Power, Politics and Persuasion: The Critical Friend in Public Health Advocacy

A thesis submitted for the degree of Doctor of Philosophy

(by prior publication)

by
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"And it ought to be remembered that there is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success than to take the lead in the introduction of a new order of things." (Machiavelli, 1952)

Acknowledgements

There are so many individuals who have been part of this journey for me and some who have been key in supporting me to complete this work which really started in the mid-1990s. I have learnt so much after decades of engagement with effective health advocacy practitioners. In addition to my close colleagues, there are also those with whom I am joint authors, or who have edited chapters or journal articles for me both formally and informally. To all of them I owe a debt of gratitude and my thanks.

The staff who worked with me in a range of roles, those with whom I have served on a variety of boards and so many with whom I have engaged on a day-to-day basis and who have challenged me, advised me and have assisted my learning and understanding. They include advocates, public servants, politicians and individuals (including many with whom I have disagreed) and who from time to time offer beads of wisdom and pearls of understanding.

Those who agreed to be my supervisors and who have offered encouragement, understanding, suggestions, corrections and ideas for improvement have been key to the completion of this work. Rachel Davey, Shawn Somerset and Sharon Friel have seen my work through to the end. I also owe gratitude to my other supervisors in the earlier days – to Brenton Prosser and Katja Mikhailovich. Of particular importance is my friend and colleague Mike Daube whom I thank for his constant support and encouragement.

Most important are my family. My children and their partners who have been steadfast in their encouragement, support and love. However, none more so than Helen to whom I owe so much.

To all who have played a part – extensive through to a word of advice. It does not seem enough. Put simply - thank you.

Contents

PUBLICATIONS

PART 1

METHODOLOGY and FRAMEWORK

Guidelines for PhD by Prior Publication

This thesis is consistent with the University of Canberra Guidelines for a PhD by prior publication. It is based on a critical overview of 10 previously published journal articles.

I enrolled in a PhD at the University of Canberra in 2014 and in 2018 was accepted for transfer to a "PhD by Prior Publication" after review by external scholars and meeting the following series of stringent requirements:

> *a. completed University of Canberra Doctor of Philosophy (by Publication) application form;*
> *b. in chronological order, copies of the prior published research output(s) that will be included in the submission presented for examination (all published research output(s) included in the application must have been published no more than six years prior to a candidate's application for entry to the course);*
> *c. any information on citations of the output(s) included as well as information on journal impact, if applicable;*
> *d. a statement from co-authors of all joint-authored output(s) included, confirming the extent of the applicant's contribution;*
> *e. a statement (no more than five pages) that:*
>
> - *indicates the way the work has developed to form a significant body of academic achievement within the discipline;*
> - *demonstrates the contemporary relevance of each output;*
> - *indicates the way/s in which the output(s) make an original and scholarly contribution to knowledge;*
> - *provides a cohesive context for the output(s); and*
> - *confirms that the output(s) have not been previously submitted as part of a degree at any institution by the applicant or another person;*
> - *certified copies of academic qualifications and citizenship or Permanent Resident status: and*
> - *two academic referee reports (forwarded directly to HDR Support by the referees).*
>
> *Published research output(s) will be assessed against Australian Research Council's Excellence in Research for Australia (ERA) criteria for eligible research outputs.*
>
> *The application is also considered for admissibility to the course by an external disciplinary expert.*

These conditions were verified and a transfer approved in an email from Erica Walls-Nicols (Graduate Research Team Leader at the University of Canberra) on 25 October 2018. She stated:

"I am pleased to advise you that the admissions sub-committee, chaired by the Deputy Vice-Chancellor Research & Innovation, has approved your application to transfer to the PhD by Prior Publication".

The thesis comprises a "Critical Overview" of a series of ten publications. The requirements for the University of Canberra "Critical Overview" state:

As a general standard, the scholarly and critical overview will:

> *a. provide a cohesive, thematic overview which converts the individual published research output(s) into an integrated work;*
> *b. demonstrate the contemporary relevance of each publication;*
> *c. set out how the published research output(s) make an original, scholarly contribution to knowledge at a doctoral level;*
> *d. reflect upon where the work fits into the body of knowledge in the discipline; and*
> *e. provide a critical analysis of appropriate literature in the discipline.*

With regard to *University of Canberra Division 11 Medical and Health Sciences* this "Critical Overview" (or thesis) does meet all of the criteria including the following requirements that are specific to the faculty:

> A recommended minimum of 10,000 words. It will incorporate both an introduction and discussion. Research should be contextualised in existing literature.
> It is expected that the Critical Overview will clearly demonstrate the theme and links between the published research output(s).

In the case of PhD by publication the University of Canberra requires an author declaration form for co-authored publications as part of the application process. It also requires the forms to be redone and to be inserted into the thesis. For this reason, co-author forms have been included directly after each of the Publications is identified within the thesis. To be thorough, I have also completed a declaration after each of the Publications where I have been the sole author.

Preface and approach

Turning knowledge into practice by sharing insights and understanding around research and action in health advocacy fits neatly into the growing willingness of academics to turn theory into practice. With a background in education and qualifications in health, as well as being a practitioner as a politician, as a health minister and as a public health leader, I have spent considerable time seeking ways to improve public health advocacy. Developing a systems approach for planning or for evaluating public health advocacy seemed to be a useful device for those interested in improving their own practice aimed at enhancing the health of populations.

Public health advocacy may be defined as the deliberate process of using knowledge and evidence to support or argue in favour of a cause, policy or idea in order to influence decision makers and public opinion to deliver better population health outcomes.

The goal of the public health professional, as I draw from the banner of the John Hopkins Bloomberg School of Public Health, is not just about “Protecting health, Saving lives”, but to do so “Millions at a time” (Hopkins 2019). Providing guidance to those who have this goal has been part of my mission for decades.

The “Critical Overview” (as identified by the University of Canberra) that forms this thesis is based on a series of 10 publications, a critical examination of the international literature and subsequent reflections on how health advocacy is conducted. The process started in the early 1990s with my Master’s Degree at the Australian National University in which my original intention was to write a "Manual for the Drug Policy Activist". At the time I moved away from the idea of a “manual” and was not to return to that concept until many years later when my reading led me to consider Kotter’s change management theory which provided a series of sequential steps for handling change management in a corporate setting, as being adaptable to the change being sought through public health advocacy.

This paralleled a growing interest in language, discourse and the study of post-structural thought. As a drug policy activist, at the time, I became aware of an inherent conflict in trying to establish an objective model on the one hand and recognising the subjectivity of one who is involved in an intervention to achieve a policy outcome on the other. The attempt at resolution of this conflict recognises an assumption of reflexivity. In the field of analysis and strategy this attempt recognises self as an important part of the intervention.

Post-structuralist thinking, therefore, has played an important part in the approach in considering the way a person reflects, to consider the manner of learning and how understanding increases

with such reflection and learning (Lemke, J 1995). Policy practice and advocacy aimed at implementing change are key elements of my own development and growth in understanding in this field, as illustrated through the ten publications that provide the basis for this dissertation (or Critical Overview). There have always been questions about how I listen, how I speak and how I understand and engage in different circumstances. I have recognised that in each situation these are important questions which underpin how change can be achieved as they take into account my own perceptions, my own background and the factors influencing me in how I deal with a huge range of variables. As David Legge has postulated:

> "The person who uses the term ideology assumes themself to have direct access to the truth; the people to whom the term is applied have their access to the truth distorted by ideology". (Legge 1996)

This further outlines the importance of a range of elements of post-structuralist thinking that have been critical for me in developing my own approach and understanding about the topic of "power, politics and persuasion" and why I have framed this work in understanding the importance of the critical friend in public health advocacy. Legge suggests:

> "Some of the functions for which I have found post-structuralist tools particularly useful include: ·
>
> - mapping the issues being considered in the policy discussion onto a more structurally organised model of the field of action;
> - tracing the ways in which streams of policy discourse flow, mix and storm and linking these to prevailing political, economic and cultural pressures;
> - thinking about the ways in which different strategies of policy development affect the processes through which agreement may be achieved;
> - thinking about our own subjectivity in relation to our participation in policy work and the ethical decision making which is present within our practice;
> - thinking reflexively about our own place in the field of which our own policy commentary speaks" (Legge, D 1996)

It is in this context of reflexivity through the growth of ideas over three decades, that I present what is in effect a case-series of papers which build knowledge and understanding of issues of public health advocacy.

It is to be hoped that the series of publications which form the basis of this dissertation add to knowledge and that these ideas will be motivation for further research – perhaps as the basis for

testing in a case-control study design that will be able to verify or challenge the usefulness of the Kotter Plus ten step device.

The difference between these tens steps and other frameworks for public health advocacy is that the basis has sequential steps which are effectively an advocacy manual for the public health activist. In this manner the publications have used specific examples to share new understanding and new knowledge.

Research aims and questions

Research aim

The aim of the thesis is to share knowledge on how the public health advocate can either plan and/or evaluate public health advocacy strategies in a logical and sequential manner.

The research question my publications have addressed include:

1. How can public health advocacy be improved?
2. Will a reflective approach prior to and over the development of years of publications enhance understanding and improve practice?
3. Do the publications indicate the utility of a framework for public health advocacy actions?

The purpose of this "Critical Overview", therefore, is to illustrate how a series of publications in peer review journals have provided a framework for developing structured efforts to provide a logical method for guidance for implementing public health advocacy action through:

(1) Planning
(2) Developing and implementing
(3) Evaluating.

The advocacy action I address in this context, is about the use of advocacy tools to influence community and government policy rather than a specific advocacy such as supporting an individual who is seeking assistance for better access to particular health services. My research has demonstrated that the key elements of advocacy to influence higher level policy change includes establishing a sound understanding and vision, and having influence through traditional and social media, building relationships and engaging with policy makers at the community, bureaucratic and political levels.

A sequential framework

A key element in the introduction of new knowledge is presenting a largely sequential framework and reflecting on the efficacy of such a framework as per PUBLICATION 2 (that will be dealt with in more details later). Those existing frameworks, as identified in the literature review, do not attempt to provide a sequential guide to planning advocacy action in health. Rather, the approach is to provide ideas or indicators of the sorts of things that have worked from time to time in advocacy action. Despite efforts to apply a more structured approach myself, I regularly found that planning campaigns involved looking at previous campaigns or copying ideas from others. Whilst

this had some efficacy, it seemed to me that putting forward a carefully considered, academically sound and more structured approach for consideration by others would provide a tool that would genuinely allow for the transition from research into practice.

Justification for the research – research into practice

There is a personal and reflective element to this research proposal. As a public health leader listening at conferences and in my role as President of the World Federation of Public Health Associations it had come to my attention that an ad hoc approach to advocacy has been the hallmark of many efforts to bring about change within the public health sphere. Some advocacy efforts have been successful (Daube 2013, Chapman 2015). Many have not achieved what ought to have been possible.

As practice and reflection have been a key element in developing the sequential framework for advocacy action, it is the later publications in this dissertation that provide specific examples of the application of the framework or, more regularly, as part of the implementation of advocacy action.

Ironically, the literature review highlighted at one point the failings of my organisation, in implementing a logical and methodical process to bring about change with regard to a *National Food Plan*. An evaluation of the process by Carey and others (Carey et al 2015), as discussed later in the literature review, highlighted the failure of the PHAA to undertake some of the specific steps I had personally identified. The reflective process in the writing of this thesis highlighted for me the importance for practitioners to not only identify all of the steps of the *Kotter Plus – a 10 Step Plan* but also to apply them as part of planning and work.

There is a growing interest in improving the effectiveness of advocacy amongst NGOs. There is also a growing interest amongst academics in 'research translation'. It is my view that the need for a wider understanding of more effective approaches to public health advocacy will assist others to reflect on this demanding, complex and multi-faceted issue and consider better methods for carrying out public health advocacy.

The phrase critical friend which I have invoked as key for encouraging a better understanding of public health advocacy, has been chosen for its dual meaning. My initial intention is to encourage people to understand the importance of maintaining an appropriate engagement, where possible, with those in power. Politicians are used to being criticised. The main role of the official opposition is to double-check, look critically and hold the government to account. A minister invariably faces a person from the opposition with the specific responsibility to criticise where possible – this is usually the shadow minister, but will also regularly include cross-bench politicians. Reflections on

my own experience as a minister for health, along with discussions with other ministers, reinforced a willingness to accept fair criticism when delivered appropriately from NGOs and others in their field of responsibility.

However, when blind criticism is offered without acknowledging achievements or good intent, it simply destroys relationships and undermines the chances of a constructive approach.

The other meaning of 'critical', however, is also very important and can be a crucial component of advocacy. It is significant if the relationship built by a public health professional with those in power allows influence that is a key, or a critical part of the adoption of policy objectives. Understanding the exercise of power, understanding how politics works and being effective within the context of being persuasive depends on being a critical friend.

Research Framework

Although this thesis is specifically a critical overview relying on "prior publications", and it was not a requirement to include either methods or framework, it did seem appropriate to identify the research framework that had largely applied to the papers presented for consideration.

The research draws on a case series methodology. Yin explains that a case study methodology should be employed under the following criteria:

- "A 'how' or 'why' question is being asked:
    - about a contemporary set of events
    - over which the researcher has little or no control" (Yin 2104 p14)

According to Babbie there are three main purposes for social research, "exploration, description and explanation" and "studies may aim to serve more than one of these purposes". (Babbie 2015). As Yin points out, the variabilities that are one of the main reasons case studies are used as a research method are also why the term is difficult to define. He prefers, therefore, to consider the 'features of a case study' and identifies that they can include 'many more variables of interest than data points', can rely 'on multiple sources of evidence' and are appropriate in "investigating a contemporary phenomenon (the 'case') in depth and in the real world context when boundaries between the phenomenon and context may not be clearly evident". (Yin 2014). It has been my intention to ensure that the research is strengthened and reinforced over multiple case studies (referred to as a 'case series'). These have been either published in peer review journals, published in grey literature or presented at national and international conferences. The most recent is a publication on the development of Australia's Health Star Rating system providing "lessons for public health advocates" (Moore 2019).

Concerns around case study research include a lack of credibility with the emphasis on narrative rather than statistical analysis and hence do not protect effectively enough against personal and other biases and, therefore, the qualitative data will not have the same credibility as quantitative data. However, with the intention to examine a contemporary set of events where there is little, or minimal control, the choice of a case study approach is appropriate (Yin 2014). An advantage of Yin's case study research is that it "manages to link theory and practice by presenting the breadth of case study research and its historical significance at a practical level" … and later "it is Yin's view that when 'the process has been given careful attention, the potential result is the production of a high quality case study'" (Hollweck 2016). My aim has been for a high quality outcome. As such, Hollweck's understanding of the case study approach as outlined by Yin emphasises the

appropriateness of adopting this methodology. To ensure that the biases and concerns mentioned above are minimised and confidence in the methodology is increased, it has been my intention to apply a case series approach as part of the research method. By conducting this case series approach, it will be possible for controlled intervention studies to be conducted subsequently. "Controlled intervention studies rigorously test a hypothesis through random assignment of one intervention group against a comparative group. The advantage is to minimise the sort of confounding factors and biases that may be found in case study approaches. Whilst case study approaches following Yin's methodology can provide high quality outcomes, they may also provide additional motivation for a controlled intervention approach. Following up on a case study series approach, such as has been adopted in this dissertation, with a controlled intervention would have the advantage of testing the hypothesis explored by a case series. The outcome may well challenge the knowledge presented or, on the other hand, may well strengthen the outcome.

To strengthen the approach, planning has taken into account an iterative peer review process. Each of the case studies was published in peer review journals to ensure that they were separately evaluated and were of good standing. Evaluation of the series of separately peer reviewed case studies strengthens the ability to draw conclusions from across the multiple cases – or series. This dissertation has used what Yin refers to as 'cross-case synthesis'. The intention is to establish a framework for advocacy drawing on previously published work – and then to use this as a framework for cross-case synthesis as "the analysis is likely to be easier and the findings likely to be more robust than having only a single case". Yin describes both a "two case" case study and a "six-case case-series" when he refers to Ericksen and Dyer's "synthesis of six cases" (Yin 2014).

In summary, the proposal is to start with change management theory before combining the case series with an understanding of the political philosophy underlying the way advocacy is conducted.

Although this is a critical overview of "prior publications", it seemed an appropriate approach to carry out a systematic literature search and the literature search section covers the methodology regarding the literature. However, two factors should be taken into account. Firstly, the review should be read in the context of someone who is constantly exposed to the health advocacy literature as part of an ongoing involvement in a professional life, and secondly, taking into account that the original review was completed in early 2016 and has now been updated to consider literature published from 2016 - 2019.

Embedding the 'critical overview' in literature

Introduction

In order to carry out a systematic narrative review of appropriate literature, I determined to use a range of health related databases along with some social science databases to cover health, political sciences, political philosophy and advocacy. However, before working on the databases I reviewed the literature I had been collecting for around two decades and selected the most pertinent of these. In each case I re-read either the texts or the abstracts as a starting point and where I considered they were no longer relevant they were not included. From the period beyond completion of a sub-thesis as part of a Master's degree with the title "Implementing Controversial Health Policy", I remained interested in implementation theory. The aim that I had in reading and retaining this literature was the improvement of my own practice and sharing knowledge with others. This way there was hope that more effective public health advocacy could be practised for better population health outcomes. The literature that I had saved either in printed format or electronically largely examined the factors that influenced political decisions, particularly in the context of health policy. When reviewing this literature, I rejected the use of non-health related political papers to ensure that I remained focussed on those that had impact on health policy. Additionally, I completed an update of the literature review, originating from late 2015 and early 2016. Over the next few years I maintained an interest in papers published by colleagues and others, in particular, a key role played by a health advocacy email group facilitated by Professor Florian Stigler from the University of Graz, Austria. With this additional information, it seemed appropriate to carry out a final scan of the literature in 2019. For this reason, the table below shows the original process of the systematic narrative review followed by a second row for each of the databases that specifically examines literature for the period from 2016 to 2019. The databases used for this literature review included Medline, Scopus, Academic Search Premier, and Informit. I also searched the grey literature, Google Scholar and MedNar.

Having explored a range of terms I believed that the following two search strings gave a very broad range of what seemed to be relevant results - *health AND (advocacy OR persuasion) AND (implement* OR plan* OR evaluat*) ("health advocacy" OR persuasion) AND (implement* OR plan* OR evaluat*)* Working with the librarian at the University of Canberra I went firstly through a verbal process of exploring possibilities and then a process of elimination of terms which had originally seemed pertinent to the question at hand but were effectively redundant. I was encouraged to keep the terms at a 'manageable' level – particularly considering I was already very

familiar with much of the literature in the area from both my background and the reading upon which I had embarked when considering to take on this research project.

There were additional ideas that developed as I conducted the update for the literature review – identifying areas that needed further consideration. The search string was tested for efficacy and modifications made to the inclusions and exclusions (through the brackets and the * systems) and then checked after trial searches. The full searches of the databases were then undertaken. The results follow:

Database search process

Databases	Search terms	Filters	No of results	Outcome & % of results	% results excluded
Medline	"Health advocacy" OR persuasion AND (implement* OR plan* OR Evaluat*)	English 1995-2015 Abstracts Human	690 539 458 368	3.3% 12/368	96.7% 356/368
Medline (2)		2016-2019 As above	322 317	1.5% 5/317	98.5% 312/317
Scopus		1995-2015 Title Abstract Keywords Health & Social Sciences Eliminate Medicine, Business Management, Consumer & Psychology Limit to three pertinent journals	980 462 36	5.5% 2/36	94.5% 34/36
Scopus (2)		2016-2019 As above (not limited to pertinent journals)	560 313	1.3% 4/313	98.7% 309/313
Academic Search Complete		Open 1995-2015 English Eliminate: • attitude (psychology) • consumer behaviour • communication • influence (psychology) • psychology	1,416 1,314 960	4.6% 6/131	95.4% 125/131

Academic Search (2) Ultimate replacing Complete)		2016-2019 Open As above	509 135	4.4% 6/135	95.6% 129/135
Informit		Sort by "newest" By-pass 'classroom teaching texts' Restrict to 1995	128 85	3.5% 3/85	96.5% 82/85
Informit (2)		2016-2019 Sort by "newest" By-pass 'classroom teaching texts' Focus on Health Collection	 136	0% 0/136	100% 136/136
Webofscience		Restrict 1995-2015 Social sciences & Health care services - In reading I by-passed medical, school, hospital, papers identified in other databases	2135 361	3.6% 13/361	96.4% 348/361
Webofscience (2)		2016-2019 As above	909 755 160	2.5% 4/160	97.5% 156/160
Cochrane Review Library		7 results of 9317 records general 8 results of 15764 methods	7 8	28.5% 2/7 12.5% 1/8	72.5% 87.5% 7/8
Cochrane Review Library (2)		 Narrow to 'Embase' 2016-2019	268 119 48	0% 0/48	100% 48/48
Grey Literature					
Google Scholar	"Health advocacy" OR persuasion AND (implement* OR plan* OR Evaluat*)	156,000 results restrict to 'Since 2015' = 11300 since 2016 1,680 the exact phrase "health advocacy" 187	187	2% 4/187	98%
Google Scholar (2)		2016-2019 34,500 results Restrict "Public Health Advocacy" and Politics (list by relevance)	843 719 310	2.2% 7/310	97.8% 303/310
Mednar		641 'top results' from 30,148 Narrow to public health and advocacy organisations = 69 results	69	2/69 = 3%	97%

Mednar (2) 2016 - 2019		1,082 Narrow to health advocacy 13 results	13	1.2% 13/1082	98.8% 1069/1082
Further selection strategies		Eliminating personal advocacy based on individuals			
Total Studies used in review (including to 2019)		Note: A number of the same studies appeared in different data bases	2553	84 applicable	

Literature review learnings

Introduction

The literature review provided the opportunity to assess views on political philosophy as one of the key aspects underlying the study. Additionally, the discussion coming out of the literature is framed with a consideration of the steps I had proposed as *Kotter Plus – 10 Step Framework* (Moore et al, 2013) because of the importance of how it fits with an understanding of the advocacy process.

The outstanding relevant paper in political philosophy was the work of Philip Pettit (Pettit 1997) because of the importance of his contribution to understanding freedom in terms of 'non-domination' rather than the popular notion of 'non-interference'. This understanding not only allows a framing for governments to regulate for better health but puts an obligation on them to do so. In regard to health advocacy the outstanding authors were Simon Chapman and Mike Daube for their practical insights into how advocacy worked for them across the wide range of papers and presentations I had attended. The most pertinent for my own health advocacy were the tips they provided in presentations and papers – such as "11 Commandments" (Daube 2017) and "100 pieces of advice" (Chapman 2015). Of specific use were also the works of Cullerton and Christofell who provided alternative ways of framing the advocacy process (Cullerton K 2018), Christoffel 2000).

However, the process also provided a number of challenges. First, to apply reflectivity to my own thinking; second, to ensure that I understood my own policy goals in a more structured manner; third, to watch the "flow, mix and storm" of political, economic and cultural pressures"; and fourth, to consider my own subjectivity and to work ethically in my own practice. (Legge D 1996). Additionally, was consideration of the framework that I had established within the context of the growing influence of social media. "Not only are candidates and elected officials increasingly using social media platforms for political communication, but the public is also turning more and more to social media platforms as a source of political news" (Dounocos 2019). The use of social media by

US President, Donald Trump to reach people, rather than just through traditional mechanisms, has highlighted the importance of this medium for public health advocates.

Furthermore, as an example that I was aware of the need to avoid 'cherry-picking' the literature, the reflection on my own practice took into account appropriate criticism as described below (Carey 2015) and, finally, to understand the broad nature of advocacy and the approaches taken by so many others. I had focussed on the national level – however, there were opportunities to learn from the literature internationally as illustrated, for example, by a series of papers including: (London, J 2017), (Motluk 2008), (Oakly 2019), (Hancher-Rauch 2019), (Abu-Zidan 2012) and (Fadlallah 2019).

The review of the literature also provided a springboard to engage with and encourage Professor Florian Stigler from Graz University in Austria to set up an international social media group on health advocacy.

Surprise learning

One of the most revealing learnings came in revising the literature review in early 2016 when my own practice in health advocacy was exposed as inconsistent with *Kotter Plus – 10 Step Framework*.

> "the PHAA engaged to a lesser extent in alliance building. Its two 'A Future for Food' papers presented an integrated vision of a 'sustainable, healthy and fair' food system, but it did not build strong cross-sector alliances with the broader movement of civil society groups" (Carey et al 2015 p 9).

And later,

> "While the food and agriculture industries presented a coordinated agenda under the banner of the Global Foundation, the response from the public health sector was fragmented in comparison" (Carey et al 2015 p 9).

The second step in the *Kotter Plus – 10 Step Framework* is "Building the guiding coalition" is where the PHAA was perceived as having failed to do this effectively. The development of a National Food Alliance as part of the process failed to come together in an effective coalition that could provide the leadership needed to counter the efforts of industry representative bodies. Lessons learnt from this experience would improve the approach taken in the development of the Health Star Rating scheme. (Moore 2019)

Influence of Christofell

One of the most notable articles emerging from the literature review was published in the *American Journal of Public Health* with regard to an advocacy framework that involves 3 main stages: information, strategy, and action.

> "These stages are conceptually sequential but, in practice, simultaneous. The work at each stage is continually adjusted according to circumstances at the other stages". (Christofell 2000)

These relate quite closely to the three conceptual stages that I have proposed for considering this part of the literature review, namely preparation, process and implementation. Christofell provided an alternative way for me to consider the broader literature within the context of my own work on advocacy and a method for which they can be considered as part of the case-series framework upon which the critical overview and publications are dependent. To the Christofell stages I have aligned the *Kotter Plus – 10 Step Framework* as follows:

Preparation (Christofell's Information)

- Step 1: Establishing a Sense of Urgency
- Step 2: Creating the Guiding Coalition
- Step 4: Developing a Change Vision

Process (Christofell's Strategy)

- Step 3: Developing and Maintaining Influential Relationships
- Step 5: Communicating the Vision for Buy-in
- Step 6: Empowering Broad-based Action
- Step 8: Generating Short-term Wins

Implementation (Christofell's Action)

- Step 7: Being Opportunistic
- Step 9: Never Letting Up
- Step 10: Incorporating Changes into the Culture

Breaking the steps into these general concepts provided the opportunity to consider the literature in a broad context around health advocacy and understanding 'power and the art of persuasion' and the importance of the critical friend.

Another framework was identified by Chapman (Chapman 2004) in his "primer" for public health advocacy which asks ten pertinent questions. These include understanding "who do the key decision makers answer to, and how can these people be influenced?", objectives, strengths and

weaknesses of the opposition, the use of sound bites and "how can large numbers of people be quickly organised to express their concerns?". Again in 2015, with another decade of experience Chapman (Chapman 2015) offers further hints to those involved in public health advocacy. His lesson 10, for example, suggests 'growing a rhinoceros' hide' and he explains "as soon as your work threatens an industry or ideological cabal you will be attacked, sometimes unrelentingly and viciously" and builds on further ideas such as the importance of evidence or "killer facts" as well as the importance of "using social media. A lot". His insights, experience and understanding provide an additional depth to the steps that I have presented.

Mike Daube's eleven commandments includes the importance of being professional, relying on evidence, having clear messages that are agreed to by coalitions, being non-partisan but understanding politicians and bureaucrats. He emphasises the importance of working with the media, being innovative and avoiding "soft options" before explaining "be impatient – but patient". He concludes with "finally and crucially: Oppose and expose the opposition". (Daube 2017)

An additional oversight of possible advocacy activities came from Sargent and Porter (Sargent and Porter 1973) from the Albert Einstein Institution who provide a myriad of tools for protest and persuasion within a framework of six major "methods". These include under the heading "198 Methods of Nonviolent Action" that are a series of approaches ranging from letter writing and public speeches, through petitions, picketing and walkouts, to boycotts, revenue refusal and different types of strikes.

The consolidated steps in advocacy

In presenting the consolidated steps in advocacy from the literature review I have taken into account what I considered another of the influential publications. Christofell provided an alternative way for me to consider the broader literature within the context of my own work on advocacy. By presenting the literature review within the context of my own consolidated and sequential steps in advocacy the work falls into three broad categories that I have identified as 'preparation', 'process and 'implementation'. These are similar (although not the same) as the categories that Christofell identified as "information', 'strategy' and 'action'. The next section frames the literature from the review within the context of these three elements at the same time as taking into account *Kotter Plus – 10 Step Framework.*

Framing literature in terms of Kotter Plus – 10 step framework

Developing the change vision was the most commonly considered aspect of preparation within the literature on health advocacy. Szarka sets out a conceptual framework for the preparation that

ought to be undertaken by NGOs with regard to health and climate change (Szarka 2013). The first of these six functions was described as "issue framing" followed by "knowledge generation and dissemination" and later "agenda setting". The paper also discussed "attribution of responsibility" and "public mobilisation". Creating a guiding coalition (step 2) was highlighted by Princen, looking at international advocacy in some case studies with players competing to persuade decision makers specifically in the areas of tobacco and alcohol. "Moreover, both cases show that multilevel governance structures offer better opportunities for challengers than for defenders of the domestic status quo" (Princen 2007). This factor in successful advocacy was reiterated with examples from tobacco policy where Weishaar concluded, "those interested in effective health policy can apply lessons learned from EU smoke-free policy to build effective alliances in tobacco control and other areas of public health" (Weishaar 2015). According to Hubinette, the same applies when medical practitioners take a role in advocacy (Hubinette 2014).

Developing a change vision (step 4) is a critical part of the preparation phase of effective advocacy. Where the vision is based on evidence through sound academic research it has a much greater likelihood of success. Gordon examined the development of the European Union alcohol policy and the impact of both the science and the communication in the process (Gordon et al 2012). Of particular note in Gordon is the emphasis on communication being put on interventions that are not difficult but are the least effective while those interventions shown to be more successful, but more difficult, received least attention.

The production and presentation of evidence may be considered a useful consideration as illustrated by Nutbeam: "It is a further reminder of the need to ensure that available evidence is 'fit for purpose', is available when needed, and supports practical actions" (Nutbeam et al, 2008). Another key element of managing the process of advocacy is 'communicating the vision for buy-in' (step 5). Stoneham use injury prevention to point out "it is important for public health professionals to embrace media advocacy strategies to assist in influencing and setting local public policy" (Stoneham et al, 2013).

Working with different governments, even when ideas in the initial instance do not appear to be contested by industry (e.g. tobacco), can still take time and needs appropriate process. Freeman assesses the implementation process to influence governments regarding smoking in cars with children. It also forms part of the process is communicating the vision for buy-in (step 5) (Freeman et al, 2008). Gordon "reminds of the importance of the evidence but the importance of much more significant policy actions in the attempt to have the policy implemented". That vision is also a key part of persuasion, especially when used within the context of 'maintaining influential relationships' (step 3) (Gordon et al 2012). As Conger identified nearly two decades ago: "even if a

persuader's credibility is high, his position must make sense--even more, it must appeal--to the audience" (Conger 1998).

Ensuring that the vision and communication messages are sound is illustrated by messages around health campaigns using the argument of cannabis as a 'gateway' drug that Yzer argues is counter-productive: "The results suggest that the gateway message should not be used in anti-drug interventions" (Yzer et al, 2008).

In a similar approach to Chapman (2015), Buerhaus, using the nursing profession as his springboard, suggests the ability to be persuasive is a key to good health outcomes for patients. He suggests developing "an effective message so that you are well prepared for the next time you have the ear of a thought leader or health policymaker" (Buerhaus 2009). The same applies to other health professionals where Woodruff, as early as 1995 pointed out "primary care providers have an important role to play in advocating healthy public policies" (Woodruff 1995).

However, one of the key elements seems to be developing and maintaining strategic relationships (step 3) as highlighted by DeLeon who argues "rather, all politics being local, it is the relationships with legislators that count" (DeLeon et al 2006).

Implementation and persuasion

The art of implementation is also the art of persuasion. Bell argues "that the society-centred perspective usefully draws our attention to the role played by non-state actors in the exercise of governance through persuasion" (Bell et al 2010). Non-state actors or NGOs can use the sort of steps set out in *Kotter Plus – 10 Step Framework* to influence the State actors. Others such as Groom use a case example of a transport health issue to illustrate advocacy action. "The case study illustrates defining the public health problem, the solution and the target for action" (Groom et al 2006).

Engaging with industry when it involves unhealthy commodities is unacceptable according to Moodie, who argues that "despite the common reliance on industry self-regulation and public–private partnerships, there is no evidence of their effectiveness or safety" (Moodie et al 2012). They throw down the gauntlet to public health professionals to rely on evidence based mechanisms.

Ensuring the advocacy outcome is achieved is not necessarily easy to measure, even within the short term, according to Webster who reviewed the effort starting in 2007 by "the Australian Division of World Action on Salt and Health (AWASH) which launched a campaign to encourage the Australian government to take action to reduce population salt intake" (Webster et al, 2014).

Persuasiveness and credibility are linked very closely as is identified by Groenendyk. Although this paper has more relevance to political actors, as a health advocate it is important to understand the key elements of influence – including that of credibility (Groenendyk et al 2002). The same theme has been developed further by Pavey arguing that freedom (which for him is called "autonomy") is positively related to "motivation and intentions to drink responsibly" (Pavey et al 2009). In a similar manner Franz examines the power of advertising to persuade, noting that "by persuasion we simply mean the ability of a message to influence a person's political beliefs, attitudes or values" (Franz et al 2007). More specifically, power according to Grant, can be complex when used in a persuasive manner, "Coercion, persuasion, and bargaining are alternative forms of power. Each is sometimes legitimate and sometimes not" (Grant 2006). This, in turn, contrasts with Hobbes: "Power, in general, I take to be the capacity to achieve one's purposes" – a much more pragmatic approach (Hobbes 1968).

The risk to academic integrity is raised by Gillies who points out "knowledge activism is the process, or action, by which research findings are developed from the sphere of 'information' into the sphere of 'persuasion'" and goes on to argue that "remaining outside the political sphere simply guarantees minimal research impact" (Gillies 2014 p276). The importance of persuasion is emphasised by Motluk providing particular insights by looking at eight areas of persuasive techniques to raise issues, noting, for example, "A growing body of evidence suggests that breaking down people's resistance to persuasion can be even more important" (than) "what makes certain messages more appealing than others" (Motluk et al 2008), while others such as Garvin warn that "dysfunctional routines, by contrast, are barriers to action and change" (Garvin et al).

Many of the studies are narrative based and have a series of pitfalls. "These limitations and potential pitfalls do not mean that there should be no place for narratives in informing health policy-making. However, it does mean that narratives need to be held to standards of validity" (Fadlallah et al 2019). It is this high standard of validity that will allow for credibility, learning and improvement in practice as was established in the adoption of the case study series approach following the use of Yin's methodology as discussed on page 15 of this thesis.

Persistence

Persistence has been presented as a key element in advocacy (step 9) and is illustrated by a twenty-year-old editorial in *The Lancet*. The editorial was critical of the common practice at the time of having a public servant speaking out against a government policy seeking to ban tobacco advertising (*The Lancet* 1995 p598). After so many years of lobbying such an approach would be unthinkable in the present as a result of un-relentless lobbying against tobacco interests.

Gaps identified through the literature review

Leadership

Sustainability in advocacy has been identified by Day as an important part of capacity building – including the training and preparation of new talent (Day et al 2014). In this paper "five leadership 'talents' for public health were identified: mentoring-nurturing, shaping-organizing, networking-connecting, knowing-interpreting and advocating-impacting". The paper really provided an ongoing concept that aligns (step 10) with incorporating change into culture and having the skills to maintain the process. A similar approach was published by Czabanowski and was directed at learning institutions arguing importance of future public health leaders being "adequately trained and prepared for the challenges they will face" (Czabanowska et al 2014).

Bjegovic -Mikanovic emphasised the importance of strong leadership and emerging talent (Bjegovic -Mikanovic 2012), although Hines identified the most comprehensive assessment of the gaps in advocacy practice that comes through the literature. The skills public health professionals need to successfully do their jobs in advocacy were identified as:

- Defining the problem
- Finding a solution
- Strategic planning
- Building your power base
- Determining who can give you what you want
- How to pressure decision makers
- Recruitment, care, and feeding of volunteers
- Market-based campaigning: Hitting them in the pocketbook
- Grasstops organizing: How to get influential people to apply political pressure
- Role of new media in organizing
- Sustaining momentum through your next victory
- How to run meetings for maximum results
- Building coalitions with organizations and institutions
- How and why to elect supportive candidates
- Direct action and nonviolent civil disobedience
- Exposing pressure groups who sell out the public interest
- Research tools for organizing

(Hines et al 2012)

Perhaps the context is considered to be understood from the work of Bjegovic –Mikanovic as is this checklist of the tools needed for successful advocacy. However, the need for this check list may well come after launching an advocacy strategy.

The context in which the advocacy need occurs

The context in which the need for advocacy occurs does not necessarily fit neatly within the *Kotter Plus- 10 step framework*. Yeatman suggests "the challenge for public health advocacy is to ensure that professional associations as well as individual health professionals are cognisant of the environment within which public policy is developed" (Yeatman 2002). The context is further examined with regard to trade issues as noted by Sapsin in reviewing the development of the Framework Convention on Tobacco Control (FCTC) examining "trade's direct public health effects and basic law and policy structures in order to promote effective public health advocacy in trade discussions" (Sapsin et al 2003).

While Farrer and others identify that the importance of the highest levels of methodology in evidence is seen as providing the strongest base within academic circles they do "suggest that advocates should consider their use of evidence carefully, as 'highest standard scientific evidence' does not necessarily equate to 'the most effective advocacy evidence'." (Farrer et al 2015 p396)

Consistent with the concept of persistence is the amount of time it takes to achieve public health advocacy outcomes. Daube favours "overnight success takes time" (Daube 2013) while DeLeon suggests "When involved in the trenches of public policy efforts, it is important to appreciate that it is often very difficult to see incremental changes evolve until one looks back in retrospect, perhaps years later (DeLeon et al 2006).

Extrapolating from a public health advocacy approach

The public health advocacy approach can also be extrapolated beyond areas that immediately come to mind as 'public health'. Awofeso indicates the importance of a public health advocacy approach in prisons: "a public health approach to prison health advocacy combines the altruistic interests of religious motivation and humanitarianism with the self-interest of protection of the general community" (Awofeso 2008).

In conclusion, coming back to Simon Chapman who, in reflecting on thirty eight years in public health advocacy practice, primarily in the field of tobacco, gives ten pieces of advice for early career researchers and for advocates including: "being clear and concrete about the policy reforms you support; emphasising the values on which policy is based; understanding the structure, conventions and sub-textual features of news reporting; developing 'killer facts' with 'earworm'

potential; appreciating that the advocacy process leading to policy change almost always takes a long time; and growing a rhinoceros hide to assist in the inevitable attacks you will face".(Chapman 2015).

Below are some key findings from the literature review. Although specific authors are quoted, there was considerable overlap leading not only to these comments, but also the development of the *Kotter Plus- 10 step framework.*

Key findings from the literature review	
Author	**Comment**
Kotter	Change management theory is largely applicable to public health advocacy that seeks to change policy positions of governments. Whilst Kotter's steps have been found to work effectively in change management within the context of large organisations, there were some gaps that required attention. The steps needed to be adapted to public health advocacy where NGOs and individuals were attempting to persuade governments of the need for a change in approach to deliver better outcomes for the public's health.
Pettit	Freedom as non-interference undermines a regulatory approach. By considering freedom in terms of domination it is possible to gain a more philosophically sound approach to healthier communities. The real strength of Pettit's work is that it provides a framework for addressing the fallacy of the "nanny-state" arguments that so often undermine the public's health.
Franz, Pavey and Groenendyk	These papers follow on from Pettit, on the importance of freedom and the role of persuasion in interfering with freedom. Although none of these authors had the depth of argument presented by Pettit, they did reinforce the importance of genuine freedom in public health.
Gordon	Consider interventions that are easier but less effective as opposed to those that were more difficult to implement but delivered more effective in outcomes. Like Moodie, (below) Gordon raises the art of compromise. Looking at the evidence and understand what actually works is key – rather than just what works politically, but with minimal impact.
Moodie	Follows up on poor outcomes from self-regulation. He adds the importance of "persistence, persistence, persistence". The use of repetition reinforces the importance of "stickability".

Faldallah / Yin	Case study methodology may provide a high quality outcome. These papers were a key part of developing an approach to this work that would provide a high level outcome.
Awofeso	Be broad in understanding of public health beyond narrow boundaries. Obesity, tobacco and alcohol are key elements of public health along with preventing spread of infection – such as by immunisation. Awofesa reminds of the width of public health which the World Federation of Public Health addresses as "protection, prevention and health promotion".
Chapman	Chapman increases understanding of advocacy with 10 pieces of advice from engaging with media, the importance of relationships and "developing a rhinoceros hide". This work allows a comparison of my own sequential set of steps for public health advocacy and the reflections of such an experienced person in this area. I did not include the "rhinoceros hide" (as much as I liked it) as I was really trying to set out active steps – rather than a personal approach with this level of defensiveness.
Stoneham	Like Chapman – Stoneham considers the importance of media, and especially social media. These are covered in broad terms in my Kotter Plus steps. However, Stoneham and others are right in specifically identifying the importance of both traditional and social media.
Daube	A series of commandments are presented by Daube. Additionally, he stresses "overnight success takes time". Mike Daube's leadership in public health advocacy has been outstanding. Of particular note is the establishment of the Public Health Advocacy Institute of Western Australia at Curtin University and the workbooks that are provided. These have proved helpful in checking and developing my own practice and understanding of the challenges and procedures that form public health advocacy.
Yeatman	Keep in mind the environment in which public health advocacy takes place. This is such a key concept from Yeatman. The obvious is around a change of government. The approach, for example, in terms of a socially progressive government is quite different from dealing with a conservative government. Consideration also must be given to the style of media in a given jurisdiction.

Bjegovic –Mikanovic and Hines	The importance of leadership and the other personal skills needed for effective public health advocacy are emphasised by these authors. My own ten steps make an assumption about strong leadership. It is appropriate for these two authors to specifically identify the importance of the role of leadership in public health advocacy.
Bell	Being society centric is important to Bell. The public health advocate often is found in conflict with the notion of personal responsibility. It is appropriate to understand that these two do not have to be in direct conflict. However, an approach that is society centric without losing sight of personal responsibility, is likely to have greater impact.
Gillies	The relationship between research and impact is identified by Gillies. The role of research is critical as part of my *Step 4 – Developing a Change Vision*. Gilles reminds us of the importance of advocacy work being evidence based. Without this public health advocates will lose their most important asset – credibility. Change is pursued for better health outcomes in contrast with industry that, on the whole, pursues change for increased profit.
Woodruff	Primary health care professionals should be key health advocates. Of course many are. However, Woodruff places an important focus on the role of family doctors and other primary health care professionals as having the credibility, and therefore, a responsibility to play a role as a public health advocate.
Christofell	Christofell provides excellent insights into the importance of preparation and process. needed for effective public health advocacy. As such, his work was very helpful as it ran parallel to my own thinking. He did not attempt to be sequential. Being process focussed, however, he did not deal well with Step 7 *Being Opportunistic* – which I consider second in importance to Step 3 *Developing and Maintaining Influential Relationships*.
These selected examples, from the literature review, assisted in building a picture of the complexities of public health advocacy and the importance of establishing strategies to be applied with the intention of implementing more effective public health outcomes.	

Literature review conclusions

An assessment of the literature suggests there are a number of pertinent papers which provide ideas for carrying out health advocacy. Others provide illustrations of successful advocacy actions that are identified clearly in the literature review section of this paper. However, there is also a need for a structured approach to advocacy that systematically assesses the scholarly context of the tools used to resist change.

Frameworks

There is a series of three overlapping theoretical frameworks that underpin this study of such a complex and multi-faceted issue. These frameworks include the use of a 'case series' approach, (which is regularly used in the early stages of building evidence for practice) as a management framework around planning and dealing with change (as elaborated upon earlier – PUBLICATION 2), and a philosophical framework around liberty, personal freedom and the concept of "non-interference".

- A case series approach (Yin 2014) was used as part of the framework with a series of cases used to illustrate change management within the context of Kotter Plus. (PUBLICATION 2)
- Change management theory (Kotter 2012). This aspect formed another pillar of the framework as an approach from change management theory. As described previously, advocacy is about influence that seeks change. Change management theory is, therefore, potentially an important component of understanding how to plan, evaluate or implement advocacy. (PUBLICATION 2)
- Political philosophy provides a foundation for understanding "interference" in terms of freedom or domination (Pettit 1997). This provides groundwork regarding not only "the right" but also "the responsibility" of governments to regulate – even when industry resists. This foundation has proven to be a key element in dealing with the backlash or counter arguments to public health interventions. The publication on the Nanny State was framed within the context of this philosophical framework.

These overlapping frameworks have formed the core of the approach throughout the publications that underpin this thesis.