Food Research Collaboration

An introduction to public health advocacy: reflections on theory and practice

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The purpose of this briefing paper is to encourage debate among academics and civil society about the role of advocacy, what it is and how to use it more effectively for the public interest. The paper's particular focus is on food, nutrition and health, but it makes points of wider relevance to advocates of improved environmental, consumer and social justice features of the food system.

The key messages are:

- There is a continual, arguably increasing, need for strong public health advocacy to champion the public good. The toll of diet-related ill health is large, but the prevention of ill-health can be marginalised by a focus on the health service, prioritising healthcare and the treatment of people when sick over the importance of illness prevention and the creation of conditions for good health.
- Advocacy has to operate in a world of multilevel governance. Governments continue to transfer or share the power of policy making in the food system with other actors such as consultants, corporations, trade bodies, and think-tanks. Power continues to be ceded to food corporations to set and monitor their own policies in the context of population health. This drift of power has vulnerabilities and is open to question.
- Advocacy is highly justified in democratic terms, helping the creation of open societies with informed, active consumers and the protection of citizen rights. Public health advocacy is one branch of a broad spectrum of advocacy in modern societies. It is carried out by a range of actors through a number of different strategies and methods.
- The chosen actions are typically a direct response to the wider political terrain in which the advocacy is being carried out. There is rarely a 'silver bullet' or magic recipe that resolves food and public health problems (or other food-related problems). Such health problems usually require infrastructural, systemic or multi-factorial changes, which in turn require multiple actors to tackle the 'framing assumptions' of the problem.
- Civil society organisations, or Non-Governmental Organisations (NGOs), represent a key group of advocates. Their advocacy involves the development of alternative framing assumptions and framing languages, as well as holding policymakers, government and corporates to account for their actions and progress that is or isn't being made. NGOs have become an important source of evidence in policy-making as well as public discourse.
- Academics can affect and contribute to policy advocacy and change in a number of ways including: heightening awareness of issues, developing alternative frameworks and languages, presenting relevant evidence, reviewing options for change, providing evidence, adopting a 'critical friend' function, and servicing coalitions with shared views.
- While the importance of advocacy is commonly acknowledged, specific evaluation tools and indicators for establishing impact and effectiveness are often lacking. These need to be developed to improve advocacy strategies and inform future actions.

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1. Introduction

Over recent decades there have been undeniable and extensive changes to the food system. Entire diets, methods of production, cultural preferences, household tastes and expenditure have changed rapidly. As a result, there are now concerns about the state of population diets, not just regarding the insufficiencies once considered the greatest diet-related threat to health, but concerns of excess consumption of calories, salt, sugar and saturated fat. We cannot hide from the health consequences of this change, clearly visible by the high levels of overweight and obesity, rising healthcare costs and widening health inequalities we now see in rich countries such as the UK and around the world. These patterns are becoming particularly heavy burdens for developing countries. On top of these health burdens, there are related concerns about the sustainability of consumption patterns and the impact these have on climate change, soil, water and biodiversity – the infrastructure of food systems.

During this period of rapid change, laws have been passed, trade rules liberalised, some choices increased while others declined, multi-national companies expanded, and prices changed. These changes were the result of pressures from interests within the food system, some commercial and some consumerist, who had laid the groundwork for change as soon as an opportunity or crisis emerged. One example was the change which emerged from the crisis about food adulteration in the 1980s, culminating in the exposure of BSE ('mad cow disease'). Following this, public health concerns rose rapidly up the UK and European Union (EU) political agenda. Laws and standards were tightened to retain public trust, new institutions were created, and reputations were tarnished. Advocacy, the subject of this briefing paper, is a thread which runs through the complex array of decisions made about food and thus the decisions that influence our diet, nutrition status and health. It is a feature of the modern world of food which interests both civil society and academics.

The purpose of this paper is to explore the role and effectiveness of public health nutrition advocacy in stimulating change, particularly advocacy carried out by civil society organisations. This is a sensitive issue. While commercial operators have vast resources - funds, lobbies, public relations (PR), advertising, intelligence, financial leverage with governments, well-oiled contact networks - civil society is frequently on the back foot, struggling to second guess the next innovations by corporations or governments resisting what they perceive as sectional or 'single issue' interests. NGOs often feel they have to react to change, sometimes too late. This is not helped by the apparent political default position in Westminster to encourage market solutions, to reduce the role of the state in framing the conditions of existence, and to maintain long-standing support for cheap food. Such policy directions constrain the room for advocates who are concerned, for example, about high costs externalised onto society from poor diets or environmental degradation. Furthermore, in January 2014 'The Transparency of Lobbying, Non Party Campaigning and Trade Union Administration Act 2014' (known as the Lobbying Act) (1) was introduced and passed by the UK Coalition Government nominally in a bid to protect legitimate campaigning while guarding against undue political influence. Instead however, its critics argued that it hinders the room for manoeuvre for advocacy in some political circumstances, preventing, for instance, charities from campaigning around election-periods on issues that matter for the public good (2).

Despite these challenges, it would be wrong to locate the processes of advocacy in a policy world where civil society and NGOs are forever weak or consigned to fail. Civil society also has formidable strengths - facts, integrity, popular appeal, consumer support, trust, nimbleness of action. These should not be downplayed or under-estimated. Many of the battles over food, health and the environment of recent decades across the Western world, not just in the UK, have required public health advocates to reframe reality and to tackle default assumptions, redefine normality, alter conventions and challenge the status quo. These strengths have been their allies in creating change.

The issue of food is perhaps even more complex an issue than many. It is not only ideological and deeply personal, but also a highly political matter, requiring advocates to tip-toe into the world of formal as well as informal politics. It cannot be a matter of simply displaying evidence and facts. What often determines the outcome of the tussles between commercial and public interests is not always the evidence and public concern on an issue, but how the context and issue is socially constructed – do the issues lend themselves to favouring commercial interests or public good, and do they reflect short-term or long-term interests? The term advocacy does not refer to a single process and covers many actions, intentions and outcomes. How advocates can work to achieve change is shaped by context. On this the political theorists have much to offer civil society. If 'old' style advocacy was reliant on inside-track influence among health professionals and national or local political élites, 'new' style advocacy has to operate within a world of multilevel governance, where often power to shape commercial rules of engagement has moved upwards towards the international.

Any account of advocacy thus has to start with the knowledge that civil society advocacy today is inevitably complex and a careful assessment of the social forces and resistance likely to be met is required. It almost always has to include a strategy which addresses existing or future public concerns and which will win public hearts and minds. As a result, it is impossible to sketch the perfect or correct strategy; there is unlikely to be a universal advocacy 'silver bullet'. And it may also be hard for a single organisation to achieve its goals without help from others. The time-scale of advocacy is also important. Campaigns may be short-term, going for quick wins while also taking a long-term perspective and trying to change paradigms and the 'rules of the game' themselves.

This paper describes to civil society some of the academic theory that underpins their campaigns and efforts to influence change, while also alerting food and nutrition advocates to the challenges, complexities and gaps in knowledge faced by those who advocate on the issues so carefully analysed and explored in academia. It also calls for a process of discussion across academic disciplines and civil society about food, nutrition and the advocacy that is needed for change. Square Meal, the first paper from the Food Research Collaboration, was the result of one such process, where a number of organisations and academics pooled their thinking to see if a common aspiration might be sketched (3). The same needs to be done for advocacy. What are we advocating for? What is our common goal? How can we get there? And how can academics support advocates in stimulating change, and in turn how can advocates support academics to better understand advocacy and what is required for change?

In section 2 we discuss what public health advocacy is and why it is needed in food and nutrition policy, before moving onto the theory, strategies and methods of advocacy in section 3. Section 4 then discusses the effectiveness of advocacy, before discussing research gaps and opportunities in 5, the final section.

2. What is public health advocacy and why is it needed in food and nutrition policy?

2.1 What is (public health) advocacy?

Advocacy is experienced in different ways by different groups of people. If asked to define it, academics would be likely to give a different answer to a campaigner, who would give a different answer to a government official or corporation. Despite this plasticity, at its heart, advocacy is about communicating a viewpoint in favour of or against a particular decision or action and taking steps towards trying to achieve a particular change. Advocacy encompasses a wide range of tools, tactics and techniques to influence the setting and implementation of policies, guidelines, laws,

regulations and other decisions that affect people's lives (4). Anyone can be an advocate, whether at an individual or organisational level.

This paper focuses on the role of advocacy in the pursuit of better public health, specifically better public health nutrition. It focuses on the advocacy carried out at an organisational level by civil society organisations such as NGOs, charities, professional bodies and academia (5-8). Advocacy in this sense was recognised in the 1986 World Health Organisation Ottawa Charter for Health Promotion as an important component of health improvement(9) and is about highlighting a problem, making recommendations and presenting and trying to implement a solution so as to create a society capable of preventing disease and premature death, promoting health and prolonging lives and diminishing health inequalities (10).

Box 1: What is public health advocacy?

Advocacy refers to actions carried out with the aim to influence, shape and hold to account, the policies, actions or decisions of the institutional elite, whether it be that of governments or corporations, so as to protect the public's health

Vast arrays of policies influence public health and are embedded in core international commitments such as the Universal Declaration on Human Rights (11), articulated in the post-World War 2 'rethink' about social progress. While much advocacy invokes legal and quasi-legal notions of rights, justice and equity, advocates for better health, environment and consumer rights are sometimes depicted as kill-joys, nannies, risk-averse, or against personal choice and freedom. This kind of characterization is itself a form of advocacy, by the opponents of public health who sometimes want to reduce health to a matter of personal choice! In our conception here (see box 1), advocacy in public health involves the delicate task of charting the route to improvements for the public good while deflecting attacks of being called a protectionist, an interfering busy-body or worse.

A key task advocates have to undertake - whether for the public health, or the environment or consumers or social justice - is to rescue the notion of protection. Parents protect their children, setting boundaries, shaping the assumptions and norms of behaviour. Public rules underpin civil space, enabling citizens to go about daily life without undue fear. This protective function is hidden and may be downplayed by critics, but is real nonetheless. Historians of public health remind us that advocates for the public health contribute to this (12), advocating for protection against disease and contagion, controls on food adulteration, clean air and water regulations. Protection tends to be seen as a good thing in public health just as it can be seen as bad in neoliberal economics. The pursuit of public health is in fact a long process of trying to reframe societal and economic ground rules to maximise good health for all. The rationale in health is that prevention saves time, trouble and cost, but it also has an ideological element. A political economy with health at its heart seeks for society to retain control over the conditions of existence, rather than ceding power to less accountable and financially more powerful commercial forces (13).

In a world where public health data and proposals from a medical and health élite were taken seriously and shaped public policy, an 'old' approach to public health advocacy relied on genteel, expert-led domination by professional perspectives within social democracies. But with the loosening of such politics and the rise of neo-liberal more market-oriented policy thinking from the 1980s, these old styles of advocacy have both diminished and lost their impact. Change is now more complex and involves many more actors and intervention points, something which is exemplified in the public health nutrition world (13,14). The opening up of opportunities for market actors with priorities in conflict with public health, to also influence and be involved in policy, presents an added challenge for public health advocacy which advocates need to overcome.

2.2 Why is advocacy needed in food and nutrition policy?

The evidence for poor diets is clear, the problem undeniable. The Global Burden of Disease study suggests that diet is the major determinant of premature death globally(21).The UK, and indeed the world, is faced with rising levels of obesity with UK figures from 2013 suggesting that 66.2% of men and 57.6% of women are overweight or obese, resulting in £47billion in health and social costs every year(22). The food environments British consumers are exposed to on a daily basis promote excess consumption, particularly of ultra-processed products high in fat, sugar and salt, making the unhealthy option too often the easy option. Furthermore, intra- and inter-national data suggest that a considerable amount of inequalities are also diet-related. The use of food banks in the UK has increased in recent years; between April 2014 and March 2015 over 1 million people in the UK were reportedly given emergency food support for three days, representing a three-fold rise since 2012 (23,24).

Change is undoubtedly needed. But who is responsible and what is the public health nutrition advocacy required? Market theorists' claim that informed consumers drive food market dynamics; but is this true? Are more structural, systematic changes needed?

These issues in public health nutrition attract a large amount of debate and advocacy at the local, national, regional and international level due to the wide range of actors who have an interest in and influence on food issues (15-19). With the rise of neoliberal politics, food and health governance has changed, and the influence of the food industry has grown. Self-regulation tends to be favoured over regulation; consumer choice is cited as the arbiter of market relations. Meanwhile the evidence of diet's role NCDs has contributed to public health concern about the shape of the food economy, the role of commercial imperatives in how food is produced, processed and sold, and the mismatch of evidence, policy and practice. (20)

Some successes in public health nutrition advocacy can be seen (see Box 2). For instance, in getting food restrictions on the marketing of 'unhealthy' food to children, more sustainable fish sourcing, the removal of battery eggs, the move towards mainstream fair-trade products, widespread salt reduction in processed foods, front of pack nutrition labelling and in increasing transparency in the food supply chain. These are worthy policies of course, but not ones that will transform the system sufficiently to improve public health. Food labels do not declare the cumulative impact of total diets; they enumerate nutrients per product or serving. They place responsibility onto the consumer without fully informing them.

Box 2: Examples of public health success

- Food restrictions on the marketing of 'unhealthy' food to children
- More sustainable fish sourcing, the removal of battery eggs
- The move towards mainstream fair-trade products
- Widespread salt reduction in processed foods
- Front-of-pack nutrition labelling
- Transparency in the food supply chain

The 'old' model of trying to influence government to act firmly is being marginalised, despite its success in, for example, reducing salt use (25). Yet we know the 'new' model of industry self-regulation or variants such as the Responsibility Deal, championed by the UK Coalition Government, have not been great successes (26). So what are public health advocates to do? Are these examples of public health nutrition advocacy having been captured by market dynamics and distracted by market players? Or have public health advocates had to make calculated decisions

based on what is possible, given the market dynamics, and in order to progress the thinking in this space?

These questions, debates and concerns are not unique to food and it is hard to discuss public health advocacy without mentioning tobacco, and with good reason. Wherever you stand in the debate on whether processed food is the new tobacco, the similarities in the commercial drivers and the public health measures required to tackle these problems cannot be denied. These are products which are socially acceptable, often consumed in excess and have a known impact on health. The lessons from tobacco show the extent of power and influence that business interests often have in resisting change to the status quo (27), and just as 'Big Tobacco' was deemed an 'evil' business in that fight, increasingly 'Big Food' is being seen in the same light. The WHO Director General, Dr Margaret Chan, has warned:

> "... It is not just Big Tobacco anymore. Public health must also contend with Big Food, Big Soda, and Big Alcohol. Let me remind you. Not one single country has managed to turn around its obesity epidemic in all age groups. This is not a failure of individual will-power. This is a failure of political will to take on big business."(28)

Indeed, some analysts have even taken this further, suggesting the problem is in fact 'Big Snack' whose goal seems to be to encourage endless eating (29). Vast sums are spent by these 'Big Snack' (or 'non-food food') companies to promote the over-consumption of products that undermine healthy behaviour patterns and health-promoting policies in the policymaking sphere. In 2013, 25.1% of the global advertising spend was on products which harm health, including fast food, food, alcohol and tobacco, at a total spend of $139.8 billion (30). This influence of big business is now regularly raised as a concern by NGOs (27) and the world of food has been described as being "straddled by giant food and drink corporations who are equally, if not more, significant in formulating their own food policies [compared to government]" (31).

The tobacco advocacy which culminated in the Framework Convention on Tobacco Control (FCTC), and also the decades of advocacy to get the International Code of Marketing of Breast-milk Substitutes, showed that effective advocacy can emerge through monitoring and challenging undesirable commercial activity and power. It can take a lot of work to achieve consensus on what needs to happen, especially where there are significant 'hard' commercial and economic interests at stake. If public health nutrition advocates are to win against any powerful food industry or sector, they are going to have to argue for governments to govern, using the full range of policy measures, not just the lowest hanging fruit, or using the softest of policy measures such as an ill-defined 'consumer information'. They are going to have to be prepared to target very powerful commercial interests wedded to the marketing of high fat, salt and sugar foods. They will have to promote the sales of healthier options, i.e. do part of government's job for it, weighing up the appropriateness of taxes, subsidies and labelling. And they will have to convince the public of the necessity of change, thus being 'thought leaders' and 'policy listeners'.

Complex or not, public health nutrition advocates must accept that this is what they have to do, and therefore what they must research, analyse and debate. As the alternative is to abandon public health and the public interest to a set of food and nutrition policies which are known to be failing, academics and advocates alike must come together to research this area, test the approaches, push the boundaries and challenge the modern food system and speak up against neoliberal, market driven policies.

3. Advocacy in theory and in practice

3.1 The theory of advocacy

To better equip public health nutrition advocates for the challenges they face, it is helpful to have an understanding of the factors that contribute to change.

It is important to remind ourselves that advocacy is not something that is done or occurs in isolation of contextual surroundings. In fact, the very opposite is true; advocacy is a product of both the issue context and the political context at a specific moment in time. This might be linked to the political will to act and the desirability of the solutions being advocated, to a specific crisis that has emerged, or to the challenges related to opposition from market interests previously described. Advocacy is largely driven by the policy process and as such advocates must negotiate a complex terrain in order to identify opportunities for challenging or collaborating as appropriate to achieve the desired goals. The discourse, positioning and specific debates on the issue being faced will drive the type, extent and the very need for advocacy in order to achieve change. Understanding what causes change and applying that to advocacy actions, opportunities, process and strategy is therefore valuable to understand the role advocacy can play in the policy world we are in. Political scientists have theorised policy change extensively and well and thus drawing attention to this literature should be of interest and value to academics and advocates alike when exploring the role of public health advocacy.

Political theorists have outlined a number of models of policy change. The linear model of policy development describes policymaking as a step by step process based on a series of assumptions, including that decisions are based on a rational process, and that they are made by one group which has clear goals and follows a predictable process. Typically such a model suggests there are five stages: agenda setting (awareness of problem increases and it becomes prioritised); policy formulation (strategies for action are developed); decision making (choices between different instruments are made); policy implementation (policy and decisions are passed down through administration and developed); policy evaluation (assessed then feedback into agenda setting). (32,33) While a useful basis for analysis, experience suggests that a number of factors and actors, including public health advocates, contribute to policy change and thus the process is rarely as linear an straight forward as this model suggests.

Other theories go a bit further towards recognising the fluid and often unpredictable dynamics that result in policy change. The highly cited theorist John Kingdon, for instance, refers to 'windows of opportunities' that arise as a result of politics, policies and problems aligning(34), while Baumgartner's Punctuated Equilibrium Theory(35) identifies change occurring as a result of external shocks, events or a crisis. The importance of coherent arguments in favour of a particular change also feature in the literature, with the Advocacy Coalition Framework (36,37) and Social Movement theories (38) both pointing to the role of coalitions, with the Advocacy Coalition Framework focusing on the policy stability that results from the shared belief systems held by a dominant coalition of actors and Social Movement theories focusing on ad hoc collective action to encourage or resist change. Resource Mobilization, Framing and Narrative Theories (39-43) all contribute to these explanations of change, emphasising the way in which an issue is framed, the extent of awareness on an issue and the availability of resources, particularly non-monetary resources such as people, capacity and expertise, can contribute to policy outcomes.

Advocacy carried out by civil society, including NGOs and academics, plays an important role in these policy processes, using a range of actions to frame issues, set agendas, influence discourse, stimulate policy change, and ensure adequate policy implementation so as to protect the public good and promote public health. For the purpose of this briefing, the objective is not to prove or disprove any one theory, but to explore and highlight the role and opportunities that exist for advocacy in each framework. An overview of each theory and a suggestion of the types of advocacy linked to each is described in Table 1 in the Addendum.

3.2 Advocacy in practice

In the context of these policy theories, let us consider in more detail what it is to advocate or to undertake advocacy. What is clear is that everyone can do it, and indeed everyone probably is doing it or has done it at some point, whether as part of their job or as an individual. If we go back to the earlier definition of advocacy, which refers to pushing a point of view so as to achieve change, anything from a conversation to a protest and anything in between can be advocacy. However, for the reasons outlined already, the reality is one conversation or one protest in isolation will not be effective. A strategic approach to advocacy or systems approach if you like, is necessary.

Planning & Strategy

Being clear of the goals, targets and expected process will be vital for any advocate seeking to achieve change. The foundations of advocacy development typically lie in a Theory of Change, which can support the design, planning, communication and evaluation of advocacy by focusing on the intended process, actions or stages and the anticipated result (44-46). Theories of change are based on a series of assumptions that particular advocacy methods, actions and strategies are the most useful and effective approaches given the specific context of the work. An alternative tool is Outcome Mapping (OM) which, rather than identifying the actions of the advocates over a period of time to help plan advocacy, maps the progress of change and the changes in the political landscape, behaviour and opinions that occur in relation to the advocacy targets over time and is considered particularly useful when seeking societal or behavioural change (47,48). Case studies, episode studies, stakeholder interviews, media tracking and polling can all be used to identify changes over time (49).

Advocacy takes place in a complex and often fluid and unpredictable context which nonetheless needs to be understood as much as possible. Time must be assigned to understanding, not only the perspectives and arguments to be used by the advocate, but the context, the issue, the actors, the perspectives, the arguments, the counter-lobby, the opportunity(ies) for change, where the movement might come from, where advocates should push and so on. The best advocacy will take these in turn and work out the best methods and tactic for each as part of a wider strategy. Strategies for advocacy require consideration of the agenda setting, framing and awareness raising processes identified in the political theory, through to whether advocacy should be targeted 'inside' or 'outside' formal processes, who else should be engaged, and whether or not actions will be reactive or proactive.

Of course, as important as planning is, advocates must also be prepared to constantly adapt, react and refocus their strategies in order to ensure that advocacy is directed in the right way and to the right people. This requires an understanding of the often unique cultural, political and value context within which an advocate is working (50,51). Strategies also require flexibility, the resources to react accordingly within the context, commitment and, as policies take time to evolve, a long term perspective (52,53). Proper planning and understanding of what advocates want to achieve helps to keep sight of goals and to regroup after the unexpected twists and turns which are inevitable in advocacy.

Positioning

Due to the fact that advocates have little power to make changes themselves, instead relying on their power to influence the policy elite (60), advocacy often reflects the nature of the relationship that exists between the advocate and the policymaker. A relationship may be cooperative, where views on goals and strategies are similar; concurrent or complementary, where the goals are the same but strategies differ; or, competitive/confrontational, whereby the goals and strategies are different (60-63).

Advocacy can take place on a spectrum between the 'inside' and 'outside' of the formal policy arena (64,65) and when planning their strategy advocates need to

decide where their strengths lie and where their actions will likely be most effective. Inside advocacy (66,67) refers to the formal, legitimate and often invited opportunities to influence policy through a process of negotiation, coordination and information exchange. This type of advocacy usually targets the policymaker directly and the advocates influence comes from their unique position on advisory boards, expert committees or through formal consultation responses. This is more common when a cooperative or complementary relationship exists.

Advocacy can also take place outside of the formal policy decision-making process and this typically involves targeting and engaging a wider range of actors than the policymakers alone. (68) A key component of outside advocacy is generating public support and mobilising citizens on a policy or issue (40,41,69-75) either by building on interest that already exists, generating new support or communicating support with policymakers(74). Outside advocacy may form part of advocacy regardless of the relationship, but is more common where situations of conflict or tensions exist between policy and public health actors. European environmental and consumer organisations recognised this earlier than public health advocates perhaps, and they developed new forms of advocacy, partly appealing more directly 'outside' to the public for support, and partly tailoring actions that might influence progress on the 'inside' (76,77).

Table 1 gives a typology, summarising some of these features, which are further commented on in the next section.

Table 1: 'Inside' and 'Outside' Track advocacy compared

	' Inside' track advocacy	'Outside' track advocacy
Purpose of advocacy	To win change through formal channels	To change the terms of debate from outside the system
Preferred mode	Negotiation	Prepared to confront norms
Audience	To influence key business or government mandarins	To win public support and mobilisation
Horizon	Short-term and specific	Long-term framing
Media strategy	Not needed except to protect reputations and influence	Key to amplification
Main methods	Consultations, roundtables, advisory boards, meetings, collaborative research	Campaigns, media, petitions, lobbying, stunts

Source: authors

Actions

A number of core roles of advocacy have been described in the literature, the most widely cited being the role of agenda setting (36,41,54-57) which includes awareness raising amongst policy makers and the public (55,58). Once a topic is on the agenda, the role of political action and mobilization in order to influence policy outcomes and solutions becomes more important (54,55). Consideration for counter-mobilisation and counter response is also an important driver of advocacy activities (59).

Advocates can utilise a range of methods available to help realize their strategy and their goals. This will be influenced by a number of factors, such as the type of issue at hand, the status of the issue in the policy process, for example whether it is at an early agenda setting stage or a later policy development stage, the relationships that exist between different actors, for instance the extent of cooperation or conflict that exists (63,78) and the resources available. No one method will give results on its own; rather a package of actions targeted in the right way will increase the chances of goals being achieved.

Common methods used as part of advocacy so as to help influence policy include conducting and disseminating research(54,66,79-81), generating public support through campaigns and education(41,79,80,82), the use of media to communicate

and frame messages(81,83-85), electoral based lobbying or campaigning and direct targeting of policymakers or other decision makers, evaluating policies(41,80) , legislative action and litigation(66,79,81,82,86) and taking on an independent watchdog role(79,87-90). Some of these are described in more detail below.

Box 3: Common advocacy methods

These include:

- Conducting and disseminating research and evidence
- Campaigns to raise awareness
- Media and public communication
- Lobbying and directly targeting ministers
- Legislation and litigation
- Being watchdog and holding actors to account
- Building networks and alliance, within and between sectors
- Sitting on advisory boards, expert panels and committees
- Responding to consultations and formal hearings

Networks, alliances and coalitions

Networking and coalitions (41,54,66,79,80,91) and capacity building(82,92,93) is common in advocacy not only because it allows the pooling of resources, but because it allows advocates to work together and synthesise a view point which can signal to policy makers that an issue has a large amount of support(64). The importance of concerted actions between civil society organisations, as well as with a wider range of actors from different sectors and with different issue priorities, has been highlighted (94). Drawing on the experience of tobacco control advocacy, Daube commented that

> "Focused public health advocacy and coalitions can achieve remarkable outcomes against determined and powerful opposition" (95).

Further, he proposes that the key to advocacy success is a combination of

> "fine scientists, wonderful coalitions […], a small number of highly skilled advocates, media that that recognised the magnitude of the problem and principled politicians of all parties who were persuaded of the need to act" (95).

Box 4: Spotlight on Sustain: The Alliance for Better food and Farming

Sustain: the Alliance for Better food and farming, advocates food and agriculture policies and practices that enhance the health and welfare of people and animals, improve the working and living environment, enrich society and culture and promote equity. It is set up as an alliance, and now represents around 100 national public interest organisations working at international, national, regional and local level. Members range from small specialist organisations through to large health charities and trade unions. Sustain runs a number of projects and campaigns, each of which is supported by a working group made up of interested members of their alliance. The Alliance model helps pool expertise, demonstrates unity and develops and coherent campaign tools. www.sustainweb.org

The media

Using media is a powerful tool for communication, particularly in 'outside' advocacy, and has been defined as a "blend of science, politics and activism" (96) which is "in a large part about making sure the story gets told from a public health point of view" (97). The media are commonly cited as having played a key role in tobacco control advocacy and policy (98,99). The media are considered a neutral source of information by many, unlike information that comes direct from interest groups and political officials (40), despite the fact that media can be used strategically to communicate the messages of interest groups (101). New forms of media and communication such as the internet, blogs, Facebook, Twitter and YouTube are increasingly serving as sources of information (40) and provide important low-cost opportunities for advocacy (102,103).

Box 5: Spotlight on Consensus Action on Salt & health

Consensus Action on Salt & Health (CASH) is a UK-based campaign group, originally set up to challenge the government's lack of recommendations or policy to reduce population salt intake. The government has since established a clear salt reduction policy, initially led by the FSA and now incorporated into the Responsibility Deal. CASH uses a range of advocacy methods in its work, including regular surveys on the salt content of food products, extensive use of the media to name and shame those companies that are making slow progress, a salt awareness week to raise the profile of the issue in the media, amongst parliamentarians and amongst the public. www.actiononsalt.org.uk

Research

The use of research information by advocates is frequently highlighted as an important component of advocacy (81,104), especially when focusing on evidence-based advocacy (105) where advocates want to ensure they establish themselves as having expertise and credibility (52). Where there have been public health wins, a clear evidence base on the problem, intervention effectiveness and exposure of industry tactics can be seen (106) which allowed for a clear public health policy to be implemented. Information and knowledge can be linked to power (107), as those with knowledge are called on by policymakers for advice, thus providing them with power to influence. Different actors serve different roles when generating and disseminating information. For instance, some actors are well respected and have good connections and are involved with information sharing (108). Often these actors are 'policy champions' who have 'expert knowledge' in the field (66,80,109) and may be invited to be part of formal government processes, for instance in a government advisory capacity, thus providing 'inside' advocacy opportunities (101). Other actors may act as 'sales people' who are powerful communicators and disseminate the messages from research so as to try and influence positions and agendas (40,108). The need for policy-relevant evidence to equip front-line advocates in civil society organisations presents an opportunity for greater collaboration between these groups and the academics who can ensure advocates are equipped with the best and most appropriate evidence to support their calls for action.

Advocates as watchdogs

Amongst advocacy activities such as research, media campaigning and petitioning civil society organisations often take on the role of independent 'watchdogs' (87-90) who monitor policies and practices, and challenge the status quo (110-112) in an effort to accelerate change. Owing to the shift towards multi-level governance, self-regulation and government deregulation, these mechanisms of monitoring as part of advocacy are increasingly pertinent in food and nutrition policy. Such activities form part of an accountability framework (113) and can be directed both at

governments (114,115) to highlight where progress is and is not being made and therefore where government regulation is required, and also at businesses to put pressure on them directly to make changes (116). Advocates can use government recommendations, policies and Corporate Social Responsibility commitments made by companies, as the basis of monitoring and calls for action. (117). These efforts to hold key decision makers accountable are considered more likely to achieve long term sustainable changes compared to projects alone (118) and build on the idea that "what gets measured gets done"(10).

An analysis of monitoring and measuring policies in public health, drawing on tobacco, alcohol, food and nutrition, malnutrition and physical activity, demonstrated some of the ways in which these mechanisms are being used by NGOs and in academia to explore the performance of government policies or food industry action (119). The specific methods used vary, for instance, Which?, a UK based consumer organisation, compares companies' (in)action on food and nutrition(120); surveys carried out by Consensus Action on Salt & Health (CASH) and the Rudd Centre compare and rate company progress in product reformulation (121); the Obesity Policy Coalition (122) compares local governments in Australia as part of an Obesity Action Award; while City University created an audit of the 25 biggest food and beverage food companies compared to the targets set in the WHO's Diet and Physical Activity Strategy, to identify the degree of progress made by different companies (123).

There are also more extensive and academic examples of monitoring. The International Network for Obesity Research, Monitoring and Action Support (INFORMAS) for instance aims to monitor public and private sector action that influences food environments in the context of rising levels of NCDs and obesity compare this with WHO and "gold standard" benchmarks (see Box 6); The Hunger and Nutrition Commitment Index (HANCI) focuses on food availability policies to reduce hunger; The Access to Nutrition Index (ATNI) (124)on the other hand compares corporations' food and nutrition practices against each company's own policies.

Box 6: Spotlight on INFORMAS

In response to concerns over 'obesogenic environments' that are created by corporate and government policies, a network of academics and civil society was launched in 2013 – The International Network for the obesity/NCD Research, Monitoring and Action Support (INFORMAS) (104,119,125). This network offers a framework in which public and private sector policies, as well as the food environments they influence, can be monitored and measured to increase accountability and improve health. The seven key domains include food marketing, food labelling, reformulation, food retail, trade & investment, institutional food, and price and has set globally relevant indicators based on the best available evidence for action (126). A vast amount of data will be collected from INFORMAS and used as part of attempts to stimulate policy change by governments and corporations and will be used to promote change, make calls for action for new and improved policies to be implemented as part of advocacy, and monitor progress made. www.informas.org

These are but a few ways in which advocates act to achieve their goals. Of course, none of these – individually or collectively - are the silver-bullet for success, but experience tells us that these are important components of any good advocacy efforts. We cannot say that by working together, disseminating messages and challenging the status quo advocates will achieve success, but we can say they are more likely to when coupled with clear goals, strong evidence and a willingness to be creative and use any opportunities that arise to influence key decision makers.

3.3 Challenges

The very nature of advocacy means that challenges are inevitable – an easy environment in which to influence actions and policies would require very little advocacy effort. The point is advocacy is innately adversarial, even when relationships and collaborations are seemingly positive. The challenges faced by public health nutrition advocates can be seen at a number of levels, many of which have been highlighted previously in this briefing. These range from challenges related to power conflicts between actors through to practical issues such as the availability of funding.

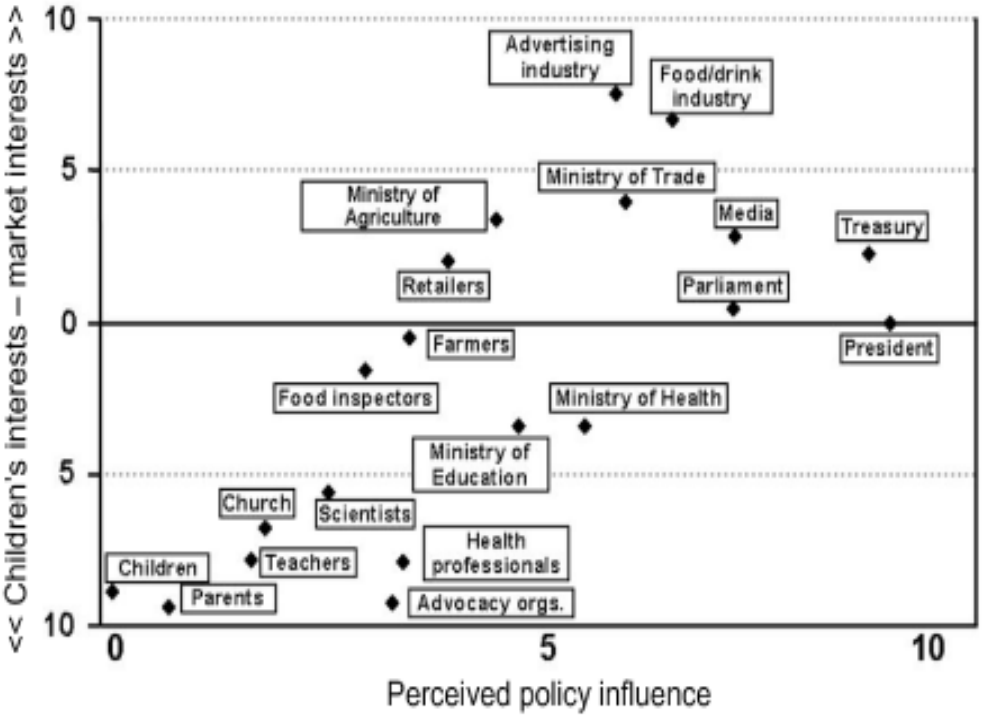
As previously discussed, one major challenge for public health advocates working in food is the market economy. Put simply, the policy options sought for improving food and protecting the public good are rarely favourable to market actors as they are likely to damage either the profits or market share that food companies are mandated to generate (106,127). Foods high in fat, sugar and salt are often the most profitable and thus any policies seeking to reduce their consumption to protect health are not favoured. Finding ways to make the healthy option also the most profitable is therefore one important, yet challenging, consideration in advocacy.

Another major challenge for public health nutrition advocates is the power and influence held by the food industry lobby to protect their own goals which serves as a major barrier to public health advocacy outcomes. The ETC group state that

> "It's no secret that transnational corporations wield unprecedented power to shape social, economic and trade policies. Today we are witnessing ever more concentrated control over – not only the food system – but the products and processes of life and the fundamental building blocks of nature"(128).

Research exploring perceived influence of power in the context of food marketing to children showed that stakeholders in favour of market interests, such as the food and drink industry, media, advertising industry, and ministry of trade, are considered to hold the balance of power rather than the public health interests such as advocacy groups, scientists, health ministries and health professionals, (Figure 1).

Figure 1: Market vs. public interest in the context of food marketing to children (129)



Source: Lobstein, 2010

This is further compounded by an issue of power imbalance, not just as a result of the power that corporations are given in the political system, but in the very nature of the fact that companies control the food they sell and market. The modern environments we live in are largely dominated by fast food, extensive marketing, plentiful opportunities to buy foods high in fat, sugar and salt, lack of information and unhealthy price differentials that do not favour health. As well as investing a lot in advocacy and influencing policy, 'Big Food' also invests money in shaping food environments and thus indirectly shape and influence public health. By comparison, advocates have little opportunities to shape the environment, instead forced to act as 'outsiders' whose only strength is in influencing (130), rather than directly taking action themselves. This often means that even with the best advocacy, change does not occur due to wider factors outside of the control of the advocate and their advocacy remit.

Another key, and not unrelated, challenge faced by public health advocates is a lack of funding. The capacity required for research, to run campaigns and to monitor policy development is extensive and advocates must often choose between desired activities which, as described previously, is not conducive to the best advocacy. For example, while the 'watchdog' role is increasingly valued, for instance as part of the UK Responsibility Deal, there is very little funding available for such activities meaning it can only be done in a limited way. By comparison, corporations have agencies with hundreds of staff who are able to carefully plan and carry out the required actions to protect their own point of view, from lobbying to marketing and to market analysis.

These challenges perhaps paint a pessimistic picture of the prospects for policy change in favour of the public interest. But we should not lose hope. There will always be challenges, barriers to overcome, but the actions and context outlined should also provide the groundwork for stronger civil society organisations which, if working together, can stimulate change, however small that change may be. And academics have a role to play too, by producing the needed evidence and understanding the messages needing to come out of academic institutions to add to the debate.

4. How effective is public health advocacy?

Grades, targets, measures, outcomes, results. Just some of the words we are faced with when going through our day to day lives, at school, in sport, at work. The previous section highlighted what can be done in advocacy, but what is its impact? It clearly does contribute to change, but on who? In what conditions? To what degree? With what results? To what public health benefit? These are just some questions that arise when considering the effectiveness of advocacy. Is advocacy just about making things better or about stopping things getting worse? Is an advocacy campaign effective if it still exists after 10, 20, 30 years?

That advocacy plays a role in policy is not in doubt, but the impact that it has and the extent to which it is effective is under-researched. While it is possible to reflect on the policy change theories to understand and identify advocacy methods that may be useful, the relative absence of evidence on how, when and why the different advocacy methods may (or may not) be effective tools for advocates to use presents a major gap in the advocacy literature. As such, there is increasing interest from organisations to better understand the impact that their advocacy has so as to identify best practice, how advocacy works at different levels, in different arenas and where funding would be best spent to stimulate the desired change and to help shift the balance of power towards the public interest.

4.1 Indicators

To evaluate advocacy it is important to define what is meant by impact, success and effectiveness. The Oxford Dictionary defines 'impact' as the influence that one factor has over another, 'success' as the degree to which a goal is met or not met, and 'effectiveness' as the success of an action in achieving the desired response. In the case of advocacy, the impact concerns whether or not the actor or action had

any influence over another actor or a policy, while success and effectiveness are about the degree to which an actor or form of advocacy was able to successfully achieve its goal. Depending on the advocacy goals, it is possible for advocacy to be considered to have high impact, without being particularly effective. To better understand the criteria for judging and interpreting impact, success and effectiveness of advocacy requires indicators, however for advocacy no standardised or universal indicators have been developed to sufficiently link actions with goals and outcomes.

A number of types of indicators exist, most frequently classified as process, output, outcome or impact and are commonly used across a range of sectors and industries to assess performance (Table 2).

Table 2: Examples of indicators used in different industries

Industry	Example Measures
Business	Key success factors, key performance indicators, ranks, opinions
Marketing	Key success factors, key performance indicators
Healthcare	Screening uptake, treatment effectiveness, patients treated
Academia	Research Excellence Framework
Research	Journal Impact Factor
Government	Population level targets e.g. reduction of disease
Public health	Scorecards and benchmarking

Advocacy organisations typically place a large emphasis on process and output indicators, such as the number of press releases issued, publications, information produced or meetings held. This is particularly apparent for judging awareness raising activities such as mass media campaigns, social media and internet campaigns which can be evaluated through reach, recall (131), self-reported responses(132), or Facebook 'likes' and Twitter followers(133). These types of indicators are often the easiest to measure and bypass some of the challenges that exist in advocacy evaluation. However, they are weak at establishing a causal connection between the advocacy and any desired change that may have resulted.

Ultimate impact indicators for the public health goals that advocacy seeks to achieve are relatively well defined, such as policy adoption and policy implementation (41), as well as the desired health or other effects through modelling of likely future impact(134), comparisons to a 'control' region(135), or national health surveys. However, because they often refer to significant changes made at a later point in time the result is likely to reflect multiple activities rather than being specifically attributable to advocacy.

Thus, a greater emphasis on indicators to assess progress, bridging the gap between process and impact is needed (138). Progress indicators recognise that advocacy is about incremental changes and nuances which advocates should monitor and utilise throughout their work. This links in with the theories of policy change previously described, such as windows of opportunities which highlight the need to utilise opportunities, which may arise from these incremental changes. Such indicators need to be assessed at a number of different levels but are under researched and standardised.

There is a growing body of work in this area coming out of the development sector which is looking at ways to monitor and assess progress towards change. Organisations such as Action Aid (139), Save the Children (140) and Oxfam (141) have developed frameworks to aid individuals and organisations in their ability to influence agendas and to highlight levels at which advocacy should be assessed (118). The frameworks provided cover a range of dimensions to assess the results of a campaign, for example, civil society capacity building (e.g. the role of

networks/coalitions), empowerment and participation (e.g. of communities and organisations) on the one hand and policy change or development on the other. These take into account consideration complementary dimensions such as capacity building which are in the advocates' control as well as policy change which is not directly controlled by the advocate themselves.

A hierarchy of measures have been suggested, which include awareness, contribution to the debate, changed opinions, policy change, implemented policy and, finally, health outcomes (141,142). They have also been described in relation to access (the voices of previously excluded stakeholders are now heard); agenda (desired policy change is supported by powerful decision makers); Policy (desired change is translated into policy; output (new policy is implemented); Impact (new policy has intended consequences); and, Structural changes: new policy is widely accepted as the new norm (79).

Some examples of the type of indicators that could be considered for advocacy are described in Table 3.

Table 3: Types of indicator

Indicator	Description	Examples
Process indicators (137)	Also known as performance indicators, these assess the capacity, and whether or not advocates have done what they set out to do, rather than achievement.	• Fundraising • Collaborations • Number of publications
Outcome indicators (short term)	Outcome indicators focus on the direct effect or changes that occur as a result of the activity rather than the degree to which advocacy has been able to meet long term goals, such as policy change or health improvement.	• Number of downloads • Media coverage • Number of signatories/supporters • Leaflet distribution • Website visitors • Facebook 'likes' /Twitter followers
Progress indicators (medium term)	Progress markers can be used to assess and rate behaviour or language change that has result, and help to identify milestones between outcomes and impact. Progress markers can be broken down into a) changes you would expect to see b) changes you would like to see d) changes you would love to see. Sometimes the terms outcome and progress are used interchangeably.	• Changes in views and perceptions • Adoption of policy • Influence of the political agenda • Increased political will to act • Shortened time from action to implementation of the desired policy • Strengthened base of support and alliances • Increased data • Increased visibility of the issue • Shift in social norms
Impact indicators (long term)	Impact indicators are used for looking at the long term outcomes which are sought from an activity. In the case of health, an impact indicator would likely refer, either to a policy being implemented or to a reduction in disease or death at a population level. The final impact however is likely to happen much later than the advocacy activity, and also be a result of multiple actions rather than as a result of the advocacy alone.	• Health outcomes • Implementation of a policy • Benefit to relevant citizen groups • (Often these are numerical indicators)

Source: authors

4.2 Barriers to determining effectiveness

The evaluation logic for advocacy is much weaker than for other sectors and this goes some way to explaining why, as a collective body, advocacy is lagging behind in having meaningful, strategic indicators of change in which advocacy efforts can be examined to improve their effectiveness. One of the reasons for this is due to the complex advocacy efforts that are required for policy change, which do not lend themselves to traditional evaluation approaches. (79,143) One of the key problems with evaluating advocacy is that external factors, such as policymaker preferences, who the other actors are, the dynamics of debate and the policy situation will all play an important role in the success or failure of advocacy. At every stage, from determining lobbying positions, formulating arguments, selecting targets and tactics, it is the wider political environment that informs the strategies an advocate will pursue(64,144) (pg. 192 -193). Without being able to separate advocacy and the environment, it is difficult to determine whether change, or lack of change, was due to advocacy or other factors. As stated by Roche, 1999:

> "One of the most problematic parts of impact assessment is determining causality, because in real life, a combination of several factors is likely to have caused any observed change"(145).

Amid the complexity of both advocacy and the policy that it seeks to influence (146,147), there is an issue of contribution associated with the collaborative nature of a lot of advocacy (138,148) and the multiple actions involved (118). Because interest groups are just one part of the process it is "for all intents and purposes, impossible to determine whether an individual interest group or advocate was the deciding factor in a policy outcome" (64). In terms of advocacy, this is particularly problematic due to the frequency of coalitions and network building as a strategy (118,130,145-147,149).

Furthermore, unlike experimental science based upon well-defined protocol, advocacy must be flexible and reactive (150) and as such rarely follows the original plan (130,149,150) or theory of change, thus making it hard to judge progress. Similarly, issues of the 'counterfactual' or 'deadweight' exist which question what may have happened in the absence of advocacy (151,152).

Finally, outcomes often outlive projects and may not be apparent when project reporting after, say, 2-5 years is required (118,130,149) thus making advocacy hard to evaluate. Efforts to evaluate advocacy and to develop useable and meaningful indicators must, therefore, take these points into consideration.

Just as policy is not an exact science, advocacy is not either. Hard outcomes are difficult when science decides that the only evidence is 'gold standard' Randomised Controlled Trial. Clearly this 'gold standard' is not possible for advocacy, however that does not mean it does not work. Furthering our understanding of what the changes that we are after are, and the mechanisms needed to get there, will enable us to better understand "what works" in advocacy and how we more efficiently challenge the market driven policies seen in today's neoliberal system so as to improve food systems, diets and ultimately public health.

5. Next steps and future research

This briefing paper has described the need for public health advocacy in the context of the current state of the UK food system and its impact on public health and nutrition status. Optimists can point to the progress that has been made to improve the food system and population diet and to reflect on how effective those who have challenged the status quo through public health nutrition advocacy have been. It is now widely accepted that the food system is in some trouble with regard to health. Advocacy has played a part in shifting the opinions of the public, policy makers and sections of industry itself. Some policy 'wins' were listed previously, such as restrictions on marketing of 'unhealthy' food to children, more sustainable fish

sourcing, the removal of battery eggs, the move towards mainstream fair-trade products, widespread salt reduction in processed foods, front of pack nutrition labelling and transparency in the food supply chain. But a pessimistic analysis suggests that public health advocates are in fact on the back foot. They may be winning the rhetoric but are losing the battle against 'Big Food' and other drivers of modern food systems and diets. No big change is emerging. Policy makers and politicians remain wedded to small changes not systemic change. Both interpretations have some validity.

The examples provided above are of course worthy policies, but are not ones that will transform the system sufficiently to improve public health, at least not on their own. Policy makers at present seem reluctant to consider big changes, even when evidence suggests they might be needed on climate change as much as public health grounds. This is not a matter of government continuing to support commerce over consumers but of supporting one version of commerce. Public health advocacy has partly entered the terrain of arguments about what kind of business models are appropriate for the 21st century. No serious business support for a comprehensive policy framework to protect and promote healthy and sustainable diets and food systems, similar to the FCTC, has yet emerged. But it might and could.

This leads to a debate about advocacy success. While advocacy can be described succinctly as based on the processes that are undertaken in public health, an assessment of its impact and effectiveness is more challenging due to a lack of indicators or framework on which to assess it. Does the continuation of market bias (a particular set of framing assumptions) represent an advocacy failure? Or is the advocacy doing the right thing but simply not winning that often? And is this due to system biases and the wider context more than to inadequate advocacy? Are advocates knowingly heading down paths that do not shift the wider thinking surrounding the food system, or is this all part of a longer game and wider strategy to get us closer to where we need to be? These are important questions.

This discussion raises a number of questions also for civil society. What is effective? What impact has a specific project had? How is NGO health advocacy perceived by others? What indicators can be used to measure advocacy? How can they overcome evaluation challenges such as attribution, contribution and time delay in the context of advocacy? Where would the limited funding available for advocacy be best spent? Some of these answers will come from within the public health advocacy organisations themselves. However, others can be supported by academic research in the political and social sciences, for instance by better aligning advocacy within and alongside key policy change theories or developing frameworks which better communicate the role and impact of advocacy.

None of the policy theories described in this paper explicitly explore the role and efficacy of advocacy in policy change. They do not identify advocacy options which are particularly effective in different situations. And yet, as we have established in this paper, advocacy is a fundamental part of policy change regardless of whether you focus on individual, public interest or business interest advocacy. When evaluation is done, it is often based on the collective processes and retrospective analysis of an entire process, rather than how effective or useful specific actions were in the wider strategy. Furthermore, as the above examples suggest, a mechanism to assess advocacy in the context of system status quo, and also in challenging the status quo, is needed. Some attempts have been made to fill this gap in evaluating and assessing advocacy impact, yet no standardised mechanisms, frameworks or indicators that can be used for assessing meaningful impact, identifying the roles or for selecting the best methods in the context of certain goals currently exist.

These gaps need to be filled. Improving understanding of these connections will be important for exploring any specific role of advocacy, as well as for understanding where the opportunities lie not just for policy change, but for systems change and for challenging the status quo. The evidence for advocacy is not in question, nor is it

needed. We just need to build on what we know, learn from each other, work together so as to better inform public health advocacy and equip advocates with the knowledge and skills with which to best stimulate change. This will require collaborative efforts from civil society itself as well as academics working in a range of fields, including the political and social sciences.

Acknowledgements:

This research is part of the first author's doctoral research project, based at City University London, supervised by the second author. The research is funded by the Coronary Prevention Group and World Obesity Federation. The authors wish to thank Dr Tim Lobstein (World Obesity Federation), Clare Farrand (World Action on Salt & Health) and Jeanette Longfield for reviewing early drafts of this paper.

Addendum: Table 1: Theorising advocacy

Theory / framework	Description	The role of advocacy	Examples of advocacy methods
Advocacy coalition framework	The Advocacy Coalition Framework is rooted in the political sciences and argues that policy change happens as a result of coordinated activities by coalitions with shared beliefs which are resistant to change, unless exposed to external events or new learning. Coalitions compete for sympathetic policy makers and opportunities to inform popular thinking. A change will occur, not due to an event or external factor, but due to the exploitation of that event by a coalition. This theory puts a lot of value on research to support the coalition's beliefs and argues that the non-dominant coalitions must invest time in altering and challenging this dominant way of thinking in order to increase the likelihood of change occurring.	• Share resources such as expertise, knowledge and people-power across sectors to help increase power and leverage change. • Focus on changing public opinion/norms using a range of tactics • Targeting different stakeholders, rather than just focusing on the policymakers themselves; • Undertaking research	• Policy analysis • Forming coalitions and networks • Using social media • Consumer awareness • Watchdog role (governments and industry) • Undertaking research
Punctuated Equilibrium Theory	Punctuated Equilibrium Theory infers that significant changes in policy can occur abruptly when the right conditions take place, such as following a crisis, research development, new perceptions, new governments, increased media attention, public interest, and new stakeholders. This theory assumes that government policies typically maintain a status quo, that redefining a problem helps to mobilize new people and that media can play an integral role in this. Under periods of stability, opposition to the status quo can arise amongst policy makers and key decision makers, thus increasing opportunity for change This theory may be useful for looking at large scale policy.	• To increase the likelihood of change occurring • Prepare to respond quickly when such a change does occur. • Framing, mobilisation, attention to policies at fundamental level	• Securing media coverage • Stakeholder meetings • Expert advice at hearings and committees • Consumer awareness • Undertaking research
Policy window	Policy window theory focuses on three independent streams – policies, politics and problems – and argues that change occurs when 'windows of opportunity' arise due to two or more of these streams aligning. The 'problem' refers to how a policy issue is framed, and the relevance of policy to address it, 'policy' refers to the different policy options available to do this; Politics refers to the political climate, stakeholders and national mood on the issue.	• Ensuring the problem is framed in a palatable way for politicians; • Suggesting a range of policy options with evidence that they will work; • Prepare to respond quickly when such a change does occur. • Raising awareness amongst citizens and stakeholders to create demand; • Advocates need knowledge, time, relationships, and good reputations.	• Policy analysis • Publishing reports and briefings • Use of social media • Consumer awareness • Watchdog role (governments and industry) • Calls to action / manifestos
Social movement Theories and	Social movement theories focus on the processes required to stimulate change, such as the coalitions, framing and sustained action. Collective action is	• Building social networks • Share resources such as expertise, knowledge and people-power, • Frame the issue	• Securing media coverage • Publishing reports and briefings

Grassroots/ community organizing	defined as "collective challenges, based on common purposes and social solidarities, in sustained interaction with elites, opponents, and authorities" 11 while grassroots and community organizing theories suggest that policy change is made through collective action of those affected by the problem. Social movement, grassroots organizing theories suggest that power is changeable and dynamic, rather than being held by elites. Power comes as a result of capacity building and coalitions which focus on the need for change by institutions not individuals.	• Seek support and empower others • Facilitating collaborations	• Forming coalitions and networks • Use of social media • Training and capacity building • Protests and media stunts
Narrative theories	Narrative theory is about communicating an argument and telling a story in order to stimulate policy change. At the heart of narrative theories is framing to aid agenda setting. Reasoned arguments, with justifications, are the basis of policy decisions and can therefore be viewed as a result of the communication of ideas. The justifications are critically assessed by different actors. Policies based on justification from narratives can be criticised for serving a small number of people only.	• Framing and communicating a problem and a solution • Carry out research that supports the story	• Stakeholder meetings • Expert advice at hearings and committees • Publishing reports and briefings • Use of social media • Conferences and events
Source: authors			

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ISBN 978-1-903957-06-6

Brinsden, H. and Lang, T., 2015, An introduction to public health advocacy: reflections on theory and practice. 12 October 2015. Food Research Collaboration Policy Brief.

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