

Tapping the potential of research-based advocacy

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The value of both policy-relevant research and evidence-informed policy in public health and health promotion is well documented. Interestingly, research-based policy advocacy is one arena in which these approaches become very directly and immediately linked. Research-based advocacy for policy has been a powerful force in tobacco control and is building momentum in some aspects of alcohol policy. There is also a rising current of policy-directed advocacy to redress obesity-promoting social and environmental factors, including food marketing to children, food labelling and active living environments.

As one of health promotion's most powerful tools, research-based advocacy encapsulates many of the strengths of health promotion. It draws upon specialised research skills and links them with public communication methods. Importantly, it is guided by clear goals and a vision of an environment and society that protects and values people's well-being. Both the research and the communication activities that characterise advocacy seek to spotlight aspects of society that may be taken for granted, but which work against people's interests; they can provide a focused and organised examination of what is going on and promote the alternatives as feasible policy options.

Food marketing, which predominantly promotes energy-dense, nutrient-poor foods illustrates this point¹. It is a ubiquitous factor in the lives of children and parents, and operates as a persuasive influence that contradicts and undermines parents' desire to provide nutritional foods². The alternative, of restricting or banning children's exposure to food marketing, appears obvious, but has not been supported by Australian governments to date³.

Tactical mix

Health promotion needs a tactical mix of research and communication strategies to respond to such challenges. Through a strategic approach to research, with a series of studies that systematically address policy-relevant questions, we can genuinely develop well-reasoned ideas about the shape of effective policy solutions. The body of research on food marketing to date, while not complete, does tackle some key questions in this way⁴. It encompasses:

- the nature and extent of food marketing to children in Australia and elsewhere;
- the effects of food marketing on children's food preferences, requests and family purchases;
- evaluation of regulatory policy initiatives; and
- includes modelling of the cost-effectiveness of regulatory options.

Interestingly, the accumulated body of evidence regarding the potential effectiveness of restricting food marketing to children is

now sufficient to indicate that this would be one of the most cost-effective approaches to child obesity prevention⁵.

Policy advocacy can build on such evidence and understanding, but also requires a multi-faceted communication strategy, which may include grass roots community mobilisation, media debate, political lobbying and broad professional engagement and public statements. These communication strategies have been used to generate support for tobacco control policies, and are also evident in advocacy for food marketing (for example, the role of Parents Jury in grass roots support⁶) and the broad engagement approach to advocacy for salt reduction in foods⁷.

Strategic research and strategic communication each benefit from a mix of skills and approaches, role differentiation and strong partnerships. While research and advocacy will often be led by different agencies and champions, both can occur at local, state, national and international levels, and thus provide opportunities and roles for many stakeholders. On global issues such as tobacco control, food marketing and salt reduction in food, there are strong and direct links between global and local arenas, so that global ideas can be reflected in local actions and local actions can inform global policy. For example, substantial background work by WHO, involving expert synthesis of research and international consultations with consumer and industry groups, underpinned the World Health Assembly recommendations to member states to limit unhealthy food and drink marketing to children⁸.

While we can point to some examples of research-based advocacy, there is limited systematic analysis of how extensively and effectively this approach is used for promoting health. Are we overlooking opportunities to apply this approach at local, state or national levels? Is there scope to refine policy-relevant research questions so they can better contribute to policy debate? Are there specific issues where we need to strengthen the links between research, policy, practice and community groups, in order to promote an integrated approach to healthy public policy? The HPJA is itself a valuable channel for such exchange and mixing of ideas between research and practice domains. HPJA authors comprise researchers, practitioners and, importantly, many people who are 'boundary crossers' and involved in research as well as policy, practice or advocacy. The opportunity for discussion of public policy issues, with reference to research evidence, values and population outcomes, is fundamental for achieving a sound, responsible approach to research-based policy advocacy.

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Advocating for public health: does the real world matter?

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Researchers are, with some exceptions, notoriously reluctant to occupy the public stage. With some notable exceptions, their work is mostly done behind a screen of academic or organisational inscrutability, with findings being revealed via journals boasting a readership, if one is lucky, of a few hundred. It's not uncommon for research findings to be regarded as highly successful if they've been cited by a dozen other authors. Many articles are read and acted upon by almost no-one, even though they may represent a considerable advance in knowledge. Attacking the academic publishing system is not the intention of this editorial, as appropriate as such an attack may be. What this does suggest, however, is that researchers concerned with improving public health and wellbeing need to re-think strategy. Observation of the public health and health promotion record over many years suggests that health promotion should be rooted in the idea that research must be tied to action; to be effective, evidence must be operationalised. The truth may indeed set us free, but it needs to be effectively deployed before that happy consequence can be realised.

The biggest enemy of public health improvement in first world countries (and perhaps in the rest of the world as well) remains vested interest. Massive corporations selling junk 'food', alcohol and gambling, have literally trillions at stake. The experience of tobacco control has established that material change to the relevant regulatory regime is far more effective than public information or education campaigns, as appealing to government as those latter might be (appealing because, being ineffective, they are supported by industry and unlikely to have tangible impacts)¹.

What has been effective in controlling tobacco will, almost certainly, also work in controlling obesity, excessive alcohol consumption and harmful gambling: appropriate demand reduction strategies enacted

via reform of the regulatory framework with an accompanying but secondary channel of media-based reinforcement. To date, we've had to content ourselves with the second, much less effective channel. This, generally, reinforces the industry message: errant individuals are the problem. People make bad decisions so that's where the focus should be ^{2,3}.

What we all know is that industrially scaled systems of exploitation and harm-production are deployed globally to configure consumption by populations. At the population level, patterns of consumption will be largely subject to material circumstances carefully designed and expensively deployed to maximise consumption and thus profits. A society where the sales and advertising of a product are virtually unrestricted, where that product is cheap and ubiquitous, and where sponsorship has been carefully and systematically attached to local sporting clubs, as well as elite athletes, international competitions and almost all significant cultural activities, is likely to consume significant amounts of that product. This will occur regardless of how many messages are available reminding people that this product may be harmful. This is not a puzzle. It worked for tobacco for many years. It works now for junk 'food', gambling and, of course, alcohol.

Our priority, as practitioners and researchers concerned with improving public wellbeing, is to disrupt such systems of harm production. Such an approach requires researchers to get out from behind the world of research evidence and engage deeply with government and the broader community. It also requires adoption of a serious critical perspective on the activities – all of the activities – of industry.

This is neither easy nor popular. Academic researchers are not much rewarded for taking a public stance on matters of public health importance. Those who accept grants from industry generally are. Nonetheless, in the face of disincentives to do so, the example of engaged public health practitioners and researchers suggests that unremitting commitment can be highly effective, embarrassing governments into accepting that regulatory reform is in the public interest, and, most importantly, supported by the public⁴. Few governments are willing to take on powerful vested interests until they realise that they will gain politically from such a stance.

Evidence-based policy is a terrific idea, so terrific an idea that it would be wonderful to see it being adopted across the spectrum of public health. But the truth alone is not enough. If evidence stays within the field of learned practice and research, its effect remains negligible. Dangerous consumption industries are adept at hiring their own researchers, inventing their own evidence, and obfuscating and lying. These carefully assembled discursive practices must be critiqued⁵. If evidence is to form the basis of effective policy for better public health, the health promotion and public health community must also become far more adept at communicating the lessons of evidence into practical programs to attack harm producing discourses. This, dare I say, requires politics and practice somewhat at odds with existing circumstances. Effective knowledge transfer in this mode requires almost constant engagement with an often disinterested media, endless repetition of what seem to be self-evident understandings, and patient rebuttal of the 'common-sense' peddled by vested interests in defence of those interests.