

A Public Health Advocacy Guide for Researchers

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About this guide

Social and structural determinants of health are central to understanding public health inequities. Separating these topics from the related areas of justice and politics is a difficult task and many of us in public health have wondered what opportunities are missed when doing this. Still, public health professionals may refrain from advocacy work for a number of reasons.

To aid staff in navigating this terrain, the University of Illinois at Chicago School of Public Health Collaboratory for Health Justice has created this guide on public health advocacy for academic researchers.

Scope of this work

1. Provide an overview of key definitions and strategies used in public health advocacy;
2. Offer insight into common barriers academics might face in pursuing health advocacy; and
3. Identify some options for public health advocacy as well as tools that researchers can utilize for advocacy work.

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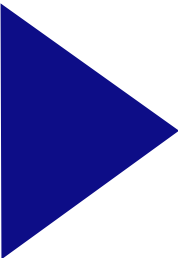
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 Lessons learned from faculty and staff



Key Definitions

One point of confusion around public health advocacy is understanding what exactly constitutes advocacy. Let's begin by reviewing definitions and related terms.

Public health advocacy has been defined as a process, a goal, and as an outcome.¹

As a **process or set of actions**, public health advocacy works towards a particular cause, issue, ideal, or policy to promote health. It can also involve working to strengthen the capacity of citizens to act on their own behalf to improve group health. ²

As a **goal**, public health advocacy can include achieving social justice for disadvantaged populations and countering corporate influence.

Public health advocacy can also be considered a set of **outcomes** such as achieving policy change or achieving health-positive change.

There are two main approaches to advocacy work ³

Representational approaches are more in line with traditional top down approaches where researchers promote public health to policymakers and the public.

Facilitational approaches to advocacy work are collaborative and community-based efforts to ensure policymakers hear the voices of vulnerable groups. The advocacy community prefers a facilitational approach to advocacy work in order to help achieve long-lasting, sustainable outcomes grounded in the direct concerns and demands of those who are impacted.



The "researcher" and "advocate" share goals of influencing policy and changing broader social conditions

Sage Kim, PhD, is an Associate Professor in Health Policy and Administration at the UIC School of Public Health. Her research focuses on the effects of incarceration, health disparities, and population health. Dr. Kim has published on topics including hyper-surveillance, incarceration, and COVID disparities.

Dr. Kim proposes that it is useful to think of the roles of researcher and advocate as two roles on a pendulum that swings back and forth. At one end, research is the main priority where one explores questions and seeks answers while trying to remain neutral with the data. Oscillating to the other end, people may become advocates, and research takes a backseat, although still relevant for informing one's stance on an issue.

In whichever role, she says, there is a shared goal to focus on finding the policy implications of your work. All the while, transparency is key. Researchers should share complete data as well as be transparent about their interests in advocacy work. Full transparency leads to a more complex discussion of issues and our potential contributions, she says.



How does advocacy differ from lobbying?

Advocacy seeks to inform and shape health policy and practice.

Lobbying, broadly defined, includes “activities aimed at influencing public officials and especially members of a legislative body on legislation.”⁴ Restrictions on lobbying exist at the federal, state, and local level and may also come from employers and funders.



Direct Lobbying: Communicating directly with a government official to influence specific legislation



Grassroots Lobbying: Communication encouraging the public to take action to influence specific legislation.

Lobbying typically includes 4 components:

- ① Communication with a...
- ② Government official or employee who participates in forming legislation that..
- ③ Reflects a point of view (i.e., attempts to influence) around a...
- ④ Specific legislation and appropriation, regulation, administrative action, or executive order.

Government Official: Anyone working for a legislative body, a legislator, or other government agency/department that takes part in forming legislation.



Faculty and staff's lobbying activities are restricted by federal, state, and local laws. Employers and funders may also have particular restrictions. Contact legal counsel if you have questions about your particular grants, contracts, and local laws.

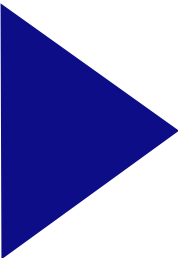
All lobbying is advocacy but not all advocacy is lobbying.

It is not lobbying if:

- One of the four elements is not present
- Your normal scope of work involves policymaking
- You are conducting non-partisan policy research, study, or analysis that does not include a call to action for a *specific* legislation
- The focus is on educating the public around best practices

Non-Partisan: Generally means 1) Independent, balanced and objective. 2) Fair to both sides of an issue (contains a full and fair exposition of the pertinent facts). 3) Allows a reader to draw own independent opinion or conclusion but author may include his/her own conclusion. 4) Conclusion is based on evidence and facts, but not unsupported opinion. 5) Broadly distributed to the public, and not directed to only one side of an issue.

If you are still unsure whether you can engage in advocacy while wearing your researcher hat, you can still partake as an individual.



Myths About Academics’ Involvement in Public Health Advocacy

There has long been a debate around whether it is the responsibility of public health researchers to engage in advocacy efforts. Now that research funders are requiring academics to invest in long-term impacts of their research, doing advocacy work may seem like more of a regular part of our everyday work.¹

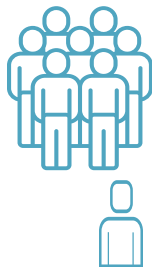
Still, there are common concerns about engaging in public health advocacy. Here are some common concerns that may lead faculty and staff to be hesitant to participate in public health advocacy.

I am not qualified to do advocacy work.

At the core of the barriers that academics face in engaging in advocacy work is a perceived lack of knowledge and training in this type of work. Like anyone else, you can learn how to advocate well. Start with reviewing the resources cited in this guide and connect with national advocacy organizations to find out how you can help.



It is not my place to be engaged in advocacy work.



You might have the concern that those who work in non-governmental organizations (NGOs) have better advocacy training and should spearhead this work. However, NGOs are often overstretched in their work, and that advocacy should not be left to them alone. Academics have a unique opportunity to engage in advocacy work in ways that laypersons cannot because they have specific expertise. With this expertise, academics can link their research and knowledge to advocacy and policy making.

If I engage in advocacy work, my academic work will be perceived as biased.



A major concern is that advocacy will lead to your research being biased and informed by personal beliefs rather than by empirical evidence. In practice, it is often impossible to disassociate yourself from your ideological and epistemological viewpoints in all kinds of research. Ways to overcome this perceived barrier are to:

- Document and explain your methods and rationale
- Create memos and include it as an appendix or supplement
- If necessary, disclose your affiliation with advocacy groups if you think it has impacted your research results



Am I allowed to be engaged in advocacy?

Yes! Although as an employee of the state, you are expected to adhere to the laws outlined in the State Officials and employees ethics act.[➤] You are encouraged to review this law, but state employees who make a donation to an organization, contribute to nonpartisan efforts within the university, or participate in other allowable activities falls outside of this guidance.

For example, let's say that a faculty member is contacted by a senator to participate on a committee related to women's rights. You CAN do this! It is an opportunity to represent the institution through your collaborative efforts. In fact, employees of the University are encouraged to participate on committees that align with University work and the mission of the university. So if you are interested and equipped with the time and resources, do it. Just be sure to disclose your participation and undergo any required approvals before engaging in those activities.

If you have questions about allowable activities, the University of Illinois system has an ethics officer who is here to provide guidance. For more information, contact:

University of Illinois Ethics Officer, Donna Mcneely
866-758-2146
ethicsofficer@uillinois.edu
<https://www.ethics.uillinois.edu/>[➤]

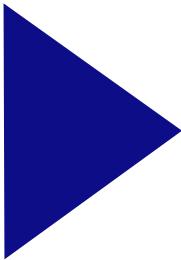
Lessons from the field



Public university researchers play a key role in fostering discussion around the public good

Susan Avila, RN, MPH, is a Lecturer in Environmental and Occupational Health at the UIC School of Public Health. She began her work in public health as a nurse at Mile Square Health Center where she thought of her work as part and parcel of the patients' advocacy network, saying, "When I first started, your work was activism. You were there to be a part of the public and to advocate for and alongside your patients."

As a public health professional, she has also conducted occupational health research with other SPH faculty including Dr. Linda Forst and Dr. Lee Friedman. Now sitting at the intersection of public health research and practice, she says that schools of public health have a unique role in influencing public health. "There's a certain framing that happens when you work in the public setting or for the government. It's that you have an institutional responsibility as a public service. The structure is you're there to serve... and as an academic setting, the school creates a neutral space for people with different ideas to debate and discuss how public health can be improved. As we see the erosion of public services, the school is ever more important in this."



Advocacy Strategies for Public Health Researchers

There are several approaches for public health advocacy work. Not all are appropriate for researchers and government employees so be sure to check the lobbying restrictions as well as your employer and funder guidelines.

Advocacy Strategies and Public Health Advocacy Roles

Strategy	Examples
Strategic communication and issue framing	<ul style="list-style-type: none">• Use of mass media to raise awareness, (re)frame issues, generate debate• Contesting the way that a problem is constructed or defined by an opposing group• Petitions, public meetings, presentations, seminars, conferences and celebrating days to bring about public awareness• Use of ‘social math’ and ‘killer facts’• Use of authentic voices
Disseminate information	<ul style="list-style-type: none">• Use of research, data, community and impact assessment to build a case or draw attention to an issue (‘evidence-based advocacy’)• Policy analysis
Working in Collaboration: Developing Alliances and Partnerships	<ul style="list-style-type: none">• Community or professional mobilization and capacity building through, for example, coalitions of interest around defined issues• Personal and professional networks• Become involved in grassroots organizing that can then shape public health research and increase civic engagement
Using the legal and regulatory system	<ul style="list-style-type: none">• Letter writing to legislators, government employees or corporate actors who participate in policy• Direct political lobbying• Grassroots lobbying (supporting the public to take action on specific legislation – public protest)• Litigation: corporate or Charter challenges – challenging policies considered damaging to the health of the public

Adapted from Cohen & Marshall, 2017.

One particular act that all academics are poised to do is to engage in participatory social inquiry and allow this to guide your work.

To do this, researchers can:

1 Engage with those most affected by inequality. Include the people and communities who are impacted by an issue to partake in dialogue about the problem and to discuss ways to address it. To take it one step further, invite people to partake in the full-length process to address the issue and not just inform the work.

2 Ensure access to knowledge and its construction. Make your work accessible, both in terms of content (jargon, language, etc) and medium (digital, print, and other forms). Constantly test your beliefs and hypotheses with stakeholders. Include everyday experience in the knowledge construction process and value all types of knowledge that people bring to the table.

3 Adopt a critical stance. Ask questions about the status quo before you accept it as fact. Ask, "How did things come to be this way? Whose interests does this serve?"

4 Develop a transformative goal. Describe what you do and why you do it. Consider the end you have in view and how your inquiry creates a vision of a better world.

- Selecting media-friendly, policy-relevant topics/winnable issues
- Building consortia for influence



Fig. 1. The research-advocacy lifecycle.

Adapted from Smith and Steward (2017).

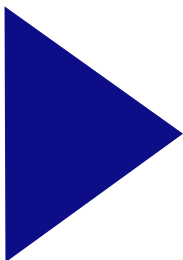


Researchers can use their work to benefit the public through shaping policy

Nadine Peacock, PhD, is an Associate Professor in Community Health Sciences at the UIC School of Public Health and Associate Dean for Diversity and Inclusion. Her advocacy work includes her past service as Chair of the Board of Directors for the Guttmacher Institute, where among other things, she was a signatory on two *Amicus* briefs in Supreme Court cases involving “truth in advertising” for crisis pregnancy centers. She has long seen her public health research as intersecting with advocacy work, saying, “To me, advocacy is an obvious fit for anyone working in public health. We’re committed to assuring the health of the public, and if you’re going to be true to that goal, you’re going to have to do policy and advocacy related work, or at least be in support of it.”

As a researcher herself, Dr. Peacock says that researchers have a distinct role to play in ensuring that research is used appropriately in shaping public policy. She says, “Even if you are not comfortable in the advocacy sphere or if you are working in an environment where people believe that you need to be ‘removed’ in order to be unbiased, there is still an obligation and a responsibility to attend to how research findings are used and whether relevant data are being ignored. We should ask, is policy adequately informed? Are people misrepresenting or misusing scientific data? And if so, you have an obligation as a scholar to defend your work against abuse.”

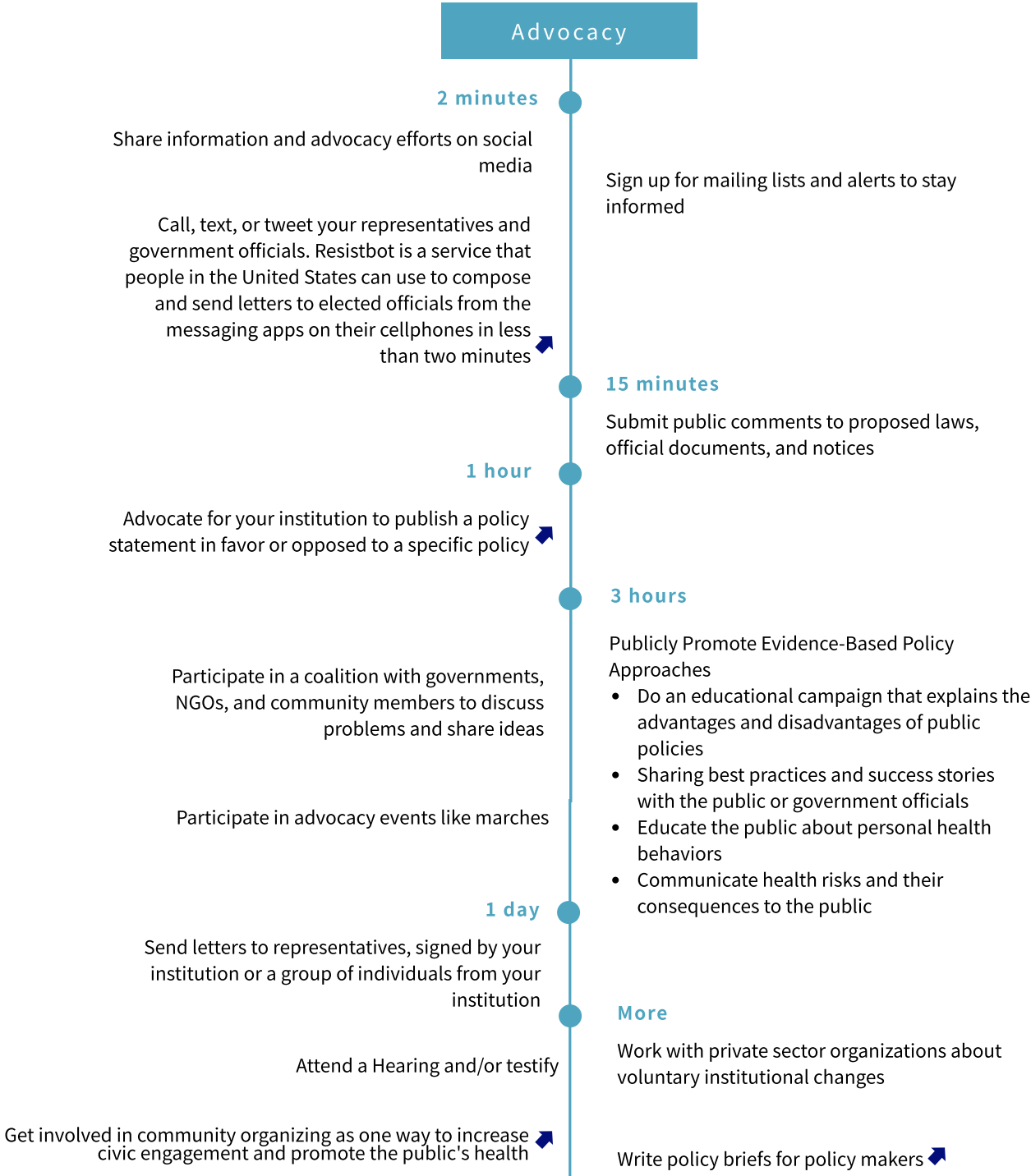


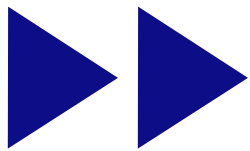


Get Started With Your Advocacy Work

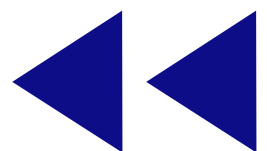
Academics have full lives and, at first, advocacy work can seem daunting. Fortunately, there are a range of activities that align with what you can offer.

Range of actions





More Resources



Public health advocacy is a broad topic with endless examples of powerful work. If you'd like to delve deeper into the topic or see more examples of local and national work, check out some of these resources.

Search the web

- American Public Health Association: Advocacy for Public Health [↗](#)
- Centers for Disease Control: Gateway to Health Communication [↗](#)
- Public Health Institute: Policy & Advocacy [↗](#)
- Illinois Public Health Institute [↗](#)

Watch a webinar

- Health Resources and Services Administration (2016). "Advocacy vs Lobbying in Public Health." CDC Train. [↗](#)
- Janet L Place. (2016). "Public Health Policy and Advocacy." CDC Train. [↗](#)
- North Dakota Public Health Training Network. N.d. "Public Health Advocacy." CDC Train. [↗](#)

Take a UIC course

- CHSC 430: Public Health Policy and Advocacy
- CHSC 543: MCH Policy and Advocacy
- CHSC 584: Community Organizing for Health
- IPHS 494: Epidemics of Injustice

Join a network or follow their work

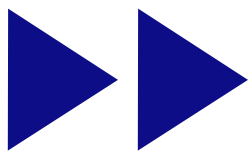
- UIC Radical Public Health [↗](#)
- UIC Institute for Research on Race and Public Policy [↗](#)
- UIC Social Justice Initiative [↗](#)
- The Praxis Project [↗](#)



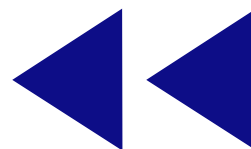
Issues to watch

Faculty and staff generated a list of important issues to follow for the foreseeable future:

1. Climate change
2. Police violence and structural racism
3. The Affordable Care Act and access to care
4. The idea that COVID public health measures are bad for the economy and the public good
5. Changing funding for public health
6. How public health is seen, or not, as a partner in mitigating COVID



More Resources



Read more reports and publications

- Blenner, S. R., Lang, C. M., & Prelip, M. L. (2017). Shifting the culture around public health advocacy: Training future public health professionals to be effective agents of change. *Health Promotion Practice*, 18(6), 785-788.
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Key Definitions

1. Smith, K. E., & Stewart, E. A. (2017). Academic advocacy in public health: Disciplinary 'duty' or political 'propaganda'? *Social Science & Medicine*, 189, 35-43.
2. Cohen, B. E., & Marshall, S. G. (2017). Does public health advocacy seek to redress health inequities? A scoping review. *Health & Social Care in the Community*, 25(2), 309-328.
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4. Merriam-Webster Dictionary. (2020). "Lobbying." Online.

Myths About Academics Involvement in Public Health Advocacy

1. Smith, K. E., & Stewart, E. A. (2017). Academic advocacy in public health: Disciplinary 'duty' or political 'propaganda'? *Social Science & Medicine*, 189, 35-43.

Advocacy Strategies for Public Health Researchers

1. Cohen, B. E., & Marshall, S. G. (2017). Does public health advocacy seek to redress health inequities? A scoping review. *Health & Social Care in the Community*, 25(2), 309-328.
2. Smith, K. E., & Stewart, E. A. (2017). Academic advocacy in public health: Disciplinary 'duty' or political 'propaganda'? *Social Science & Medicine*, 189, 35-43.



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