



Developing effective methods and approaches to advocacy for health equity

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Background

What?: “a deliberate process, based on demonstrated evidence, to directly and indirectly influence decision makers, stakeholders and relevant audiences to support and implement actions that contribute to improving health equity”

Focus - advocacy for policy change

Why? – Despite evidence health inequalities persist. The crisis is exacerbating these health inequalities. Advocacy needs to take place now yet no one single body of knowledge on advocacy for health equity



Aim & tasks

“To understand, synthesise and build upon existing knowledge and develop practicable and effective methodologies for promoting health equity within the DRIVERS project and beyond”





Advocacy for health equity: A critical synthesis review

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Qualitative synthesis review

- Method has grown in popularity over the last two decades to answer research questions with increasing transparency
- Enables collective and professional knowledge to be analysed systematically – therefore different types of data (grey, academic...)
- *A priori* framework to appraise the quality and relevance of the papers ('Six dimensions of advocacy for health equity')
- **Transparency:** PRISMA statement for the systematic search, ENTREQ statement for analysis and reporting



Dimensions of health equity



1. The kinds of evidence needed to advocate for health equity and how to transfer this knowledge to policy-making processes
2. Who advocates for health equity and to whom?
3. The advocacy messages and their respective merits and drawbacks
4. Catering of arguments to different political standpoints
5. Enablers and barriers of effective advocacy
6. Practices that may increase the effectiveness of advocacy efforts

Methodology

Search

- Academic: PubMed, Web of Science, PsycINFO and SocInfo: 21,425 > 86 + 51 additional. Total: 137
- Grey: Google 248 > Total 60

Inclusion

- Based on relevance criteria (health inequalities, ECD, work, income & social protection)

Analysis

- Use 'Dimensions...' to identify relevant passages, copy out passages and distil meaning, develop keywords and classification for articles, enter into excel and identify main themes



Preliminary findings of the review

1) Evidence needed and how to transfer it



Research foci: evaluations of existing policies, communicating SDH, macro-causes of ill health

Data & methods: cost-benefit analysis, local health data, community-based participatory research. Methodological aptness, not hierarchy of evidence

Knowledge transfer: summaries/jigsaws of evidence; stories, photos and metaphors; roundtables, policy-research networks!

2) Who advocates and to whom?

Who?

- Health professionals (nurses, doctors, paediatricians, psychiatrists, etc.), public health & health researchers, professional advocates alongside communities, civil society organisations

Targets?

- Policy makers (usually undefined, sometimes civil servants, or government ministers), general public

Intermediaries (targets can also become advocates)!

- Media, international institutions, unions, general public, employers CSOs...



3) Messages and their merits and drawbacks

- **Health as a value and social justice:** ‘health as an enabler of social and economic participation in daily life’
- **Human rights:** Social justice criticised for being normative; ‘reinforced by law, human rights are equity and ethics with teeth’ (Hunt, 2009)
- **Sustainability:** sustainable society goes ‘hand-in-hand’ with health equity
- **Economic:** economic savings to public purse, potentially unpalatable appeals to self-interest



4) Catering of arguments to different political standpoints

- Health equity seems to resonate with 'left' and not with 'right'...
- ...but more complicated: terminology of political groups; English-speaking countries mostly have 'two-party political systems' and have embraced economic liberalisation more wholeheartedly than some other countries which affects appeal and resonance of messages
- Very little scholarship outside USA ('liberals vs. conservatives')
- Needs dedicated testing and research



5) Enablers and barriers of successful advocacy

- Academia: marginalisation of certain subjects, importance of not 'rocking the boat' with funders, reluctance to release research findings, stigma attached to 'advocating'...
- Economic and political context: 'market justice' (Beauchamp, 1976) stresses individual and not collective responsibility for health. Leads to public blaming of victims of ill-health, and assigns undue agency to disadvantaged groups
- Biomedical health: powerful, well-funded, much more compatible with economic and political context than SDH



6) Practices that increase the effectiveness of advocacy efforts

- Social mobilisation: empower communities, encourage voting, mobilise grassroots support, work in coalitions, build media presence
- Lobby
- Use windows of opportunity
- Frame messages...
- ...but all of this requires organisational capacity!





Case studies

Next steps after the literature review, advocacy mapping and advocacy workshop...

Testing in ‘real-life’ situations

- **National Institute for Health and Welfare:** Intersectoral co-operation in Health 2015 (*Finland*)
- **Dutch Institute for Healthcare Improvement:** Advocacy to promote a child health intervention to other Dutch regions (*Holland*)
- **Blackburn with Darwen Borough Council:** Analysing arguments used to promote ‘Think Family’ programme (*England/UK*)
- **Institute of Preventive Medicine, Environmental & Occupational Health:** Advocacy arguments used to promote free school meals for kids (*Greece*)
- **Interviews with targets of advocacy** (*Europe*)



More information

DRIVERS newsletter

DRIVERS website:

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DRIVERS – Addressing the strategic Determinants to Reduce health Inequity Via Early childhood, Realising fair employment, and Social protection is a research project funded by the 7th Framework Programme (2012-2015), focused on three of the key drivers of health inequalities:



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