A realist evaluation of a regional advocacy project to restrict outdoor advertising of high fat, salt and sugar products.

What was the project about?

- The project is a regional approach to the development and implementation of local policies to support the reduction of advertising of products high in fat, salt and sugar (HFSS).
- It is led by a group of Healthy Weight and Physical Activity Community of Improvers in a region in England.
- A named Public Health Policy Advocate led the work in each Local Authority (LA).

What was the evaluation trying to do?

PHIRST South Bank worked with the Community of Improvers to co-produce an evaluation that would answer questions held locally and by the wider public health profession.

The evaluation question was: What works, how and in what contexts in public health advocacy to reduce outdoor advertising of high fat, salt and sugar foods in an English region.

How was the evaluation carried out?

A realist evaluation that sought to understand the interaction of mechanisms, context and outcomes was undertaken over a twelve month period. Baseline and summative quantitative and qualitative data were collected from Policy Advocates, the Community of Improvers, Sustain (an external charity) and internal stakeholders. Enhanced and formative data were collected from 4 four case study sites.

What did the evaluation tell us about...

What was achieved?

- No LA changed its formal policy but six areas have produced draft policies and guidance.
- Most LAs have secured support from a small number of key stakeholders.
- Key stakeholders who have been actively engaged demonstrate a political will to change policy but there is no evidence of changes in political will across the council yet.

What approaches were adopted for public health advocacy?

- A strategic and staggered approach to stakeholder engagement was the most dominant strategy adopted.
- Other important strategies used were: identifying policy champions, gathering intelligence, building relationships and reframing the issue.

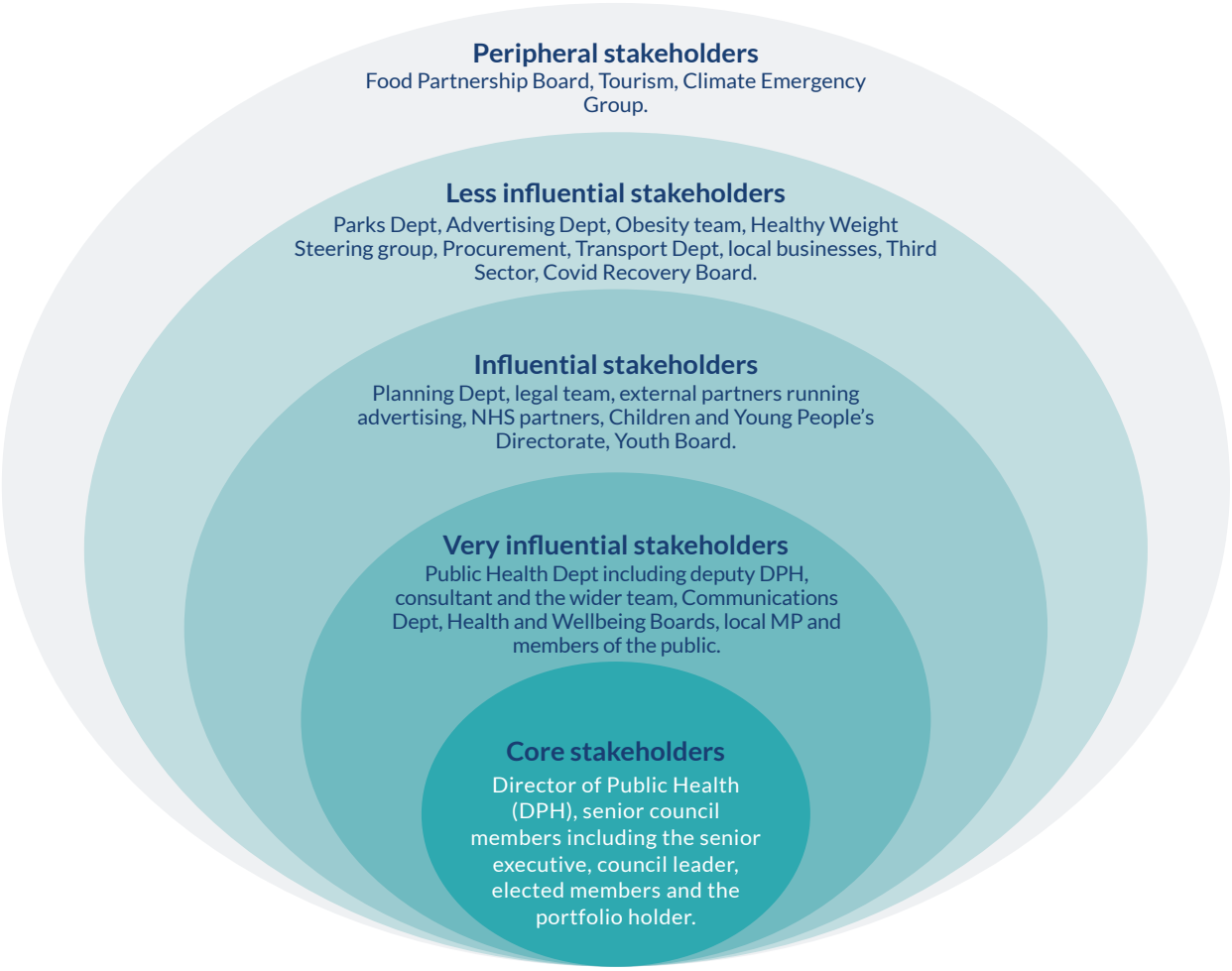
Factors influencing the political will for policy change

- A growing relationship with Public Health department, local and national evidence, a careful framing of the issue and influential policy champions.
- Political will was negatively influenced by: fears of financial implications, Covid-19, the political narrative and ideology, organisational change.

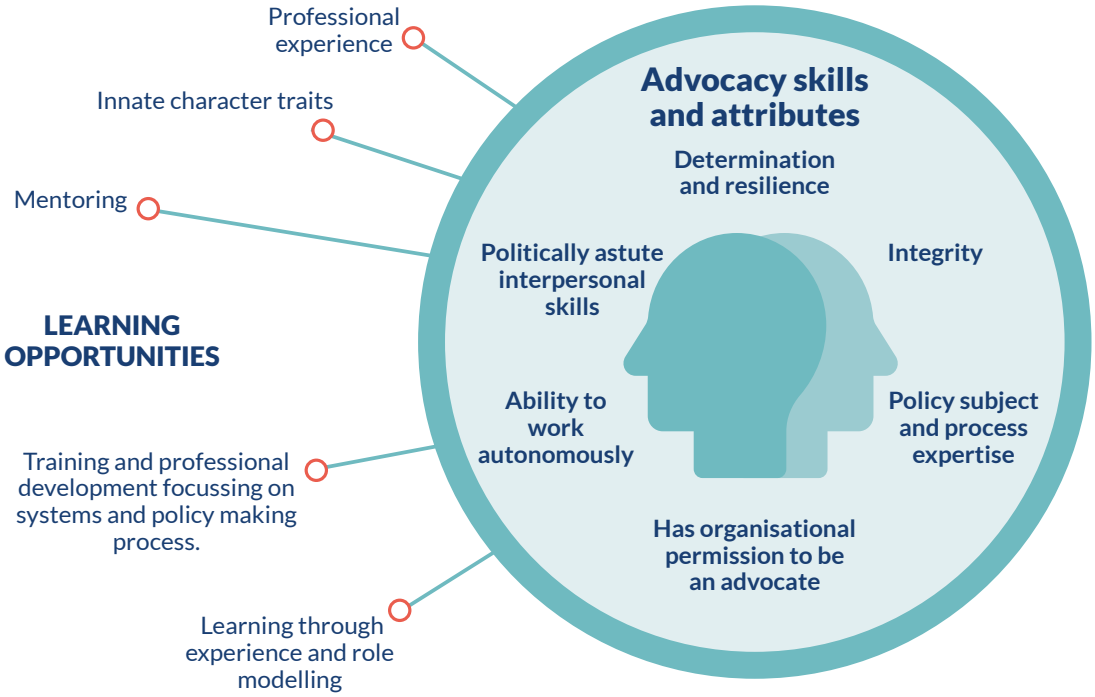
What are the facilitators and barriers to this Public Health advocacy?

- Facilitators – Sustain and Community of Improvers, the increased profile of PH during pandemic, local objectives or strategies supporting this policy change and ideological position.
- Barriers – complex contracting arrangements, complex organisational structure and change, Covid-19, financial implications, lack of a northern exemplar, ideological position, varied and limited capacity and resources and varied experience of advocacy work.

Who the stakeholders were



What did this work tell us about the capabilitites required to be a Policy Advocate?



A logic model for Policy Advocacy

External Barrier (context): The Pandemic

Internal Barriers (context): Structural complexity and organisational change, limited capacity and resources to support advocacy, staff change, lack of advocacy experience, fear of financial impact

Strategies (mechanisms)

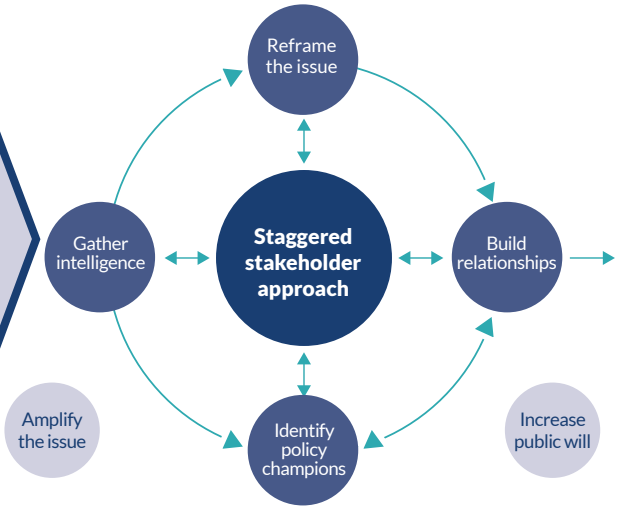
Outcomes

Inputs

Policy Advocate (Skilled, supported and resourced)

Community of improvers (regional support and co-ordination)

Sustain (specialist advice and support)



Short term outcomes

Engaged stakeholders and increase in political will

Medium term outcomes

Briefing paper

Draft policy guidance

Revised policy

Long term outcomes

Reduced consumption of HFSS foods

Reduced obesity levels and related health outcomes

Internal Facilitators (context): A named, resourced and experienced Policy Advocate, a local agreed strategy that supports policy change

External Facilitators (context): Pandemic, regional commitment and co-ordination, specialist support with experience of policy change elsewhere

EST 1892 LSBU NIHR | Public Health Intervention Responsive Studies Teams

PHIRST SOUTH BANK

For additional info please contact: phirst@lsbu.ac.uk

Conclusions

- No policies restricting the advertising of HFSS products were fully implemented during the evaluation period. Draft policies and guidance have been developed across many areas and there was a high level of confidence that policy change will be implemented across the Local Authorities.
- Progress has been made across areas in securing support from key stakeholders and increasing levels of political will.
- The advocacy process is slow, requires resources, a named lead and an extended timeframe.
- A strategic and staggered stakeholder engagement process has been employed by most areas. This has been central to the advocacy work, with a view to managing fear or resistance and ensuring a robust case could be made, with senior support. This approach impacted on other strategies adopted, created several tensions for Policy Advocates and was associated with slow progress.
- A named Policy Advocate is fundamental for success. A complex knowledge and skill set is required for this role and many did not feel experienced or fully equipped.
- Advocacy was seen as an important Public Health function but differs from other Public Health strategies which are more familiar to the workforce.
- The regional co-ordination through the Community of Improvers and the specialist support provided by Sustain were seen as important facilitators for change.

Recommendations

- Continue a resourced and supported regional advocacy project to build on the interim outcomes achieved and ensure completion of the policy change goals.
- A named Policy Advocate to be in place to lead work. Policy Advocates require the identified experience, knowledge and skills to undertake this work and need support and mentoring by senior colleagues with a working knowledge of the local policy change process and systems.
- The Community of Improvers should continue to offer regional co-ordination and support.
- Policy Advocates would benefit from ongoing specialist support from Sustain, particularly through supporting the implementation of a staggered stakeholder approach.
- Local Authorities beginning advocacy work in this are to consider working alongside other Local Authorities in their region.
- Implementation of advocacy work to be planned with clear milestones, indicators of success and extended timelines to ensure sufficient resources are allocated to the process and so that competing priorities do not negatively impact on progress.
- More clarity on the advocacy role within Public Health to be provided, particularly within an LA setting.
- Public Health professional development to consider the needs of the workforce to prepare Policy Advocates. Professional development opportunities should be provided that ensure the workforce are equipped with the subject, policy change knowledge and specific skills required in this area.
- Further research should explore the efficacy of the strategic staggered stakeholder engagement approach to be sure that the tensions created by this approach do not outweigh the anticipated benefits. Policy Advocates should be fully supported in navigating and implementing this approach.

Acknowledgements

This evaluation was funded by the National Institute for Health Research. The PHIRST South Bank Team would like to thank participants for taking part and our Local Authority Partners for supporting this evaluation.