenges and opportunities for public health advocacy are critical to preventing harm and promoting health in communities (David et al., 2018). Building capacity and advocacy skills among public health professionals is vital for sustainable change and improving health outcomes in these countries (Carson et al., 2018).

Another criticism is the limited inclusion of public health advocacy in academic curricula. Bhatti et al. (2022) highlight a paucity of literature on how public health advocacy is taught to students and a lack of empirical research on the practice of advocacy. This suggests that there may be a need for greater emphasis on advocacy training in public health education programmes. These knowledge and skills deficits in advocacy could also be overcome in large part by strengthening informal education and training outside the formal forms of public health education, which in practice is very often provided by some advocacy groups

(especially non-governmental organisations) and individuals.

Lastly, there may be concerns and barriers that prevent health professionals from engaging in advocacy. Hancher-Rauch et al. (2019) identified concerns such as lack of knowledge and skills about advocacy, perceived difficulty in "selling" prevention ideas, and lack of time to engage in advocacy, as factors that may hinder public health professionals from practicing advocacy. These barriers may limit the effectiveness of public health advocacy efforts.

Conclusions

In conclusion, public health advocacy is of utmost importance in promoting the health and well-being of communities. It is crucial to incorporate advocacy into public health training, practice, and research to build the capacity of the public health workforce and address current and future public health challenges. Advocacy efforts can lead to positive policy changes and contribute to preventing harm and promoting health in communities. Despite the challenges and barriers, there are opportunities to overcome them and facilitate change through advocacy. Public health professionals have a responsibility to engage in advocacy to ensure health equity and the sustainability of public health interventions.

Public health advocacy is a potent tool for influencing policy- and decision-making processes within the policy cycle. By strategically engaging with each stage of the cycle, advocates can champion evidence-based solutions, drive awareness, and ensure that policies prioritise public health concerns. Collaborative efforts between public health advocacy groups, researchers, media, and policy- and decision-makers create a synergy that fosters effective policy development and implementation, ultimately leading to improved community health and well-being.

Public health advocacy coalitions are valuable collaborative partnerships that play a vital role in improving community health. These coalitions have the potential to drive community and systems change, promote behaviour change, and influence population-level health outcomes. However, their success relies on effective leadership, clear goals, and sustained funding. By leveraging the collective expertise and resources of diverse stakeholders, public health advocacy coalitions can make a significant impact on public health.

Public health media advocacy is a valuable strategy for promoting public health, influencing public opinion, and advocating for policy change. By utilising media channels, public health advocates can reach a wide audience, raise awareness, and mobilise support for public health issues. However, effective media advocacy requires careful planning, accurate messaging, and collaboration with media professionals. With strategic and responsible use of media, public health media advocacy can be a powerful tool for improving population health.

While public health advocacy is an important strategy for promoting public health and influencing policy change, there

are several criticisms and challenges that need to be addressed. These include limited access to evidence by policymakers, lack of clarity and data about policy processes, the need for greater stakeholder engagement in implementation science, challenges in devolved political systems, limited inclusion of advocacy in academic and further professional development curricula, and barriers preventing health professionals from engaging in advocacy. Addressing these criticisms can help strengthen public health advocacy efforts and improve their impact on population health.

Finally, and related to this special issue focus, Jernigan and Trangenstein (2020) indicated in their article there is a very little progress in moving the WHO Global Alcohol Action Plan (2022-2030) forward, especially in LMICs. Adequate advocacy knowledge and skills among public health professionals might be one useful (but under-utilised) catalyst for stimulating more actions by national, regional, and local authorities all over the world. Investments in public health advocacy would be paid off in a long-term for sure and would create a better environment for interaction between different stakeholders in the field public health, including public health practitioners, researchers, and policy- and decision-makers.

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