

# Public health advocacy - determining a role for staff of a public hospital

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## Abstract

*This study explored the public health advocacy role of staff employed at a major South Australian specialist public hospital that had made an organisational commitment to health promotion.*

*It was concluded that staff did have a role to play in public health advocacy, though the issues pursued primarily related to disease and injury prevention rather than the broader social determinants of health. Staff gained valuable experience in the political processes of public health advocacy. The hospital had to develop organisational infrastructures to support staff so they could undertake public health advocacy on behalf of the hospital. It was also necessary for the hospital to implement other changes in order to 'get its own house in order' before issues could be addressed in the broader community.*

## Introduction

During the growth of the health promotion movement in the 1980s, the potential role of hospitals was recognised. The basic premise of a health-promoting hospital is to put into action the principles and strategies of the Ottawa Charter for Health Promotion (WHO 1986). The Ottawa Charter incorporates advocacy for health as a fundamental component of health promotion action, as follows:

*Good health is a major resource for social, economic and personal development and an important dimension of quality of life. Political, economic, social, cultural, environmental behavioural and biological factors can all favour health or be harmful to it. Health promotion action aims at making these conditions favourable through advocacy for health.*

The aim of this paper is to explore the concept of public health advocacy and how it can relate to the role of health professionals working in hospitals. I will draw on the literature to set the context. Then I will report on a study of 50 department heads (medical, nursing and allied health) in a major specialist public hospital concerning their views of the hospital's role in public health advocacy in the preceding two and a half years.

## Defining public health advocacy

Wallack (1990) states that the focus of public health advocacy is on addressing conditions predisposing to disease rather than disease conditions. This view is supported by Chapman and Lupton (1994). They state that public health advocacy is concerned with issues and policies, is primarily oriented at overcoming major structural barriers to public health goals, and at changing "the legislative, fiscal, physical, and social environments in which individual knowledge, attitude, and behaviour change takes place".

Chapman and Lupton (1994) state that some of the barriers to public health goals may be political philosophies which put economic concerns before health and quality of life, political and bureaucratic opposition to health

promoting policies, and the marketing of unsafe and unhealthy products. As such, the targets of public health advocacy are policies and practices of governments and large institutions whose actions affect the lives of many people; laws and government regulations; the commercial marketing practices of industries; and activities of 'counter-health' lobby groups, who if successful in their aims, can delay or obstruct the implementation of public health strategies.

Chapman and Lupton (1994) identified four strategies for public health advocacy: media advocacy, lobbying, community development, and consumer participation in government decision making.

## Public health advocacy and hospitals

Public health advocacy has not been a common activity for staff employed by hospitals in the past. A study of 732 Canadian hospitals by Thompson, Davidson and LeTouze (1986) found that only 11% of the hospitals had actually participated in public health advocacy. Their definition of public health advocacy was very specific in that it focused solely on lobbying the government or other powerful bodies, which is a narrower perspective than that presented by Chapman and Lupton (1994). Other studies have tended to identify health education, health counselling and screening activities as being the main health promotion activities undertaken by hospitals (Sherman, Berg, Radbill, Lee, Biloth, Jones & Longe 1985; St Leger & Waddell 1988; Anderson, Badde, Stanton & Balanda, 1995). Other commentators have called for hospitals to broaden their approach to health promotion and improve the balance between activities that are oriented towards the individual and the hospital setting, and activities such as public health advocacy that are aimed at improving the health of the community (Hancock 1986; WHO 1987; Lalonde 1989; Aiello Barry, Lienert & Byrnes 1990; Lupton, 1995; Vang 1995).

Advocacy has been an integral part of the philosophy and practice of Western health professions (such as medicine, nursing and social work) from their earliest days. The literature contains many references to advocacy as a valid and traditional role for these groups of health professionals (Duffy 1979; McKinley 1986; Angel, 1987; Jennings, Callahan & Wolf, 1987; WHO 1987; Young, Hayes & Morin, 1995; Herbert & Levin 1996). However, most of these references are oriented to groups of health professionals advocating for individual patient rights, such as patient access to services, treatments, information, and patient entitlements or protecting existing health services and promoting professional rights and safety within the workplace (Angel, 1987; Ewels & Simnet, 1992; Chapman & Lupton, 1994; Young, Hayes & Morin 1995; Herbert & Levin, 1996).

Despite advocacy being seen as an integral part of their roles, health professionals working in hospitals appear to be reluctant to become actively involved in public health advocacy, especially where media contacts are required. Chapman and Lupton (1994) believe this is because of an historical reluctance to become involved in any activity that might be constructed as publicity. They quote Hippocrates who "exhorted physicians to avoid activities that savour of fuss or show". Herbert and Levin (1996) suggest that the concept of advocacy is poorly understood; hence the reluctance of many health professionals, especially those working in hospitals, to become involved.

There have been some examples over the years where health professionals working in hospitals have been involved in public health advocacy efforts. These efforts, however, have usually been directed through their professional bodies or community organisations, not a particular hospital. For example, respiratory physicians have been involved in tobacco control legislation; orthopaedic surgeons and neurosurgeons have been involved in legislation to reduce road trauma; and paediatricians have been involved in supporting legislation for compulsory pool fencing (Chapman & Lupton, 1994).

Apart from the research by Thompson, Davidson and LeTouze (1986), which identified the public health advocacy role as being one of lobbying the government or other powerful bodies, there does not appear to be a body of research that has explored the public health advocacy role of staff employed in public hospitals. Nor does there appear to be clarity in the literature of how the public health advocacy role can be applied to a hospital setting. Hence the purpose of this exploratory study of a major specialist public hospital was to determine the role of staff employed in that hospital in the area of public health advocacy, and explore whether it was similar to the broader public health advocacy approaches identified by Chapman and Lupton (1994). It is envisaged that the results of this study may assist other public hospitals better understand their potential role in public health advocacy.

## Setting for the study

A major South Australian specialist public hospital located near the central business district of Adelaide was the setting for this study. This particular hospital made an organisational commitment to become more health promoting in 1992 with the inclusion of health promotion in its newly developed Vision statement. During an extensive consultation process that was undertaken in 1993 amongst staff, primary care workers, community organisations and consumers to identify the strategic directions for health promotion for this hospital, public health advocacy was identified as one of four strategic areas for development. There were several critical organisational issues that needed to be addressed to support the advocacy efforts of staff who would be advocating as part of their hospital role, and in many instances representing the hospital. These were the development of a public health advocacy policy; staff education sessions; support to coordinate advocacy efforts through the formation of action groups; and the establishment of a health information centre, of which part of its role was to act as a contact point in the hospital for members of the community should further information be required about specific issues being addressed.

## Method

This study is a smaller part of a detailed case study of the approach to health promotion developed by this particular hospital. The case study was conducted between 1994-98 and sought to contribute to the emerging theory about the reorientation of hospitals towards policies and practices based on the principles of health promotion (Johnson, 1998).

With regard to the smaller study being reported in this paper, data have been drawn from individual semi-structured interviews that were conducted with a random sample of 50 out of 87 department heads (18 nurses/midwives, 10 allied health, and 22 medical/scientific staff) in December 1996. The department heads were asked (1) what health issues had been pursued by staff at the hospital in the preceding two and a half years, (2) who were the targets and (3) what types of advocacy strategies were used. Comments were collated according to the types of health issues pursued, the targets of their advocacy efforts, and the advocacy strategies used. These were then compared to those issues, targets and strategies described by Chapman and Lupton (1994) to determine congruency.

## Results

### Issues and targets identified

Table 1 identifies the range of issues and targets identified by department heads as being public health advocacy efforts in which hospital staff were involved, and where they were representing the hospital. The issues primarily relate to disease and injury prevention, rather than the broader social determinants of health identified as being the focus of public health advocacy by Wallack (1990) and Chapman and Lupton (1994).

The targets for the public health advocacy efforts were primarily government departments and members of parliament (State and Federal). In the instances of the incorrect safe eating information and safe medication packaging issues, the targets were primarily companies or individuals. These were congruent with the targets previously identified by Chapman and Lupton (1994).

**Table 1 Public health advocacy issues and targets identified by hospital staff**

Issues	Targets
1. Safe Eating Policy Guidelines and Choking First Aid Management Policy.	Hospital and Department of Education and Children's Services.
2. Incorrect information about safe eating issues in commercial publications.	Johnson and Johnson, Women's Weekly, Dairy Food Corporation, Meat and Livestock Corporation, Murdoch Books, Australian Dental Foundation, Two individual authors of recipe books for children, Mt Barker Courier, Advertiser, Mead Johnson.
3. Child Care Nutrition Policy.	Department of Education and Children's Services.
4. Safe Sleeping Policy.	Hospital.
5. Safe cots checklist for consumers to make safe choices.	Consumers, cot manufacturers and retailers.
6. Mandatory safety standards for cots.	State and Federal Ministers for Consumer Affairs.
7. Mandatory safety standards for cigarette lighters.	State and Federal Ministers for Consumer Affairs.
8. Mandatory safety standards for hot water temperature regulation.	State and Federal Ministers for Consumer Affairs.
9. Safe packaging of medications.	Pharmaceutical companies.
10. Ventolin puffers as part of first aid packs.	State Government and Department of Education and Children's Services.
11. Cargo barriers in hatch back cars.	National and International car manufacturing industry for incorporation into safety standards.
12. Immunisation issues:	a, b, c. Federal Health Minister.
a. Availability of new whooping cough vaccine.	d. Hospital and State Government department.
b. Reimbursement for hospitals providing immunisation.	
c. Establishment of national immunisation register.	
d. Retaining and expanding hospital Immunisation Service.	
e. Increasing opportunistic immunisation in the Hospital.	
13. Mobile phone base station on the roof of the Hospital.	Hospital and Telstra.
14. Gun control legislation.	Federal Government.
15. Breastfeeding policy for staff and breastfeeding facilities for visitors.	Hospital.

Two targets for public health advocacy emerged which had a different perspective from that previously described in the literature. Several department heads strongly believed that they and their staff had a professional responsibility to be advocates to 'protect' the health of the public from inappropriate treatments and care management. Many staff, because of their professional status, actively participated in developing and supporting policies and standards aimed at improving professional practice. They saw their professional associations as targets for lobbying for change to 'protect' the health of the public.

The second different target was the hospital itself. It was identified that several of the issues selected for public health advocacy required some internal work to be done before staff felt that the 'hospital had its own house in order'. This was especially so in the injury prevention programs such as safe eating and safe sleeping and the area of breast feeding where policies had to be developed and implemented within the hospital before the issues could be publicly advocated.

In addition, several department heads stated that they had targeted various organisations and agencies in their own local communities as a community member and citizen. For example, several staff were involved in implementing various health-oriented policies in local governments, schools, child care centres, children's sporting groups, and church groups in their own communities. These staff were very active and influential advocates within their own communities due to their professional knowledge and status and individual commitment to the issues.

However, this type of activism did not appear to be transferred back into their professional role, as they did not use the knowledge and experiences they had gained in their local communities to advocate for public health issues at a higher level through the hospital. For example, the introduction of a 'Sun Smart' policy tended to be a common issue which staff advocated for in their own children's schools and child care centres. It would be reasonable to assume that if the staff member had to advocate for this policy to be implemented at their child's school or child care centre, it would be beneficial for the hospital to lobby the relevant government ministers and department to ensure that it became a standard policy throughout the child care and education systems, rather than many parents having to lobby individual facilities.

### **Public health advocacy strategies**

The main strategies that staff stated that they advocated for public health issues could be grouped under the following three categories.

- Raising awareness of health issues through the media (television, radio and newspapers); dissemination of pamphlets throughout the community utilising community networks; publishing articles in professional journals; utilising professional associations and networks; and conducting public forums.
- Lobbying primarily through letters, meetings, participation in relevant State and National committees, public forums, community and consumer groups, professional associations, and the media.
- Community development, which included the 'hospital community' for internal issues; providing resources and support for the members of public to address issues in their local community; and providing information and support for members of the public to lobby corporations or State or Federal Government departments or Ministers.

In all instances staff worked with consumers, other organisations and groups, and across sectors (eg. education, health and business sectors). Another key finding was that advocacy effort for all issues was coordinated to ensure that several complementary strategies were used simultaneously to achieve what was perceived to be the best outcome.

These three strategies are congruent with three of the four strategies identified by Chapman and Lupton (1994). The fourth strategy they identified was consumer participation in government decision making. This did not appear to be relevant to the hospital setting, though it was evident that the staff of the hospital were a resource to some consumers who needed specific information.

An awareness-raising strategy emerged that was peculiar to the comments by medical and scientific department heads, but not nurses/midwives or allied health. This was the belief that there was a need to publish articles about issues in peer reviewed professional journals before lobbying for changes to public policy. This was perceived to be necessary to raise the issue amongst professional colleagues and give some legitimacy to the issue before 'going public'.

## Discussion

This study determined that staff of this hospital played a role in public health advocacy that was broader than that previously identified by Thompson, Davidson and LeTouze (1986). Wallack (1990) stated that public health advocacy focuses on addressing conditions predisposing to disease rather than disease conditions. However, the issues pursued by staff working in this hospital related to the issues that were most likely to bring about change from their frame of reference, which was to attempt to reduce deaths and admissions to hospital through disease and injury prevention. Though the issues pursued were mainly oriented to disease and injury prevention, rather than the broader social determinants of health, most of the targets were similar to those described by Chapman and Lupton (1994).

In the main, the range of strategies used by health professionals working in the hospital could be grouped into three categories (raising awareness of health issues through the media, lobbying, and community development). They were congruent with public health advocacy strategies used within the broader community and described by Chapman and Lupton (1994), with the exception of "consumer participation in government decision making". A specific strategy of publishing articles in peer reviewed journals to provide some legitimacy amongst professional colleagues to the issues 'before going public' was unique to the findings from this study. Of importance was that often several complementary strategies were used to address a specific issue and several targets. They were mostly part of a coordinated intra- and inter-sectoral effort with other people who had similar concerns and wanted to address the specific issues with the hospital.

A key issue arising from the study was that it was important for the hospital to address 'internal' public health issues as well as 'external' public health issues. There was a strong belief by staff that there was a need for the hospital staff to 'get their own house in order' before going public on specific issues such as safe sleeping and safe eating. This required long lead times before addressing issues in the broader community, as internal policies needed to be developed and implemented before 'going public'. It served to raise the fact that hospitals are part of communities and often need to effect changes to create safer environments.

The findings from this study reinforce the importance of ensuring that staff working in hospitals and undertaking public health advocacy efforts, on behalf of the hospital, operate within a policy context and have the necessary infrastructure in place to support their efforts. From an organisational development perspective, there were key infrastructure developments that this hospital needed to address to provide the leadership and support to staff to take on a broader advocacy role as well as implement change within the hospital itself.

As indicated previously, the hospital developed a Public Health Advocacy Policy that provided a context within which staff could operate. Staff education programs were provided for staff with an interest in public health advocacy. The aim was to ensure they were aware of the range of strategies that could be used to address specific issues and ways to identify the various targets that may be able to influence the outcome of the advocacy efforts. A limitation to these education programs was that the focus was on strategies and targets, rather than identifying social determinants of issues raised as being important for the hospital to address.

Staff and other important stakeholders (intra and inter-sectoral) formed action groups around specific issues of concern to work up the various strategies to address specific targets. This approach served to broaden the approaches taken and engage a range of interest groups.

One of the important organisational issues that arose was how to manage the many inquiries that were forthcoming from media exposure to an issue. One of the important supports to staff undertaking a broader advocacy role on behalf of the hospital was the establishment of a Health Information Centre at the hospital. This served as a central contact point in the organisation for community inquiries, rather than the many inquiries being directed to the staff who had been involved.

## Conclusion

The role of hospitals and their staff in public health advocacy is a developing one. It was apparent from this study that staff were able to design and implement a range of strategies to address specific issues and targets as part of a coordinated advocacy program that was much broader than that identified by Thompson, Davidson and LeTouze (1986). However, the issues were primarily related to addressing specific diseases and injury prevention, rather than the broader social determinants of health. This approach may be criticised as being very narrow. However, from a developmental point of view, staff gained experience in the political processes of public health advocacy whilst addressing issues that were important to them and other key stakeholders.

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## References

- Aiello J, Barry L, Lienert L & Byrnes T 1990, 'Health Promotion - a focus for hospitals', *Australian Health Review*, vol 13, no 2, pp 90-94.
- Anderson P, Badde P, Stanton W & Balanda K 1995, 'Hospital staff perceptions of health promotion activities in public hospitals', *Health Promotion Journal of Australia*, vol 5, no 3, pp 45-48.
- Angell M 1987, 'Medicine: The endangered patient-centred ethic', *Hastings Center Report*, pp 12-13.
- Chapman S & Lupton D 1994, *The fight for public health. Principles and practice of media advocacy*, BMJ Publishing Group, London.
- Duffy J 1979, 'The American Medical Profession and Public Health: from support to ambivalence', *Bulletin in the History of Medicine*, The John Hopkins University Press.
- Eweles L & Simnett I 1992, *Promoting Health: A Practical Guide*, 2nd edition, London, Scutari Press.
- Hancock T 1986, 'Creating a healthy community: the preferred role for hospitals', *Dimensions*, pp 22-23.
- Herbert M & Levin R 1996, 'The advocacy role in hospital social work', *Social Work in Health Care*, vol 22, no 3, pp 71-83.
- Jennings B, Callahan D & Wolf S 1987, 'The professions: public interest and common good' *Hastings Center Report*, pp 3-10.
- Johnson A 1998, *Reorienting a hospital to be more health promoting. A case study of the Women's and Children's Hospital, Adelaide*, Unpublished Thesis, The Flinders University of South Australia.
- Lalonde M 1989, 'Hospitals must become true health centres', *Dimensions*, pp 39-41.
- Lupton D 1995, *The Imperative of Health. Public Health and the Regulated Body*, London, Sage Publications.
- McKinley S 1986, 'An advocacy role for the critical care nurse', *The Australian Journal of Advanced Nursing*, vol 4, no 1, pp 3-12.
- Ross C, Sherman S, Berg K, Radbill L, Lee E, Giloth B, Jones L & Longe M 1985, 'Health promotion programs flourishing: survey', *Hospitals*, pp 128-135.
- St Leger L & Waddell J 1988, 'What are hospitals doing in health promotion?', *Australian Health Review*, vol 11, pp 75-76.
- Thompson C, Davidson S & LeTouze D 1986, 'National survey reveals how hospitals are promoting health', *Dimensions*, pp 17-20.
- Vang J 1995, 'What does health gain orientation mean for hospital management', *Health Promoting Hospitals Newsletter*, no 6, pp 1-3.

Wallack L 1990, 'Two approaches to health promotion in the mass media', *World Health Forum*, vol 1, pp 143-154.

World Health Organisation 1986, Ottawa Charter for Health Promotion, *An international Conference on Health Promotion*, Ottawa, Canada.

World Health Organisation 1987, Hospitals and health for all. *Technical report series 744*, Geneva.

Young S, Hayes E & Morin K 1995, 'Developing Workplace Advocacy Behaviours', *Journal of Nursing Staff Development*, vol 11, no 5, pp 265-269.