Social Movements and Public Health Advocacy in Action

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Sparking Solutions

- **Public and citizen engagement in public health research**
  Presentations that attend to the role of the public and citizens in engaging in research, including how to improve engagement of the public in influencing population health and related research agendas.

Advocacy

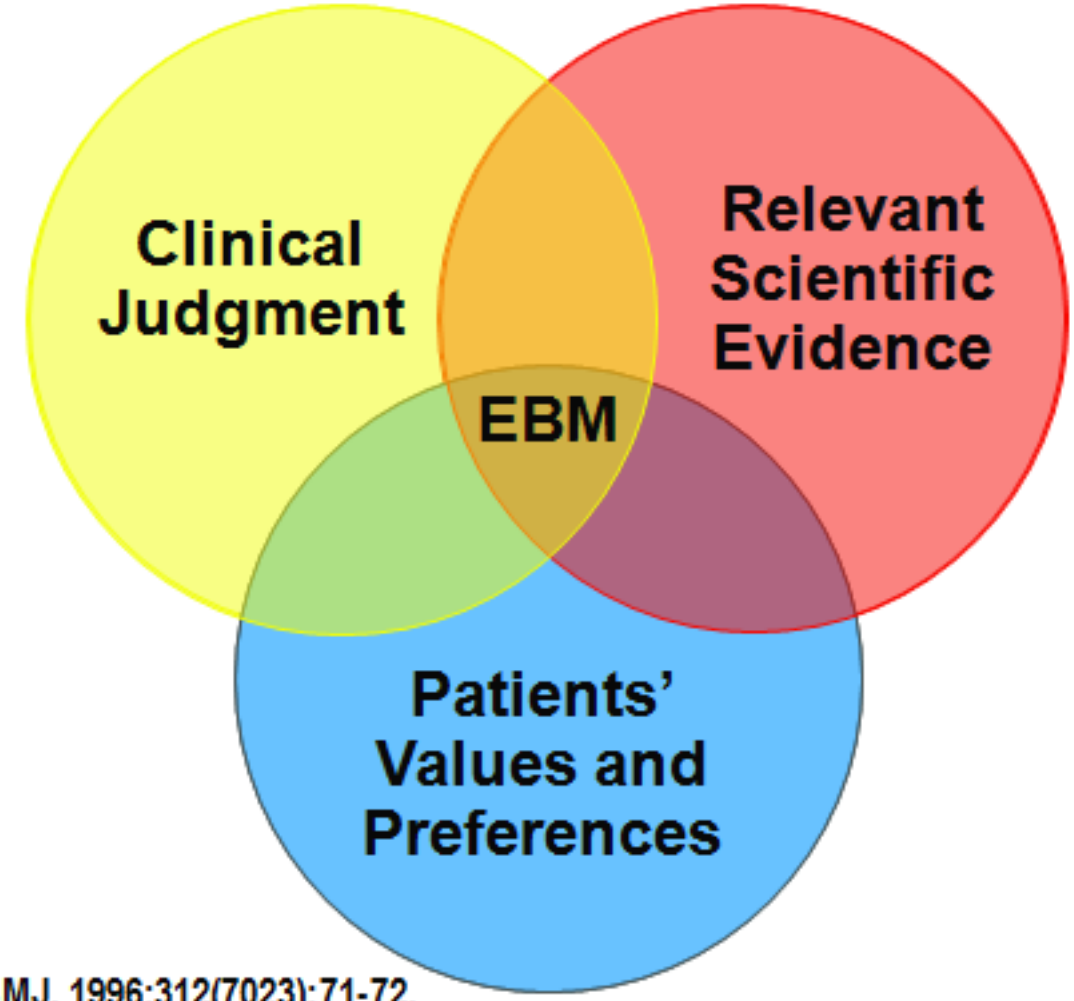
- Shying away from advocacy is comparable to medical negligence’

- Tillman T, et al. *Lancet* 2014; 383(9913):213

Tensions

- Efforts that go beyond simply stating research findings to actively promote particular ‘solutions’
- When research findings appear to diverge with practitioner/community experiences

Evidence-Based Medicine



Sackett DL, et al. BMJ. 1996;312(7023):71-72.

Social Movement

- Networks of informal interactions between individuals and groups engaged in political or cultural conflicts on the basis of shared collective identities
- Entail sustained interactions between power holders and representatives of constituencies lacking formal representation to achieve changes in the distribution or exercise of power

The People's Health Movement

- Evolving network of campaigns led by people committed to the values of social justice and fairness
- Arose in 2000 from discontent with emerging global orders, growing inequalities and failure to achieve 'health for all'
- Under the global umbrella, local PHMs have emerged in over 70 countries
- In 2012, PHM UK held it's first meeting
- In 2014, PHM Scotland formed

Building Knowledge

- Third sector health organisations invited to brainstorm key health issues and generate consensus on people's movement for health equity
- Participatory action research undertaken to gain experiential understanding of health effects of austerity and identify local priorities, involving consultations with 14 health and community initiatives through public meetings and drop-in story-telling sessions, focus groups & participation in multiple community events.
- Communities of inquiry and action evolved to address issues significant for those participating, culminating in the 2014 meeting

Building Capacity

May 2014 meeting brought together participants from:

- Over 30 Third Sector groups
- Over 10 academic institutions
- NHS
- Individuals with no affiliation

Building Consensus

- Key action points and demands were identified from discussions
- An open call was issued to participants requesting suggestions for further health proposals/demands
- This generated a list of 40 demands, which varied from broad/generic to extremely specific
- A first draft of potential demands was developed at a coordinating group meeting through a process of merging, clarifying, amending and adding
- These demands were categorised under broad themes for inclusion in a survey, circulated to the PHM mailing lists (200 members) and their networks

PHM Manifesto

- These 40 demands were narrowed down to 20 given the results of the vote (1st, 2nd & 3rd choices)
- Steering group further edited and grouped the demands, publishing in a draft manifesto (July 2015)
- Manifesto was shared amongst the survey participants and more widely within our networks & in response to consultations
- Public consultation event sought further opinion on the demands (Oct. 2015)
- Generated the 2nd version of the manifesto (March 2016)

THE SCOTTISH PEOPLE'S HEALTH MANIFESTO

2016

Developed by the People's Health Movement (Scotland)

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Manifesto Themes

- THEME 1: Tackling Poverty & Inequalities
- THEME 2: Prioritising Health in all Policies
- THEME 3: Health & related Public Services
- THEME 4: Improving Democratic Debate & Accountability
- THEME 5: Protecting Equality & Diversity
- THEME 6: Reducing Exposures to Health Risks at Work & at Home

Demands

- Scotland must commit to paying a dignified wage (above the living wage) to all individuals employed by the public sector (or contracted-out services) and strongly promote this strategy to the private sector, as well as enforcing a ban on zero-hour contracts.
- Scotland must commit to providing universally accessible (virtually free), high-quality primary and early childhood education programmes (from 1 year onwards) located in every neighbourhood, within walking distance of parents' homes.
- Scotland must commit to ensuring that the distribution of land ownership in Scotland is more equal and that community control is not unfairly limited by private ownership of land.

Reflection

- The process ensured that each proposal was underpinned by both empirical research and community support
- Some observable differences between the prioritisation generated via the online survey (completed largely by academics and policy advocates) and the action research that engaged socioeconomically and politically disadvantaged communities
- These differences emphasise the importance of process in policy advocacy
- Process continues
- Real change?

Conclusions

- The role of advocacy involving public health professionals can be legitimised through reflective engagement with praxis alongside communities and workers experiencing the negative impact of health inequalities & government policies
- Only through an ongoing processes of dialogue through community mobilising, action research, movement building and public health advocacy, are we likely to develop clear and appropriately targeted policy proposals for improvements in population health, now and in the long term.
- Social movements offer the countervailing power that embodies the principles of solidarity locally, nationally and globally, in realising health rights, equity and social justice

Find Out More

- Kapilashrami A, et al. *Public Health* 2015; e-article
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