

The three step (why? what? how?) model for public health advocacy

A summary of

Shilton, T. (2006). Advocacy for physical activity: From evidence to influence. *Promotion & Education*, 13(2), 118-126.



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Categories:

Method, Communication, Policy development, Program planning

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Method

Relevance For Public Health

The proposed model of advocacy is applied to physical activity, a key public health intervention. Physical activity is recognized as having a strong link to chronic disease. Beyond the health impact, a physical activity strategy has benefits for environmental health (i.e., less traffic, improved air quality) and mental health (i.e., sport and recreation, participation/civic engagement, volunteerism). This resource helps to narrow the divide between evidence and advocacy for population benefits. The authors also provide additional examples beyond physical activity, including nutrition and smoking (e.g., quit campaigns, use of price policy, health warning labels and second hand smoke reduction policies).

Description

This resource describes a model for applied physical activity advocacy. The resource outlines a three-step approach that includes framing physical activity advocacy by using the following common questions of interrogation:

1. "Why" advocate for physical activity?
2. "What" should be advocated?
3. "How" should advocacy be implemented?

"Who" should advocate is also reviewed.

Implementing the Tool

Who is Involved?

A number of stakeholders can be involved in the advocacy plan: staff and other personnel, managers, senior leaders and policy makers.

Steps for Using Tool

The public health community understands advocacy as "social action primarily aimed at effecting changes in legislation, policy and environments that support health living." The World Health Organization (WHO) defines advocacy as "a combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme."

The resource outlines the following three-step process based on the public health intervention of physical activity:

1. **Evidence (the "Why"):** The physical activity advocacy process starts with the evidence, and includes searching for and synthesizing the evidence on physical activity.

The benefits of using evidence include:

- Justifying the decision-making process

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- Providing a clear rationale to the advocacy claims
- Facilitating the weighing of options or set of actions
- Ensuring the data represents the prevalence and causes of disease

Evidence can also be a description of relationships, context, behaviour, environment, systems and structures, feasibility, acceptability, and economic and policy-based information.

2. **Advocacy agenda (the “What”):** The next step in the physical activity advocacy process is taking the evidence and translating the evidence into a plan of key actions. Ultimately, the plan should allow for the increase in population levels of physical activity.

At this step, a consensus about the duration, frequency and type of physical activity (i.e., the public health intervention that one is interested in advocating for) and its benefits is required, along with a prioritized set of actions—the agenda.

Taken together with step 1, this information can be obtained from already existing guidelines or recommendations, and adopting or adapting the guideline, its recommendations and the evidence base.

The agenda should also address messaging (“getting the right message”), including scientifically accurate messaging, communicating the message using the most appropriate language and strategy, and considering how messaging may need to be modified based on differences across factors such as gender, culture and age.

The authors provide a ten-point agenda for physical activity as an example.

3. **Implement (the “How”):** This step describes how to implement an advocacy strategy. The key point is that the implementation plan needs to be comprehensive and a mix of relevant approaches and stakeholders.

A comprehensive approach is suggested, including:

- Political advocacy
- Media advocacy
- Professional mobilization
- Community mobilization
- Organization support/change

Finally, **the “Who”** is considered in terms of the individuals that should play an advocacy role, including:

- Non-governmental organizations
- Academics
- Government employees/public servants
- Champions
- Professionals
- Public

Evaluation and Measurement Characteristics

Evaluation

Information not available

Validity

Not applicable

Reliability

Not applicable

Methodological Rating



Not applicable

Tool Development

Developers

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Trevor Shilton

Method of Development

Although not specifically stated by the authors, a number of real-world examples are provided in the public health topic area of physical activity that may have been drawn upon in the development of the model. In particular, the Physical Activity Taskforce in Western Australia and the WHO Global Strategy on Diet, Physical Activity and Health are mentioned.

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Resources

Title of Primary Resource	Advocacy for physical activity: From evidence to influence
File Attachment	None
Web-link	http://journals.sagepub.com/doi/pdf/10.1177/10253823060130020106
Reference	Shilton, T. (2006). Advocacy for physical activity: From evidence to influence. <i>Promotion & Education</i> , 13(2), 118-126.
Type of Material	Journal article
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